

ESTATE PLANNING WORKSHEET FOR MARRIED PERSONS

The Law Offices of Susan Gershkoff, Esq., Ltd.
Estate Planning & Administration

INSTRUCTIONS FOR COMPLETING THIS WORKSHEET:

- Please make sure all names are spelled correctly, using proper names, not nicknames.
- If you are unsure of a question, simply leave it blank.
- If you have prior Wills or Trusts, please bring them with you.
- Please bring copies of the most current deeds (or tax bills) to your real estate, including timeshares and vacant land, whether owned individually, or through any business arrangement.
- BOTH of you must attend the first meeting. If for any reason, one spouse is unable to attend, please call us in advance.
- Attach extra pages if you need more space.

USING THIS WORKSHEET WILL GREATLY ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

The more you complete, the better your complimentary meeting will be!

TODAY'S DATE: _____

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO US PRIOR TO YOUR APPOINTMENT VIA EMAIL, MAIL OR FAX.

PART ONE: PERSONAL INFORMATION

Husband's Legal Name _____
(name most often used to title property and accounts)

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

Prefer to be called _____ Birth date _____ US Citizen? Y N

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell _____ Business _____

County of Residence _____ Driver's License No. or Personal Id. Card No. _____

Occupation (or prior one, if Retired) _____

Employer _____

Email _____ It is okay to communicate with me via my email address.

How is Your Health? Good Fair Poor Please describe any current problems:

Date of Marriage _____

Do you have a Pre-Marital Agreement? Y N (If so, please bring it)

Were you previously married? Y N (If you have a divorce agreement, please bring it)

Wife's Legal Name _____
(name most often used to title property and accounts)

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

Prefer to be called _____ Birth date _____ US Citizen? Y N

Cell Telephone _____ Business Telephone _____

Driver's License No. or Personal Id. Card No. _____

Occupation (or prior one, if Retired) _____

Employer _____

Email _____ It is okay to communicate with me via my email address.

How is Your Health? Good Fair Poor Please describe any current problems:

Were you previously married? Y N (If you have a divorce agreement, please bring it)

Are you prior clients? Y N

Were you referred to us by anyone? Y N If so, by whom? _____

If you have a LEGAL SERVICES PLAN, please state plan name: _____

If you have the HYATT LEGAL PLAN, please provide your Membership Number & SIX Case Numbers:

CHILDREN AND/OR OTHER PRIMARY BENEFICIARIES

Name _____ **Gender** (CIRCLE ONE) M F **DOB** ____/____/____ **Relationship** (Please Specify: OURS/HERS/HIS) _____

Address: _____

Marital Status _____ Are you concerned with this individual's ability to manage money? Y N

Name _____ **Gender** (CIRCLE ONE) M F **DOB** ____/____/____ **Relationship** (Please Specify: OURS/HERS/HIS) _____

Address: _____

Marital Status _____ Are you concerned with this individual's ability to manage money? Y N

Name _____ **Gender** (CIRCLE ONE) M F **DOB** ____/____/____ **Relationship** (Please Specify: OURS/HERS/HIS) _____

Address: _____

Marital Status _____ Are you concerned with this individual's ability to manage money? Y N

Name _____ **Gender** (CIRCLE ONE) M F **DOB** ____/____/____ **Relationship** (Please Specify: OURS/HERS/HIS) _____

Address: _____

Marital Status _____ Are you concerned with this individual's ability to manage money? Y N

Name _____ **Gender** (CIRCLE ONE) M F **DOB** ____/____/____ **Relationship** (Please Specify: OURS/HERS/HIS) _____

Address: _____

Marital Status _____ Are you concerned with this individual's ability to manage money? Y N

IF YOU HAVE CHILDREN: Do they all get along? Y N

Do you have any deceased children? Y N If so, do they have any surviving children or grandchildren? Y N

Names: _____

Do any of your children have step-children? Y N Do you want to exclude any children or grandchildren from receiving any portion of your estate? Y N If so, whom?

What are your goals in creating or updating your estate plan? (please check all that apply):

- Avoiding Probate or Will Contests
 - Being taken care of if disabled
 - Maximizing loved ones' inheritance
 - Providing for loved ones
 - Avoiding Guardianships
 - Protecting assets from lawsuits or nursing homes
 - Planning for loved ones with special needs
 - Peace of mind
 - Minimizing Estate Taxes
 - Making sure loved ones' inheritance is protected from spouses, lawsuits & divorces
 - Preserving Privacy
 - Planning for Business Succession
 - Planning for Pets
 - Planning for Charities
- Other: _____
- _____

ADVISORS:

Name

Telephone

CPA/Accountant _____

Financial Advisor _____

Business Attorney _____

Life/Long-Term Care Insurance Agent _____

Primary Care Physicians/Specialists _____

PART TWO: FINANCIAL INFORMATION

INSTRUCTIONS:

- Please print. Be as specific as you can with regard to property addresses and account names.
- Account balances will vary, so please just list the approximate balance of each account.
- Watch for REMINDERS regarding papers we would like you to bring in.

REAL PROPERTY: Please bring in copies of all DEEDS to Real Estate Owned.

Please list all homes, rental properties, vacation homes, timeshares and vacant land in which you have an interest.

Full Property Address	Original Cost	Approx. Market Value	Loan Balance
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____

Which #?

Are you planning on selling any of your real estate soon? Y N _____

Do any loved ones reside at any of your properties? Y N _____

What is the annual cash flow on each rental real estate, if applicable? \$ _____

What is the annual cash flow on each rental real estate, if applicable? \$ _____

RECREATIONAL VEHICLES- NOT PERSONAL AUTOMOBILES

If you have any large recreational vehicles, such as Boats, Classic or Antique Vehicles, Campers, RVs, or the like, please list them here:

General Description	Owner	Approx. Market Value	Loan Balance
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____

BANK & SAVINGS ACCOUNTS

PLEASE DO NOT INCLUDE RETIREMENT ACCOUNTS, IRAS, 401(K)S, ANNUITIES, OR PENSIONS HERE.

Name of Institution	Ownership	Account Type (Checking, Savings, MM, CD)	Approx. Balance
1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____

For each joint account, state name(s) of joint account holder(s) and # from above:

Name(s)	Which #
_____	_____
Name(s)	Which #
_____	_____
Name(s)	Which #
_____	_____

For any "POD" (payable on death), "TOD" (transfer on death) or "ITF" (in trust for someone) accounts, please state the name(s) of beneficiary and # from above:

Name(s)	Which #
_____	_____
Name(s)	Which #
_____	_____

Any UTMA accounts for minors, or the like? Y N **Which #** _____

STOCKS & BONDS- NOT IN A BROKERAGE ACCOUNT

THESE INCLUDE STOCK CERTIFICATES OR BONDS THAT YOU ACTUALLY HOLD, OR ARE HELD BY A TRANSFER AGENT, SUCH AS COMPUTERSHARE, PLEASE LIST MUTUAL FUNDS IN THE NEXT SECTION.

Stock or Bond	Ownership	Number (no. of shares/certificates)	Approx. Market Value
1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____

For each Stock or Bond held jointly, please state the name(s) of joint holder(s) and # from above:

Name(s)	Which #
_____	_____
Name(s)	Which #
_____	_____

For each POD or TOD Stock or Bond, please state the name(s) of the beneficiary and # from above:

Name(s)	Which #
_____	_____
Name(s)	Which #
_____	_____

MUTUAL FUNDS & BROKERAGE ACCOUNTS

PLEASE DO NOT INCLUDE RETIREMENT ACCOUNTS, IRAS, 401(K)S, ANNUITIES, OR PENSIONS HERE.

Name of Firm of Fund/Account	Ownership	Approx. Market Value
1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____

For each POD or TOD account, please state the name(s) of the beneficiary and # from above:

Name(s)	Which #
_____	_____
Name(s)	Which #
_____	_____
Name(s)	Which #
_____	_____
Name(s)	Which #
_____	_____
Name(s)	Which #
_____	_____

IRA, 401(k), 403(b) & ALL OTHER RETIREMENT ACCOUNTS & EMPLOYER RETIREMENT PLANS *(INCLUDING ALL QUALIFIED INVESTMENTS, SUCH AS RETIREMENT ANNUITIES)*

Custodian of Account <small>(Bank, Broker, Employer)</small>	Type <small>(IRA, 401k, 403(b) etc.)</small>	Account Owner	Approx. Value
1. _____			\$ _____
Beneficiaries: Primary: _____ Secondary: _____			
2. _____			\$ _____
Beneficiaries: Primary: _____ Secondary: _____			
3. _____			\$ _____
Beneficiaries: Primary: _____ Secondary: _____			
4. _____			\$ _____
Beneficiaries: Primary: _____ Secondary: _____			
5. _____			\$ _____
Beneficiaries: Primary: _____ Secondary: _____			

Do you have any Stock Options? Y N If so, please describe: _____

LIFE INSURANCE POLICIES

Insured	Policy Owner	Company	Cash Value	Death Benefit
1. _____			\$ _____	\$ _____
Beneficiaries: Primary: _____ Secondary: _____				
2. _____			\$ _____	\$ _____
Beneficiaries: Primary: _____ Secondary: _____				
3. _____			\$ _____	\$ _____
Beneficiaries: Primary: _____ Secondary: _____				
4. _____			\$ _____	\$ _____
Beneficiaries: Primary: _____ Secondary: _____				

Do you have Long-Term Care Insurance? Y N Do any parents or other blood relatives reside in assisted living facilities or nursing homes? Y N

NON-QUALIFIED ANNUITIES (NOT A QUALIFIED RETIREMENT PLAN, PLEASE LIST THOSE ABOVE)

Insurance Company	Owner	Approx. Value
1. _____	_____	\$ _____
Beneficiaries: Primary: _____ Secondary: _____		
2. _____	_____	\$ _____
Beneficiaries: Primary: _____ Secondary: _____		
3. _____	_____	\$ _____
Beneficiaries: Primary: _____ Secondary: _____		

PENSIONS

Do you currently have any Pensions or will you be receiving one upon retirement? Y N

If so, please describe: _____

BUSINESS INTERESTS

Business Name	Corp.(C), LLC, Partnership (P) or Sole Prop. (SP)	Ownership %	Buy-Sell Agreement?	Value
1. _____	<input type="checkbox"/> C <input type="checkbox"/> LLC <input type="checkbox"/> P <input type="checkbox"/> SP	_____ %	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
2. _____	<input type="checkbox"/> C <input type="checkbox"/> LLC <input type="checkbox"/> P <input type="checkbox"/> SP	_____ %	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____

Anticipating selling your business(es) anytime soon? Y N

PROMISSORY NOTES & MORTGAGES OWED TO YOU

REMINDER: Please bring copies of these notes and mortgages

Name & Address of Debtor	Balance Due
1. _____	\$ _____
2. _____	\$ _____

Any Concerns? _____

Do any of your beneficiaries owe you money? Y N

PART THREE: FAMILY TREE INFORMATION

It is extremely important that you fill this section out completely, in order to avoid potential conflicts upon incapacity or death.

HUSBAND

WIFE

FATHER: _____

FATHER: _____

MOTHER: _____

MOTHER: _____

Either Deceased?

Either Deceased?

Father: Y N Mother: Y N

Father: Y N Mother: Y N

Addresses of LIVING parents only:

NUMBER OF SIBLINGS: _____

NUMBER OF SIBLINGS: _____

*PLEASE INCLUDE ANY SIBLINGS **ADOPTED** BY YOUR PARENTS, BY CIRCLING "A" AND ANY HALF-SIBLINGS BY CIRCLING "H". PLEASE DO NOT INDICATE ANY STEP-SIBLINGS.*

(1) _____ A or H? (7) _____ A or H?

(2) _____ A or H? (8) _____ A or H?

(3) _____ A or H? (9) _____ A or H?

(4) _____ A or H? (10) _____ A or H?

(5) _____ A or H? (11) _____ A or H?

(6) _____ A or H? (12) _____ A or H?

ANY DECEASED? Y N

ANY DECEASED? Y N

If so, please circle the number(s) above:

ADDITIONAL SPACE:

***Thank you for completing the Worksheet!
We look forward to seeing you soon.***