



Estate Planning Worksheet

Today's Date:

Desired Completion Date:

General Information

Client #1 Name	
Street Address	
City, State Zip Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Date of Birth	
U.S. Citizen	Circle Applicable: Yes No Other
Marital Status	Circle Applicable: Single Married Separated Widowed If currently or previously married please list:
	<u>Spouse Name</u> <u>Marriage Date</u> <u>End of Marriage Date</u>
	1 _____ 2 _____

Client #2 Name	
Cell Phone	
Work Phone	
E-Mail Address	
Date of Birth	
U.S. Citizen	Circle Applicable: Yes No Other
Marital Status	Circle Applicable: Single Married Separated Widowed If currently married or previously married please list:
	<u>Spouse Name</u> <u>Marriage Date</u> <u>End of Marriage Date</u>
	1 _____ 2 _____

Plans

Circle applicable

1) Do you presently have a Will? Yes No

2) Do you presently have a Trust? Yes No

3) Do you have a Long Term Care (nursing home) Insurance policy?

Client # 1 Yes No

Client # 2 Yes No

4) Do you have a Life Insurance Policy?

Client # 1 Yes No

Client # 2 Yes No

Payout Amount Client #1 _____ Payout Amount Client #2 _____

5) Do you want to be an Organ Donor?

Client # 1 Yes No

Client # 2 Yes No

6) If something were to happen to you, who would you want making medical decisions for you? Note: If married, spouse typically the primary for these decisions

Client # 1	Name	City & State	Phone Number	Relation to You
Primary	_____	_____	_____	_____
Alternative 1	_____	_____	_____	_____
Alternative 2	_____	_____	_____	_____

Client # 2	Name	City & State	Phone Number	Relation to You
Primary	_____	_____	_____	_____
Alternative 1	_____	_____	_____	_____
Alternative 2	_____	_____	_____	_____

7) If something were to happen to you (and your spouse), who would you want controlling your money/assets?

	Name	City & State	Phone Number	Relation to You
Primary	_____	_____	_____	_____
Alternative 1	_____	_____	_____	_____
Alternative 2	_____	_____	_____	_____

Beneficiaries

Circle applicable

8) Do have any children Yes (if yes, Please list) No (if no, skip to question #12)

	Name	City & State	Date of Birth	Other Parent
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1 _____

2 _____

3 _____

4 _____

Note: If any children are a result of a different relationship, please write the name of their other parent in the space provided.

9) Do you have a child or children with special needs? Yes (if yes, please explain) No

10) If your children are underage and/or have special needs, in case of death or incapacity (of you and their other parent) who do you want to care for them?

	<u>Name</u>	<u>City & State</u>	<u>Phone Number</u>	<u>Relation</u>
Primary	_____			
Alternative 1	_____			
Alternative 2	_____			

11) At what ages do you want your children to receive their share of your assets?

Ex 1: Receive 1/3 at the age of 25, 1/3 at the age of 30, 1/3 at the age of 35

Ex 2: Receive 1/2 at the age of 25, 1/2 at the age of 35

Ex 3: Receive all assets at the age of 30

12) If you have no children or if your children die, who would you want to receive your assets?

	<u>Name</u>	<u>City & State</u>	<u>Phone Number</u>	<u>Relation</u>
Primary	_____			
Alternative 1	_____			

13) How do you want to divide the assets after your death?

Check Applicable:

Equally between Children

To Sole Beneficiary (listed in Question # 12)

Unequally Amongst Children (Explain Below)

Other (Explain Below)

14) Are there any charitable gifts you want made? Yes (if yes, please list) No (if no, go to quest. 15)

	<u>Description of Gift</u>	<u>Gift Recipient</u>
1	_____	
2	_____	

15) Are there any personal gifts you want made? Yes (if yes, please list) No (if no, go to quest. 16)

Ex: Jewelry to Daughter, Family Heirloom to Son, etc.

	<u>Description of Gift</u>	<u>Gift Recipient</u>
1	_____	
2	_____	
3	_____	
4	_____	
5	_____	

Assets

Please answer the following to the best of your ability.

If you do not understand a question or do not have the listed asset please skip that question.

Please note if you own any of the following with a third party.

16) Income:

Client #1

Earned Monthly Income _____

Other Income _____

Client #2

Earned Monthly Income _____

Other Income _____

17) Do you own your home? (if yes, please list) No (if no, go to quest. 17)

Street Address

City, State, **County**

Current Value

18) Do you own any other property? (if yes, please list) No (if no, go to quest. 18)

Street Address

City, State, **County**

Current Value

1 _____

2 _____

3 _____

4 _____

19) If you have any of the following assets, Please List Approximate Value?

Checking _____

Savings _____

Automobiles _____

IRA and/or 401(k) _____

Stocks, Bonds or Other Private Investment _____

Other Assets _____

Ex: Small Business, Boat or RV

Life Insurance

Client #1

Cash Value _____

Death Benefit _____

Client #2

Cash Value _____

Death Benefit _____

Liability

20) Do you owe any money? How much?

Ex: Loan for Automobile or Home

Loan Type	Amount Owed
1 _____	
2 _____	
3 _____	
4 _____	

Notes

Notes, Questions, or Clarifications

Thank you for completing this worksheet and for your interest in our Estate Planning Services.

To return the completed worksheet:

BY EMAIL: attach to email sent to rruano@goyette-assoc.com

BY FAX: send to (916) 851-1995

BY MAIL: mail to 11344 Coloma Rd, Ste 145, Gold River, CA 95670

Call us or we will call within 24 hours of receiving your worksheet to schedule your free consultation with an attorney.