

Estate Planning Worksheet

Strohman Ford, LLC
Estate Planning & Administration,
Real Estate, and Business Law

Dear Potential Client:

Thank you for contacting **Strohman Ford, LLC**. This Estate Planning Worksheet will assist us in designing an estate plan that accomplishes your goals. If you do not understand a question or you are not sure how to answer a question, please leave it blank and move on to the next question. During your initial consultation the attorney will review this Worksheet with you, explain why and how we do estate planning, and make recommendations based on your particular circumstances. The sections of the Worksheet include:

Part I: Personal Information. This section lets us get to know more about you and those around you. Please make sure to use legal names and pay special attention to the spelling of names.

Part II: Asset Information. This section lets us know what assets you own. Please provide as much information as you can about each asset (e.g., title, account number, etc.). You may use approximate values for these purposes.

Part III: Your Beneficiaries. This section is meant to help you start thinking about who you would want to inherit from your estate upon your death.

Part IV: Important People. This section is meant to help you start thinking about who you would choose to represent your financial and medical interests in the event of your death or disability.

Please do your best to provide the information requested. All information provided is strictly confidential. At the initial appointment, the attorney will help you think through the various options and considerations in setting up your estate plan. We look forward to meeting with you.

Respectfully,

The **Strohman Ford, LLC** Team

PART I: PERSONAL INFORMATION

CLIENT INFORMATION

1) Information for Client 1:

Full Legal Name (First, Middle, Last) _____
(Name most often used to title property and accounts and the name you want to appear on your documents)

Also Known As _____ Gender _____
(Former or other names used to title property and accounts)

Prefer to be called _____ Birth Date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Employer _____ Position _____

E-mail Address _____ It is alright to contact me via my email address.

How did you hear about our firm? _____

2) Information for Client 2 (if planning as a couple):

Full Legal Name (First, Middle, Last) _____
(Name most often used to title property and accounts and the name you want to appear on your documents)

Also Known As _____ Gender _____
(Former or other names used to title property and accounts)

Prefer to be called _____ Birth Date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Employer _____ Position _____

E-mail Address _____ It is alright to contact me via my email address.

Are you and Client 1 legally married? _____ Date of Marriage _____

Have you signed a Pre- or Post-Marital Agreement? _____ **If yes, please provide a copy of the agreement.**

ADVISORS

Accountant _____ Phone _____

Financial Advisor _____ Phone _____

Life Insurance Agent _____ Phone _____

CHILDREN AND OTHER FAMILY MEMBERS

Please name all of your children, their spouses and/or children, and other important family members. Under “Parent”, specify if **Client 1** or **Client 2** is the parent, or **JT** if both clients are the parents. Please include any deceased children, and their spouses and/or children.

| | Child or Family Member’s Full Name | Birth Date | Gender | Parent |
|---|------------------------------------|------------|--------|--------|
| 1. Name _____ Spouse and/or children _____ | _____ | _____ | _____ | _____ |
| 2. Name _____ Spouse and/or children _____ | _____ | _____ | _____ | _____ |
| 3. Name _____ Spouse and/or children _____ | _____ | _____ | _____ | _____ |
| 4. Name _____ Spouse and/or children _____ | _____ | _____ | _____ | _____ |
| 5. Name _____ Spouse and/or children _____ | _____ | _____ | _____ | _____ |
| 6. Name _____ Spouse and/or children _____ | _____ | _____ | _____ | _____ |

YOUR CONCERNS

Please rate the following: **High** Concern; **Some** Concern; **Low** Concern; or **N/A** Not Applicable:

| | Client 1 | Client 2 |
|--|----------|----------|
| Providing for and protecting a spouse, children, grandchildren, or other family members. | | |
| Avoiding will contests or other disputes after death, or disinheriting a family member. | | |
| Plan for a child with disabilities or special needs, such as medical or learning disabilities. | | |
| Providing for charities at the time of death. | | |
| Plan for the transfer and survival of a family business. | | |
| Avoiding or reducing your estate taxes. | | |
| Avoiding probate. | | |

IMPORTANT QUESTIONS

| Please check YES or NO | YES | NO |
|---|------------|-----------|
| Have you previously completed a will, trust, or other estate planning documents? Please provide copies of these documents. | | |
| Have you done any advance funeral preparations? | | |
| Are you receiving Social Security, disability, or other governmental benefits? Please describe: _____ | | |
| Are you making payments pursuant to a divorce or property settlement order? Please provide a copy. | | |
| Have you been widowed? Please provide a copy of any estate tax return filed at the time of their death. | | |
| Have you ever filed federal or state gift tax returns? Please provide copies of these returns. | | |
| If married, have you lived in a community property state while married to each other? Community property states include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. | | |
| 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? | | |
| Are you currently the beneficiary of anyone else's trust? If so, please explain: _____ | | |

Other concerns or information to include or discuss with the attorney:

PART II: ASSET INFORMATION

This section helps you list all of the assets you own. If you do not own any assets under a particular heading, please leave that section blank. If you own more assets than can be listed under certain headings, please attach additional sheets of paper to list your assets. For each asset, please indicate how the asset is titled using the following abbreviations: **Client 1** or **Client 2** if separately owned; **Joint** if owned by both Client 1 and Client 2; and **JT/Other** if jointly owned with someone other than Client 1 or Client 2. You may also provide copies of the most recent statement for any accounts.

Real Estate

List any real estate including family residence, vacation home, timeshare, vacant land, etc. Please indicate if any of these properties include a manufactured home:

| General Description and/or Address | Owner | Market Value | Loan Balance |
|------------------------------------|--------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | Total | _____ | _____ |

Tangible Personal Property

Please give an estimated lump sum value for household effects and miscellaneous personal property. Please separately identify any items of personal property that are of significant value (i.e., wedding ring, artwork):

| Type or Description | Owner | Estimated Value |
|--|--------------|-----------------|
| <u>Miscellaneous household effects</u> _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | Total | _____ |

Automobiles, Boats, and RVs

| Make/Model/Year or other General Description | Owner | Market Value | Loan Balance |
|--|--------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | Total | _____ | _____ |

Bank Accounts

Please specify bank accounts with the following types: **Checking** Account; **Savings** Account; **CD** Certificates of Deposit; **MM** Money Market. Do not include IRAs or 401(k)s here:

| Name of Institution and last four digits of account number | Type | Owner | Amount |
|--|-------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Total | | | _____ |

Retirement Plans and Accounts

Specify the type of plan as follows: **P** Pension; **PS** Profit Sharing; **IRA**; **SEP**; **401(K)**; **Roth**; **RA** Retirement Annuity:

| Plan Description/Financial Institution | Type | Owner | Beneficiary | Amount |
|--|-------|-------|-------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Total | | | | _____ |

Investment and Non-Retirement Stock Accounts

List any brokerage accounts, non-retirement annuities, and stocks and bonds held outside of an account. Do not include IRAs or 401(k)s here:

| Financial Institution | Type | Owner | Beneficiary | Amount |
|-----------------------|-------|-------|-------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Total | | | | _____ |

Business Interests

Include any General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm and ranch interests, etc. Please provide a description of the interests, your ownership in the interests, and the estimated value of the interests:

1. _____
2. _____
3. _____

Total Estimated Value _____

Life Insurance Policies

Please list any life insurance policies or annuities and specify the type of policy as follows: **T** Term; **WL** Whole Life:

| Name of Insurance Company and Agent | Type | Owner | Beneficiary | Amount |
|-------------------------------------|-------|-------|-------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Total | | | | _____ |

Money Owed To You

Please list mortgages or promissory notes or other monies payable to you:

(Client 1, Client 2, or Joint or JT/Other):

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

Anticipated Inheritance, Gift, or Lawsuit Judgment

Please describe in appropriate detail any gifts or inheritances that you expect to receive in the future, or money that you anticipate receiving through a judgment in a lawsuit:

1. _____
2. _____
3. _____

Total Estimated Value _____

Other Assets

Please list any other property that does not fit into any of the above categories, i.e., safe deposit box, etc.:

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

SUMMARY OF VALUES

In the table below the “Total Value” column on the right will auto fill with subtotals from the above sections. In the “Client 1” and “Client 2” columns, please enter the subtotal value amounts of assets owned for each Client 1 and Client 2 from the above sections. For JT property, in each column enter the value that represents one-half of the total.

| Assets | Client 1 | Client 2 | Total Value auto-calculated from entries above |
|--|----------|----------|--|
| Real Estate | | | |
| Tangible Personal Property | | | |
| Automobiles, Boats and RVs | | | |
| Bank Accounts | | | |
| Retirement Plans and Accounts | | | |
| Investment and Non-Retirement Stock Accounts | | | |
| Business Interests | | | |
| Life Insurance Policies | | | |
| Money Owed to You | | | |
| Anticipated Inheritance, Gift, or Lawsuit Judgement | | | |
| Other Assets | | | |
| Total Value of Assets: | | | |

***General Estimate of Estate Value: \$** _____

PART III: YOUR BENEFICIARIES

SPECIFIC GIFTS

List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate who is wanting to make the gift: **Client 1**, **Client 2**, or both (**JT**):

| Name of Individual or Charity | Property or Amount (Percentage or Dollar Amount) | Person Gifting |
|-------------------------------|---|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DISTRIBUTION TERMS

How would you like for your beneficiaries to receive distributions from your estate?

- Distribute outright to your beneficiaries free of trust.
- Distribute with limitations or restrictions on a beneficiary’s inheritance with a structured trust. Explain below:

CONTINGENT BENEFICIARIES

How would you like to divide your estate upon your death (or upon your spouse’s death, if planning as a couple)?

- Divide equally amongst children and the descendants of any deceased children.
- Divide amongst named individuals and/or charities:

In the event that none of your descendants or above-named beneficiaries were to survive you, who would you like to inherit the remainder of your estate?

- Divide equally between your heirs-at-law (i.e., next of kin).
- If planning as a couple, divide equally between Client 1 and Client 2’s heirs-at-law.
- Divide between the following individuals/charities:

Are there any individuals you wish to exclude or disinherit? _____

PART IV: IMPORTANT PEOPLE

This section helps you name the individuals you would like to act on your behalf in various situations. Please list individuals in order of preference.

Personal Representatives or Trustees

After your death, who would you like to carry out your instructions, for distribution to and, if desired, management of, property for your beneficiaries?

Client 1

1. Name _____

Relationship _____

2. Name _____

Relationship _____

3. Name _____

Relationship _____

Client 2

1. Name _____

Relationship _____

2. Name _____

Relationship _____

3. Name _____

Relationship _____

Power of Attorney

If you were unable to make financial decisions for yourself, who would you like to make those decisions for you?

Client 1

1. Name _____

Relationship _____

2. Name _____

Relationship _____

3. Name _____

Relationship _____

Client 2

1. Name _____

Relationship _____

2. Name _____

Relationship _____

3. Name _____

Relationship _____

Health Care Representative

If you were unable to make medical or health decisions for yourself, who would you like to make decisions for you in regard to your medical treatment?

Client 1

1. Name _____

Relationship _____

2. Name _____

Relationship _____

3. Name: _____

Relationship _____

Client 2

1. Name _____

Relationship _____

2. Name _____

Relationship _____

3. Name _____

Relationship _____

Person Handling Disposition of Remains

After your death, who would you like to be responsible for coordinating the handling of your remains with the crematorium/funeral parlor?

Client 1

Client 2

1. Name _____

1. Name _____

Relationship _____

Relationship _____

2. Name _____

2. Name _____

Relationship _____

Relationship _____

3. Name _____

3. Name _____

Relationship _____

Relationship _____

Guardian for Minor Children

If you have children under the age of 18, list in order of preference who you wish to handle their basic care (i.e., provide food, shelter, clothing, etc.) in the event of your death:

1. Name _____

Relationship _____

2. Name _____

Relationship _____

3. Name _____

Relationship _____

Conservator for Minor Children

If you have children under the age of 18, list in order of preference who you wish to handle their financial assets in the event of your death:

1. Name _____

Relationship _____

2. Name _____

Relationship _____

3. Name _____

Relationship _____

Thank you for completing the Estate Planning Worksheet. Do not worry if you have left any sections blank. The attorney will work with you to provide an overview of the estate planning process, answer any questions you may have, and help you to make informed decisions.