

# ESTATE PLANNING INFORMATION WORKSHEET

*COMPLETE IN DUPLICATE FOR SPOUSE IF SEPARATE PROPERTY*

**PERSONAL & CONFIDENTIAL**

**EMAIL to: [bill@wfblegalconsulting.com](mailto:bill@wfblegalconsulting.com)**

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: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State: \_\_\_\_\_

County: \_\_\_\_\_

Zip: \_\_\_\_\_

Who is your CPA/Financial Advisor? \_\_\_\_\_

Who is your Insurance Agent? \_\_\_\_\_

Who recommended you to our Firm? \_\_\_\_\_

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

Are you a CA resident? \_\_\_\_\_

Have you lived in Another state besides CA? If yes, when and where? \_\_\_\_\_

Have you been married before? If yes, how did the marriage end? \_\_\_\_\_

If you have 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: \_\_\_\_\_

Are you expecting an inheritance? If yes, please explain: \_\_\_\_\_

Have you made gifts in any year to individuals (other than a spouse), valued over the annual exclusion amount (\$14,500.00)? \_\_\_\_\_

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

Have you declared bankruptcy? If yes, please explain:

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

Do 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

Do 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. These are usually persons living in or near your community.

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?

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 below. 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:

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	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?

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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 your children because of the conflict that often arises among them.

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 parents are deceased? The Guardian should be someone whom you trust with their physical well-being, education, care, upbringing, 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 Address:

Option #1 City, State, and Zip:

Option #2 Name:

Option #2 Relationship:

Option #2 Address:

Option #2 City, State, and Zip:

During your life, you will act as the **Trustee** of your trust and you will retain full control over it. If you cannot serve due to death or incapacity, you must name a successor Trustee to manage your

trust. 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.

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?

Have 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 your driver's license or CA identification card 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](mailto:bill@wfblegalconsulting.com)