



Review of Existing Estate Plan 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: <div style="margin-left: 40px;"> <u>Spouse Name</u> <u>Marriage Date</u> <u>End of Marriage Date</u> </div> <div style="margin-left: 20px;"> 1 _____ 2 _____ </div>

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: <div style="margin-left: 40px;"> <u>Spouse Name</u> <u>Marriage Date</u> <u>End of Marriage Date</u> </div> <div style="margin-left: 20px;"> 1 _____ 2 _____ </div>

Plans

Circle applicable

- 1) Do you presently have a Will? Client # 1 Yes No Client # 2 Yes No
- 2) Do you presently have a Trust? Client # 1 Yes No Client # 2 Yes No
Name of Trust: _____ Date signed: _____
- 3) Do you presently have a Durable Power of Attorney for Financial Affairs?
Client # 1 Yes No Client # 2 Yes No
Date signed: _____
- 4) Do you presently have an Advanced Health Care Directive? Client # 1 Yes No Client # 2 Yes No
Date signed: _____
- 5) Do you have copies of the documents from question 1-4? Client #1 Yes No Client #2 Yes No
- 6) Do you have a Life Insurance Policy?
Client # 1 Yes No Client # 2 Yes No
Payout Amount Client #1 _____ Payout Amount Client #2 _____
- 7) What are the changes that you want made to your current Estate Plan?
Who controls your trust? Yes No Explain: _____
Who will receive money or assets? Yes No Explain: _____
Property in the trust. Yes No Explain: _____
Who will have power of attorney? Yes No Explain: _____
Who will make medical decisions? Yes No Explain: _____
Other: _____

Beneficiaries

Circle applicable

- 8) Do have any children that needed to be added or subtracted from trust and/or will?
Yes (if yes, Please list) No
- | | <u>Name</u> | <u>City & State</u> | <u>Date of Birth</u> | <u>Other Parent</u> |
|---|-------------|-------------------------|----------------------|---------------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
- 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? Is this a change from your existing plan?
- | | <u>Name</u> | <u>City & State</u> | <u>Phone Number</u> | <u>Relation</u> |
|---------------|-------------|-------------------------|---------------------|-----------------|
| Primary | _____ | _____ | _____ | _____ |
| Alternative 1 | _____ | _____ | _____ | _____ |
| Alternative 2 | _____ | _____ | _____ | _____ |

11) Would you like to change the distribution of your assets to your children? How do you want to divide the assets after your death?

Check Applicable:

- Equally between Children
 Unequally Amongst Children (Explain Below)
 Other (Explain Below)

12) Would you like to change the distribution of your assets to your children? 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

13) Are there any charitable gifts you want made that are not currently listed in your will and/or trust? Yes (if yes, please list) No

Description of Gift

Gift Recipient/Charity Name

1 _____
2 _____

14) Are there any personal gifts you want made that are not currently listed in your will or trust? Yes (if yes, please list) No

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

Description of Gift

Gift Recipient

1 _____
2 _____
3 _____

Assets

Please answer the following to the best of your ability. These questions are asked to give us a general idea of your financial situation and exact figures are not needed.

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.

15) Income:

Client #1

Client #2

Earned Monthly Income _____

Other Income _____

16) Do you own any Real Estate

Street Address

City, State, County

Estimate Value

Is the Property in the Trust?

1 _____ Yes/No
2 _____ Yes/No
3 _____ Yes/No

17) If you have any of the following assets, Please List Approximate Value? In the Trust?

Checking _____ Yes/No

Savings _____ Yes/No

Automobiles _____ Yes/No

IRA and/or 401(k) _____ Yes/No

Stocks, Bonds or Other Private Investment _____ Yes/No

Other Assets _____ Yes/No

Ex: Small Business, Boat or RV

Life Insurance

Client #1

Cash Value _____

Death Benefit _____

Client #2

Cash Value _____

Death Benefit _____

Liability

18) 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. Please **return this worksheet** and **copies of your existing Estate Planning Documents** in one of the following manners:

BY EMAIL: attach to email sent to rduino@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.