
Estate Planning Worksheet

I. PERSONAL INFORMATION

Name (full legal name): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Date of Birth: _____ U.S. Citizen: Yes No

Occupation and Employer: _____

Marital Status: Single Married Previously Married: Yes No

Do you have a religious preference? _____

II. FAMILY INFORMATION

If you are currently married, please complete the following information regarding your Spouse:

Date of Marriage: _____ Place of Marriage: _____

Spouse (full legal name): _____

Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Date of Birth: _____ U.S. Citizen: Yes No

Occupation and Employer: _____

Previously married? Yes No

If you and/or your spouse have any children, please complete the following section regarding the children:

Name	Date of Birth

Are any of these children from a previous relationship? Yes No

III. QUESTIONS TO CONSIDER BEFORE MEETING

1. What do you want to ensure we address in your estate planning documents?

2. What concerns you the most?

3. Do you have any specific burial wishes?

4. Are there any specific items of personal property (jewelry, furniture, art, cars, etc.) that you would like to direct to particular people?

5. Are there any charitable gifts you would like to make? If so, please list.

6. Do you own any out of state property (if yes, please indicate property type and state of property)?

7. Do you own an interest in a closely held business?

8. Do you or any members of your family require special schooling, medical attention, full-time nursing care at home or other special attention? If so, please explain:

9. Are there any other concerns or questions you have that are not addressed on this sheet?

IV. DOCUMENTS TO BRING TO YOUR PLANNING MEETING
(if available/applicable)

- Current Estate Planning Documents
- Property Deeds
- Any Trusts of which you are a beneficiary
- Any Prenuptial Agreement(s)
- Any Divorce Decree(s)

V. FINANCIAL INFORMATION

Who is your Accountant? _____

Who is your Insurance Agent? _____

Who is your Stockbroker or Financial Planner? _____

A. ASSETS

Please list the approximate current value and beneficiaries for any of the following assets you or spouse (if applicable) have:

1. Company Plans and Insurance (Pension Plan, Profit Sharing, IRA, 401(k), Insurance Policies)

Plan: _____ Owner: _____ Value: _____

Primary Beneficiary(s): _____

Secondary Beneficiary(s): _____

Plan: _____ Owner: _____ Value: _____

Primary Beneficiary(s): _____

Secondary Beneficiary(s): _____

Plan: _____ Owner: _____ Value: _____

Primary Beneficiary(s): _____

Secondary Beneficiary(s): _____

Plan: _____ Owner: _____ Value: _____

Primary Beneficiary(s): _____

Secondary Beneficiary(s): _____

Plan: _____ Owner: _____ Value: _____

Primary Beneficiary(s): _____

Secondary Beneficiary(s): _____

Plan: _____ Owner: _____ Value: _____

Primary Beneficiary(s): _____

Secondary Beneficiary(s): _____

2. Cash

Checking Owner: _____ Value: _____

Savings Owner: _____ Value: _____

CD Owner: _____ Value: _____

Money Market Owner: _____ Value: _____

Stocks Owner: _____ Value: _____

Bonds Owner: _____ Value: _____

Mutual Funds Owner: _____ Value: _____

Other _____ Owner: _____ Value: _____

Please indicate whether any of the above-stated cash accounts has a payable on death beneficiary.

3. Other Assets

Business Interests (Include closely held stock and partnership): _____

Home Real Estate in Alabama: _____

Other Real Estate in Alabama: _____

Real Property Owned in Another State: _____

Mortgages (Payable to you): _____

Personal Property (e.g. cars, jewelry, furniture, etc): _____

Beneficiary of any Trust Agreement: _____

Additional Assets or other things we may need to know about (not already listed above): _____

B. LIABILITIES

Please list the approximate current values for any current liabilities you or your spouse (if applicable) have.

Mortgage Debtor: _____ Amt Owed: _____

Automobile Loan Debtor: _____ Amt Owed: _____

Medical Bills Debtor: _____ Amt Owed: _____

Student Loan Debtor: _____ Amt Owed: _____

Credit Card Debtor: _____ Amt Owed: _____

Other Debtor: _____ Amt Owed: _____