



CONFIDENTIAL ESTATE PLANNING WORKSHEET

Couples must answer for both persons throughout. Marriage/Spouse includes Civil Union/Domestic Partner.

CLIENT AND FAMILY INFORMATION

Client #1 (Name as it will appear on Documents)

Also Known As _____ Nickname _____
Birth Date _____ SS# _____ Citizenship _____
Mailing Address _____ City/State/Zip _____ County _____
Home Address _____ City/State/Zip _____ County _____
Employer _____ Position _____
Home Phone _____ Work Phone _____ Cell _____
Email _____
Okay to communicate with me at work? (Y/N) _____ Okay to transmit my financial information via email? (Y/N) _____

Client #2 (Name as it will appear on Documents)

Also Known As _____
Nickname _____ Birth Date _____ SS# _____ Citizenship _____
Mailing Address _____ City/State/Zip _____ County _____
Home Address _____ City/State/Zip _____ County _____
Employer _____ Position _____
Home Phone _____ Work Phone _____ Cell _____
Email _____
Okay to communicate with me at work? (Y/N) _____ Okay to transmit my financial information via email? (Y/N) _____

Marriage Date: _____ Civil Union Date and State: _____ Unmarried (Y/N) _____
Have you Lived Together in the Following States: CA, WA, NV, AZ, NM, TX, ID, LA or WI (Y/N)? _____

List below ALL your children and grandchildren, living or deceased, legitimate or illegitimate, natural or adopted.

Child # 1 (Name as it will appear on Documents) Birth Date Parents

Mailing Address & Telephone: _____
Education & Occupation: _____
Is Child #1 Married? (Y/N) _____ Spouse's Name: _____
Is Child #1 Widowed? (Y/N) _____ Is Child #1 Divorced? (Y/N) _____
Grandchild #1 (Legal Name) _____ Birth Date _____
Grandchild #2 (Legal Name) _____ Birth Date _____
Grandchild #3 (Legal Name) _____ Birth Date _____
Grandchild #4 (Legal Name) _____ Birth Date _____

Child # 2 (Name as it will appear on Documents)

Birth Date

Parents

Mailing Address & Telephone: _____

Education & Occupation: _____

Is Child #2 Married? (Y/N) _____ Spouse's Name: _____

Is Child #2 Widowed? (Y/N) _____ Is Child #2 Divorced? (Y/N) _____

Grandchild #1 (Legal Name) _____ Birth Date _____

Grandchild #2 (Legal Name) _____ Birth Date _____

Grandchild #3 (Legal Name) _____ Birth Date _____

Grandchild #4 (Legal Name) _____ Birth Date _____

Child # 3 (Name as it will appear on Documents)

Birth Date

Parents

Mailing Address & Telephone: _____

Education & Occupation: _____

Is Child #3 Married? (Y/N) _____ Spouse's Name: _____

Is Child #3 Widowed? (Y/N) _____ Is Child #3 Divorced? (Y/N) _____

Grandchild #1 (Legal Name) _____ Birth Date _____

Grandchild #2 (Legal Name) _____ Birth Date _____

Grandchild #3 (Legal Name) _____ Birth Date _____

Grandchild #4 (Legal Name) _____ Birth Date _____

Child # 4 (Name as it will appear on Documents)

Birth Date

Parents

Mailing Address & Telephone: _____

Education & Occupation: _____

Is Child #4 Married? (Y/N) _____ Spouse's Name: _____

Is Child #4 Widowed? (Y/N) _____ Is Child #4 Divorced? (Y/N) _____

Grandchild #1 (Legal Name) _____ Birth Date _____

Grandchild #2 (Legal Name) _____ Birth Date _____

Grandchild #3 (Legal Name) _____ Birth Date _____

Grandchild #4 (Legal Name) _____ Birth Date _____

Special Comments or Information You Want Us to Know Regarding Any Children, Family Members, or other Circumstances

OTHER PERSONS OF INTEREST

List any other persons who may be dependents such as elderly parents, any other persons who may be named as beneficiaries, and any other persons who may be named as Guardian, Agent, Executor or Trustee.

1 (Name as it will appear on Documents)

Relationship

Age (+/-)

Home Address & Telephone: _____

Comments: _____

2 (Name as it will appear on Documents)

Relationship

Age (+/-)

Home Address & Telephone: _____

Comments: _____

#3 (Name as it will appear on Documents)

Relationship

Age (+/-)

Home Address & Telephone: _____

Comments: _____

4 (Name as it will appear on Documents)

Relationship

Age (+/-)

Home Address & Telephone: _____

Comments: _____

WARD LEGAL GROUP PC

How did you learn about Ward Legal Group PC? _____

Why did you select our law firm? _____

If someone referred you to us, please provide their name so we may thank them. _____

OTHER PROFESSIONAL ADVISORS

Name & Firm

Family Attorney _____

Accountant or Tax Advisor _____

Financial Advisor or Broker _____

Life Insurance Agent _____

Would you like a referral for any of the above roles? (Y/N) _____

IMPORTANT FAMILY QUESTIONS

Please use a "Y" for Yes or an "N" for No. <i>For any "Yes" answers, please follow instructions.</i>	Client #1	Client #2
PERSONAL		
1. Do you have any significant health problems? <i>Describe below.</i>		
2. Have you ever spent any time in a nursing home? And if so, was it paid by the state? <i>Explain below.</i>		
3. Do you get Social Security, disability or other government benefits? <i>List below under "Annual Income."</i>		
4. Do you expect any big changes in your circumstances, such as moving, receiving significant money, or anything else that may affect your estate plan? <i>Explain below.</i>		
5. Have you made gifts to any one person in one calendar year totaling over \$3,000 (pre-1982), \$10,000 (1982-2001), \$11,000 (2002-2005), \$12,000 (2006-2008), \$13,000 (2009-2012) \$14,000 (2013 and later)? <i>Provide a copy of any federal Gift Tax returns.</i>		
6. Have you made any gifts to anyone other than your spouse in the past 5 years, except for ordinary birthday, holiday or other special occasion gifts? <i>If considering Medicaid planning, explain gifts below.</i>		
7. Have you made any funeral, burial or other arrangements? <i>List below under "Other Assets."</i>		
MARITAL		
Have you signed a pre or post marital agreement? <i>Provide a copy of any marital agreement.</i>		
Do you have any continuing payment or other obligations, or any entitlements, under any divorce decree or property settlement agreement? <i>Provide a copy of any decree or agreement.</i>		
Have you ever been a widow(er)? <i>Provide a copy of any federal Estate Tax or state Death Tax returns.</i>		
CHILDREN, DEPENDENTS AND BENEFICIARIES		
Do you provide financial support to any adult children, grandchildren, parents or others? <i>Explain below.</i>		
Does any family member or beneficiary, or their spouses or children, receive government support or benefits, or have special needs related to medical, educational, financial or other issues? <i>Explain below.</i>		
DOCUMENTS		
Have you done any prior estate planning (Will, Trust, Power of Attorney (POA), Health Care POA, Living Will, etc)? <i>Provide copies of all existing estate planning documents.</i>		
Are you currently a beneficiary under anyone else's Trust, or currently named Agent or Trustee under anyone else's estate plan? <i>Explain below.</i>		

REAL ESTATE

General Description and Location	Owner	Debt	Value

MOTOR VEHICLES

Description (Year, Make, Model)	Owner	Debt	Value

RETIREMENT PLANS

Name of Institution, Type of Plan such as IRA, 401k, 403b	Owner	Beneficiary	Value

BANK & BROKERAGE ACCOUNTS

Name of Institution	Type	Owner	Amount

LIFE INSURANCE POLICIES & ANNUITIES

Company	Type	Owner	Beneficiary	Cash Value	Death Benefit

OTHER ASSETS

List household items of substantial value (\$5,000 or more), monies owed to you, businesses, anticipated inheritances

Description	Type	Owner	Value

Do you have a bank safe deposit box? (Y/N) _____ Where? _____

OTHER LIABILITIES

List significant liabilities not already noted, such as money you owe. Note pending or likely lawsuits or creditor claims.

Description	Type	Debtor	Debt

ANNUAL INCOME

Breakdown of income, such as earnings, pension, social security, interest, dividends, annuity payout, rental income, etc.

Income Source & Type	Recipient	Amount

OTHER INFORMATION YOU WANT US TO KNOW