



# ESTATE PLANNING WORKSHEET (FULL FORM)

Using this organizer will assist us in designing an estate plan that meets your goals. All information provided is strictly **confidential**. If possible, please return the completed worksheet to our office prior to your appointment via mail or fax. You may schedule an appointment to see a Maryland attorney by calling (410) 721-4569. PARTNERS MAY USE SAME FORM IF REVIEWED AND DISCUSSED BY BOTH; OTHERWISE, EACH PERSON FILLS OUT SEPARATE FORM. THANK YOU.

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

How did you hear about us?  Referral  Website  Seminar  Other: \_\_\_\_\_

## PERSONAL INFORMATION

### CLIENT 1

Full Legal Name \_\_\_\_\_ US Citizen? \_\_\_\_\_  
(Name most often used to title property and accounts)

Nickname \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Last 4 SSN# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Business Telephone \_\_\_\_\_ Employer \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Married Date: \_\_\_\_\_  Widowed Date: \_\_\_\_\_

### CLIENT 2

Full Legal Name \_\_\_\_\_ US Citizen? \_\_\_\_\_  
(Name most often used to title property and accounts)

Nickname \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Last 4 SSN# \_\_\_\_\_

Business Telephone \_\_\_\_\_ Employer \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Home Address (if different)

### CHILDREN

(Under *Parent*: please use "JT" if both spouses are parents. "H" if husband is parent. "W" is wife is parent.)

Child's Full Legal Name	Last 4 SSN#	Birthdate	Age	Parent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## SUMMARY OF ASSETS

ASSET(S)	CLIENT 1	CLIENT 2	JOINTLY-OWNED
Bank Accounts (Checking & Savings)			
Money Market Funds			
CDs			
Bonds and Stocks			
Investment Accounts (i.e., CMA, Schwab)			
Publicly Traded Stocks			
Mutual Funds			
Retirement Plans (IRA, 401(k), SEP, etc.)			
Business Interest (Value of privately owned)			
Life Insurance (face amount)			
Limited Partnership			
Mortgage, Note, other Receivables			
Real Estate (city, state): Property 1 Home			
Property 2			
Tangible Personal Property (car, antiques, jewelry)			
Other Assets (expected gift, lawsuit, inheritance)			
<b>Total Estimated Value of Assets</b>			

## SUMMARY OF LIABILITIES

Home Mortgage			
Other Mortgage			
Other Debt:			
<b>Total Debt</b>			
<b>Net Estate (Assets Minus Debt)</b>			

(Please check "Yes" or "No" for your answer)	Yes	No
Are you or spouse receiving Social Security, disability, or other governmental benefits? <i>Describe:</i>		
Have either of you been divorced?		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>		
Have you or spouse ever signed a pre-nuptial or post-nuptial contract?		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Are there any charitable organizations you wish to make provisions for at the time of your death? <i>If yes, please describe:</i>		
Are you currently the beneficiary of anyone else's trust?		
Do you have pets that you wish to give away upon your death?		
Do any of your children have special educational, medical, or physical needs?		
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Do you have adopted children?		
Have you or your spouse completed previous will, trust, or estate planning?		
Have you or your spouse ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you or your spouse served in the U.S. military?		

**ADVISORS**

Name	Telephone
Life Insurance Agent _____	_____
Financial Advisor _____	_____
Broker _____	_____

During your appointment, an attorney will review the questionnaire with you and answer your questions. Your estate plan is only as good as the information upon which it is based. This summary is designed to help you list **ALL** the property that you own, how it is titled, and what it is worth. If you own more property than can be listed on this checklist, please either use an extra sheet to list additional property or summarize the total worth in the space provided. In lieu of this checklist, you may also submit a detailed financial statement.

The information is essential for framing the issues that might be discussed at the initial meeting. However, should you decide to retain the Law Office of Terry Douglas to prepare your estate planning documents, you will be tasked to provide more particular information about your assets, including such things as the location of your accounts, account numbers, and specific beneficiary designations.

It can be a tedious process to gather and organize all of this information, but this is just a part of what your heirs will need to know to handle your estate. If it is a challenge for you, then you can imagine how difficult it would be for your heirs without your assistance. Your attention to the details will be appreciated by them – and this office.

**ADDITIONAL INFORMATION - IF YOU WISH TO NAME PERSONS TO ACT FOR YOU.**

- **GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be **guardian** (back up parents)

Name and Address	Relationship
Primary: _____	_____
Alternate: _____	_____

- **POWER OF ATTORNEY:** If you were unable to make **financial** decisions for yourself, who would you want to make those decisions for you?

	Client 1	Client 2
Agent Name		
Address		
Relationship		

- **MEDICAL / HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your **medical** treatment?

	Client 1	Client 2
Health Care Agent		
Address		
Phone Number	(       )                      -	(       )                      -
Relationship		

- **Do you wish to donate your organs? Y / N**                      **Do you wish to donate your body to science & research? Y / N**
- **Do you wish to be**        **\_\_\_\_\_ buried or**        **\_\_\_\_\_ cremated?**