

ESTATE PLANNING INFORMATION WORKSHEET***MARRIED*****PERSONAL & CONFIDENTIAL****EMAIL to: bill@wfblegalconsulting.com****Husband:**

Full Name (First, Middle, and Last):

How do you sign your name (*e.g.*, John B. Doe)?

Date of Birth:

Social Security Number:

Driver's License Number:

Are you a U.S. citizen?

If you are not, what is your country of citizenship?

Occupation:

Title:

Work Phone:

Work Fax:

E-Mail:

Cell Phone:

Wife:

Full Name (First, Middle, and Last):

How do you sign your name (*e.g.*, Jane B. Doe)?

Date of Birth:

Social Security Number:

Driver's License Number:

Are you a U.S. citizen?

If you are not, what is your country of citizenship?

Occupation:

Title:

Work Phone:

Work Fax:

E-Mail:

Cell Phone:

Date of Marriage:

Home Address:

Phone:

City/State:

County:

Zip:

Who recommended you to our Firm?

Who is your CPA/Financial Planner?

Are you a veteran? Spouse of a veteran? (please circle one)

Are you both CA residents?

While you have been married, have either of you lived in another state besides California? If yes, when and where?

Are we representing both of you?

Has either of you been married before? If yes, how did the marriage end?

If either of you has been divorced, please provide a copy of the divorce decree.

Are there any obligations pursuant to a divorce (e.g., alimony or child support)? _____ If yes, please explain:

Is there a prenuptial or postnuptial agreement? If yes, please provide a copy of the agreement.

Does either of you expect an inheritance? If yes, please explain:

Has either of you made gifts in any year to individuals (other than your spouse), valued over the annual exclusion amount (\$14,500.00)?

Has either of you ever filed a gift tax return? If yes, please provide a copy of each such return.

Has either of you declared bankruptcy? If yes, please explain:

Has either of you ever filed a financial statement with a financial institution? _____ If yes, please provide a copy of each such statement.

Does either of you own an interest in a business? _____ If yes, please circle the type of business and describe it below. S Corp. C Corp. Partnership LLC Sole Proprietor

Does either of you have a safety deposit box? If yes, where is it located?

Durable Power of Attorney: If you were sick and could not pay your bills, whom would you wish to handle your financial affairs? This should be someone you trust without question. A married person's first option is usually his or her spouse. The second and third options are usually persons living in or near your community.

Husband:

Option #1 Name: _____ Relationship: _____
 City and State: _____

Option #2 Name: _____ Relationship: _____
 City and State: _____

Option #3 Name: _____ Relationship: _____
 City and State: _____

Wife:

Option #1 Name: _____ Relationship: _____
 City and State: _____

Option #2 Name: _____ Relationship: _____
 City and State: _____

Option #3 Name: _____ Relationship: _____
 City and State: _____

Living Will and Health Care Designation: Many people do not wish their lives to be prolonged on artificial life support. If there is no chance of recovery, whom do you wish to nominate to make the decision to remove you from life support? A married person's first option is usually his or her spouse.

Husband:

Option #1 Name: _____ Option #1 Relationship: _____
 Option #1 Address: _____
 Option #1 City, State, and Zip: _____ Option #1 Telephone: _____

Option #2 Name: _____ Option #2 Relationship: _____

Option #2 Address: _____

Option #2 City, State, and Zip: _____ Option #2 Telephone: _____

Option #3 Name: _____ Option #3 Relationship: _____

Option #3 Address: _____

Option #3 City, State, and Zip: _____ Option #3 Telephone: _____

Option #4 Name: _____ Option #4 Relationship: _____

Option #4 Address: _____

Option #4 City, State, and Zip: _____ Option #4 Telephone: _____

Wife:

Option #1 Name: _____ Option #1 Relationship: _____

Option #1 Address: _____

Option #1 City, State, and Zip: _____ Option #1 Telephone: _____

Option #2 Name: _____ Option #2 Relationship: _____

Option #2 Address: _____

Option #2 City, State, and Zip: _____ Option #2 Telephone: _____

Option #3 Name: _____ Option #3 Relationship: _____

Option #3 Address: _____

Option #3 City, State, and Zip: _____ Option #3 Telephone: _____

Option #4 Name: _____ Option #4 Relationship: _____

Option #4 Address: _____

Option #4 City, State, and Zip: _____ Option #4 Telephone: _____

Last Will and Testament and Living Trust: Please list your **children** and provide the following information. If you do not have children, please list your **beneficiaries** and their information here.

Child/Beneficiary 1 Name:

Child/Beneficiary 1 Relationship:

Child/Beneficiary 1 Address:

Child/Beneficiary 1 City, State, and Zip:

Child/Beneficiary 1 Telephone:

Child/Beneficiary 1 Date of Birth:

Child/Beneficiary 1 SSN:

Child/Beneficiary 2 Name:

Child/Beneficiary 2 Relationship:

Child/Beneficiary 2 Address:

Child/Beneficiary 2 City, State, and Zip:

Child/Beneficiary 2 Telephone:

Child/Beneficiary 2 Date of Birth:

Child/Beneficiary 2 SSN:

Child/Beneficiary 3 Name:

Child/Beneficiary 3 Relationship:

Child/Beneficiary 3 Address:

Child/Beneficiary 3 City, State, and Zip:

Child/Beneficiary 3 Telephone:

Child/Beneficiary 3 Date of Birth:

Child/Beneficiary 3 SSN:

After both of your deaths, do you wish to leave your estate in equal shares to each child/beneficiary?

If one of your children/beneficiaries predeceases you, do you wish for his or her children to receive that share?

If one of your children/beneficiaries predeceases you and that child has no children, do you wish for that share to be divided equally among your other children/beneficiaries?

In the event that you and your children/beneficiaries are deceased, whom do you wish to name as your **alternate beneficiary(s)**? Name(s), city/state of residence, relationship to you, percentage to receive:

Name	City/State	Relationship	%
------	------------	--------------	---

Providing for your children/beneficiaries in trust rather than giving them their inheritance outright may be a disincentive to achieve). You may wish to distribute their inheritance over time. An example would be one-third at age 25, one-half at age 35, and the remaining balance at age 40. You can use any percentages and any ages. If you agree, what would work best for your beneficiaries?

Whom do you wish to act as your **Personal Representative**? This individual should be good with finances and trustworthy. If you have more than one child, we discourage you from naming a child or children because of the potential for conflict that often arises among them. A married person's first option is usually his or her spouse.

Husband:

Option #1 Name: _____ Option #1 Relationship: _____

Option #1 Address: _____

Option #1 City, State, and Zip: _____

Option #2 Name: _____ Option #2 Relationship: _____

Option #2 Address: _____

Option #2 City, State, and Zip: _____

Option #3 Name: _____ Option #3 Relationship: _____

Option #3 Address: _____

Option #3 City, State, and Zip: _____

Wife:

Option #1 Name:

Option #1 Relationship:

Option #1 Address:

Option #1 City, State, and Zip:

Option #2 Name:

Option #2 Relationship:

Option #2 Address:

Option #2 City, State, and Zip:

Option #3 Name:

Option #3 Relationship:

Option #3 Address:

Option #3 City, State, and Zip:

If you have minor children, whom do you wish to act as the **Guardian** of your children if both of you are deceased? The Guardian should be someone whom you trust with their physical well-being, education, care, up bringing, etc. This person does not have to be the same individual who may be “guardian” of their property, but would be the children’s “caretaker”.

Option #1 Name:

Option #1 Relationship:

Option #1 City and State:

Option #2 Name:

Option #2 Relationship:

Option #2 City and State:

During your lives, you and your spouse will act as the **Trustees** of both trusts and you will retain full control over them. If neither of you can serve due to death or incapacity, you must name a successor Trustee to manage your trusts. As with the Personal Representative, this individual should be good with finances and trustworthy. To this end, he or she is likely to be the same individual whom you named as Personal Representative (with the exception of your spouse, who may serve as a Co-Trustee, but not as a successor Trustee).

Option #1 Name:

Option #1 Relationship:

Option #1 Address:

Option #1 City, State, and Zip:

Option #2 Name:

Option #2 Relationship:

Option #2 Address:

Option #2 City, State, and Zip:

Option #3 Name:

Option #3 Relationship:

Option #3 Address:

Option #3 City, State, and Zip:

Are there charitable organizations which you support on an annual basis? _____ If yes, would you like to include any of these organizations in your estate plan?

If there were a way to shift dollars from taxes to charity, would you be interested in exploring this option?

Has either of you previously executed a will or trust? _____ If yes, please provide a copy of any will or trust that is presently effective.

Please provide a copy of every real estate deed, so that we can assess what, if anything, should be done with each parcel of real estate with reference to any trust that we may establish.

Please provide a copy of your last statements from any investment houses, such as Edward Jones, etc.

Please bring both of your driver's licenses or CA identification cards to the document execution, as it will be needed for the notary acknowledgements, as required by CA law.

Please bring this Estate Planning Information Worksheet and the Asset List, attached to this Worksheet, to our meeting, after completing them both.

ASSET LIST FOR

CLIENT NAME: _____ **DATE:** _____

Homestead/Primary Residence:	Owner	Value	Mortgage

Investment/Personal Use Real Estate:	Owner	Value	Mortgage
1.			
2.			
3.			

Bank Accounts/ Money Markets/CDs:	Owner	Value
1.		
2.		
3.		
4.		

Stocks/Options/Brokerage Non-Retirement Accounts:	Owner	Value
1.		
2.		
3.		

Business Interests:	Owner	Value
1.		
2.		

Notes Payable To You:	Owner	Value
1.		
2.		

ASSET LIST FOR

CLIENT NAME: _____ DATE: _____

IRA/401K/Annuities:	Owner	Value	Beneficiary Designations:
1.			
2.			
3.			
4.			

Life Insurance:	Owner	Death Benefit	Beneficiary Designations:
1.			
2.			
3.			
4.			

Vehicles/Personal Property:	Owner	Value
1.		
2.		
3.		

I certify this is a true and correct representation of my assets as of this date.

Signature: _____ Date: _____

Signature: _____ Date: _____

EMAIL Completed Form to: bill@wfblegalconsulting.com