

Estate Planning Worksheet

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Estate and Trust Planning
Elder Law
Asset Protection

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING A 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.

Personal Information

Full Legal Name _____

Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

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

Date of Marriage _____

Spouse's Full Legal Name _____

Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

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

Children and Other Family Members

| Full Legal Name | Birth date | Parent or Relationship |
|-----------------|------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Advisors

| Name | Telephone |
|----------------------------|-----------|
| Personal Attorney _____ | _____ |
| Accountant _____ | _____ |
| Financial Advisor _____ | _____ |
| Life Insurance Agent _____ | _____ |

ASSET INFORMATION

Bank Accounts

TYPE: Checking Account Savings Account Certificates of Deposit, Money Market
Do not include IRAs or 401(k)s here

| Name of Institution and account number | Type | Owner | Amount |
|--|-------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Stocks and Bonds

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *(indicate type below)*

| Stocks, Bonds or Investment Accounts | Type | Acct. Number | Owner | Amount |
|--------------------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Personal Property

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

| Type or Description | Owner | Market Value |
|---|-------|--------------|
| Miscellaneous Furniture and Household Effects (Total) | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Retirement Plans

TYPE: Pension, Profit Sharing, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

| Type of Plan | Company | Beneficiary | Value |
|--------------|---------|-------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity.

ADDITIONAL INFORMATION: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries,

1. _____

2. _____

3. _____

4

4.

Real Estate

TYPE: Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

| General Description and/or Address | Owner | Market Value | Loan Balance |
|------------------------------------|-------|--------------|--------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Other Assets

Monies Owed to You, Anticipated Inheritances, Lawsuit Judgments etc.

Mortgages or promissory notes payable to you, or other moneys owed to you.

| Name of Debtor | Date of Note | Maturity Date | Owed to | Current Balance |
|----------------|--------------|---------------|---------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Anticipated Inheritance, Gift, or Lawsuit Judgment

Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____ **Total estimated value** _____

Other property is any property that you have that does not fit into any listed category.

| Type | Owner | Value |
|-------|-------|-------|
| _____ | _____ | _____ |

Summary of Values

| Assets | Amount* | | Total Value |
|--------------------------------|----------------|-------------|--------------------|
| | Husband | Wife | |
| Real Property | _____ | _____ | _____ |
| Furniture and Personal Effects | _____ | _____ | _____ |
| Automobiles, Boats and RV's | _____ | _____ | _____ |
| Bank and Savings Accounts | _____ | _____ | _____ |
| Stocks and Bonds | _____ | _____ | _____ |
| Life Insurance and Annuities | _____ | _____ | _____ |
| Retirement Plans | _____ | _____ | _____ |
| Business Interests | _____ | _____ | _____ |
| Money owed to you | _____ | _____ | _____ |
| Anticipated Inheritance, Etc. | _____ | _____ | _____ |
| Other Assets | _____ | _____ | _____ |
| Total Assets: | _____ | _____ | _____ |

****Joint Property values enter 1/2 in husband's column and 1/2 in wife's column***

Family Questions

| (Please check "Yes" or "No" for your answer) | Yes | No |
|--|-----|----|
| Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____ | | |
| Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i> | | |
| If married, have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i> | | |
| Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i> | | |
| 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) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i> | | |
| Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i> | | |
| Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i> | | |
| If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i> | | |
| Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i> | | |
| Do any of your children have special educational, medical, or physical needs? | | |
| Do any of your children receive governmental support or benefits? | | |
| Do you provide primary or other major financial support to adult children or others? | | |

Additional Information
