

# Estate Planning Worksheet

## General Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Smoker: \_\_\_\_\_ Non-Smoker: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Health/Medications: \_\_\_\_\_

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Smoker: \_\_\_\_\_ Non-Smoker: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Health/Medications: \_\_\_\_\_

Children	Date of Birth	Children from Prior Marriage(s)*	Date of Birth

\*If so, has QTIP trust been established? \_\_\_\_\_

## Personal Objectives

What annual long-term rate of return should be assumed for the income-producing assets in your estate? \_\_\_\_\_ %

What annual income would your family need in the event of your death? \$ \_\_\_\_\_

What TOTAL amount of money will be needed for your children's education needs? \$ \_\_\_\_\_

## Estate Information

Your Annual Salary: \$ \_\_\_\_\_

Spouse's Annual Salary: \$ \_\_\_\_\_

Your Other Income: \$ \_\_\_\_\_

Spouse's Other Income: \$ \_\_\_\_\_

Have you executed a will? \_\_\_\_\_ When?(Year) \_\_\_\_\_ Where? (State) \_\_\_\_\_

General Will Provisions:  All to Spouse, then to Children  
 Testamentary Trust

Marital Deduction Provision  
 Other \_\_\_\_\_

Has your spouse executed a will? \_\_\_\_\_ When?(Year) \_\_\_\_\_ Where? (State) \_\_\_\_\_

General Will Provisions:  All to Spouse, then to Children  
 Testamentary Trust

Marital Deduction Provision  
 Other \_\_\_\_\_

Do you and your spouse have any living trusts? \_\_\_\_\_ When?(Year) \_\_\_\_\_ Where? (State) \_\_\_\_\_

What property is in the trust? \_\_\_\_\_ Is it?  Revocable?  Irrevocable?  An A/B Bypass Trust?

Other: \_\_\_\_\_ Who is the trustee? \_\_\_\_\_ Successor? \_\_\_\_\_

# Estate Planning Worksheet

## Calculating Your Gross Estate

Assets	Yours	Your Spouse's	Joint/Community
Checking & Savings	\$	\$	\$
Money Market Funds			
CD's			
Stocks & Stock Funds			
Taxable Bonds & Bond Funds			
Other Marketable Securities			
Annuities			
Limited Partnerships			
Personal Residence			
Real Estate (non-Residence)			
Life Insurance Face Amount			
Business Assets			
Other Non-Marketable Assets			
Personal Property			
Other Personal Assets			
IRA's			
Retirement Plan Accounts			
<b>Total Assets</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Liabilities	Yours	Your Spouse's	Joint/Community
Credit Card Debt	\$	\$	\$
Margin Debt			
Personal Loans			
Other Short Term Debt			
Home Mortgage			
Real Estate Mortgage			
Auto Loans			
Business Loans			
Partnership Notes			
Other Long-Term Debt			
<b>Total Liabilities</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Subtract Total Liabilities	\$	\$	\$
from total assets for	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>