

ESTATE PLANNING WORKSHEET

The Law Office of Antoinette Bone

Wills & Trusts, Probate and Estate Administration,
Guardianships, Asset Protection, Legacy Planning
Business Succession Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE 7 DAYS PRIOR TO YOUR
APPOINTMENT VIA MAIL, EMAIL, OR FAX.

HELP US TO GET TO KNOW YOU

Please check each box below that describes the purpose of your visit. Because we limit our practice to estate planning, it is important to be sure we are the right attorneys for you.

- | | | |
|---|--|---|
| <input type="checkbox"/> To have my/our existing estate plan reviewed | <input type="checkbox"/> To reduce or eliminate estate taxes | <input type="checkbox"/> To protect my/our assets from lawsuits and future judgment creditors |
| <input type="checkbox"/> To learn about estate planning | <input type="checkbox"/> To reduce or eliminate capital gains taxes | <input type="checkbox"/> To protect my/our children's inheritance from divorces and creditors |
| <input type="checkbox"/> To have a will drawn up | <input type="checkbox"/> To protect my/our IRA or other retirement plan from excessive taxes | <input type="checkbox"/> To start a gift program to children, grandchildren or others |
| <input type="checkbox"/> To have a trust drawn up | <input type="checkbox"/> To reduce or eliminate the costs of probate | <input type="checkbox"/> To learn about charitable planning |
| <input type="checkbox"/> Other: _____ | | |

YOU:

Husband's legal name		Name you want us to call you		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Husband's Social Security number		Husband's date of birth		Your health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Wife's legal name		Name you want us to call you		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wife's Social Security number		Wife's date of birth		Your health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Street Address				Date of Marriage	
City, State ZIP				County	
Home Phone		Business Phone		Fax	
				Email address	
Husband's current occupation. If retired, from what?			Wife's current occupation. If retired, from what?		
Have we done work for you previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please briefly describe the services we provided.					

YOUR CHILDREN, if any

Legal Name	Whose child? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth
Legal Name	Whose child? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth
Legal Name	Whose child? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth
Legal Name	Whose child? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth
Legal Name	Whose child? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth

How did you hear about us?

Name	Firm	Phone
------	------	-------

YOUR ADVISORS in case we need to consult with them.

Accountant	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Life Insurance Agent	Name	Firm	Phone
Attorney	Name	Firm	Phone

YOUR ASSETS

Please provide us with an estimate of the value of your estate by completing the following schedule. Use your **best estimate** of each asset's value, assuming you could cash it in or sell it today at a fair price. Disregard what you paid for the asset, or what it was worth when you inherited it.

Asset	Value	Owned Jointly	Owned by Husband	Owned by Wife	Amount of Debt on Asset
Real Estate					
Money owed to you					
Business					
Life insurance					
Annuities					
IRAs, retirement plans					
Brokerage accounts					
Individually held securities					
Deposit accounts					
Vehicles, boats and planes					
Household furnishings					
Other personal effects					
Other					
Totals					

Some Things You Should Think About *Before* Our Conference

Power of Attorney for Healthcare Decisions

You may appoint one or more agents to make healthcare decisions for you in the event you are unable to make those decisions yourself. The agent(s) you appoint can select a doctor to treat you. Your agent is authorized to admit you to a hospital or nursing home, to authorize medication or surgery, to refuse care, to check you out of the hospital (even against a doctor's advice), and to make decisions about ending your life. Your healthcare agent also has the power to authorize an autopsy after your death, and to dispose of your remains.

Please indicate your choice:

Husband's Agent: _____ **Wife's Agent:** _____

Successor: _____ **Successor:** _____

Your power of attorney for healthcare decisions will also contain your instructions for your care if you are in a coma or a terminal state. You will need to make a choice about whether or not you want food, water and other nourishment administered to you by feeding tubes if you are terminally ill.

Guardians, Trustees and Executors

A guardian is a person who cares for your minor children if you are not able. A trustee is a person or a corporation who pays bills, manages money, investments and other financial affairs on your behalf. Whom would you want to be guardian of your minor children? If you decide to create a trust as a part of your estate plan, whom would you name to serve as your trustee? Please indicate your choice in each column by order of preference.

Your executor is the person who oversees your estate if there is a probate. Please consider if you want your trustee and your executor to be the same person/institution.

Designees	While You are Alive and Competent	While you are Alive but <i>Not</i> Competent	After your Death
Guardian(s) of your minor children (if applicable): Relationship:			
Backup guardian(s) of your minor children (if applicable) Relationship:			
Husband	Will you act as your own trustee while you are alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your wife act as trustee if you are not competent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your wife act as trustee after you pass away? <input type="checkbox"/> Yes <input type="checkbox"/> No
Wife	Will you act as your own trustee while you are alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your husband act as trustee if you are not competent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your husband act as trustee after you pass away? <input type="checkbox"/> Yes <input type="checkbox"/> No
Husband's Backup Agent: Relationship:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wife's Backup Agent: Relationship:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

