

# ESTATE PLANNING WORKSHEET FOR SINGLE/DIVORCED/WIDOWED PERSONS

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## **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 a prior Will or Trust, please bring it 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.
- 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

Full 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.

Divorced  Widowed  Single

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

If widowed, full name and date of spouse's death: \_\_\_\_\_

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

Are you a prior client?  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: \_\_\_\_\_

Plan Member's Number: \_\_\_\_\_

Last Four Digits of Plan Member's SSN: \_\_\_\_\_

Six Case Letters: \_\_\_\_\_

## CHILDREN AND/OR OTHER PRIMARY BENEFICIARIES

Name	Gender (CIRCLE ONE)	DOB	Relationship (Please Specify: Blood OR Step)
1. _____	M F NB	____/____/____	_____

Full Address: \_\_\_\_\_

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

Name	Gender (CIRCLE ONE)	DOB	Relationship (Please Specify: Blood OR Step)
2. _____	M F NB	____/____/____	_____

Full Address: \_\_\_\_\_

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

**Name** \_\_\_\_\_ **Gender** (CIRCLE ONE) \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship** \_\_\_\_\_ Page 3  
 (Please Specify: Blood OR Step)

3. \_\_\_\_\_ M F NB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Full Address:**  
 \_\_\_\_\_

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

**Name** \_\_\_\_\_ **Gender** (CIRCLE ONE) \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
 (Please Specify: Blood OR Step)

4. \_\_\_\_\_ M F NB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Full Address:**  
 \_\_\_\_\_

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

**Name** \_\_\_\_\_ **Gender** (CIRCLE ONE) \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship** \_\_\_\_\_

5. \_\_\_\_\_ M F NB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Full 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):**

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

<b>Name(s)</b>	_____	<b>Which #</b>	_____
<b>Name(s)</b>	_____	<b>Which #</b>	_____
<b>Name(s)</b>	_____	<b>Which #</b>	_____

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:

<b>Name(s)</b>	_____	<b>Which #</b>	_____
<b>Name(s)</b>	_____	<b>Which #</b>	_____

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 #**

**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. _____	_____	_____	\$ _____
<b>Beneficiaries:</b> Primary: _____			Contingent: _____
2. _____	_____	_____	\$ _____
<b>Beneficiaries:</b> Primary: _____			Contingent: _____
3. _____	_____	_____	\$ _____
<b>Beneficiaries:</b> Primary: _____			Contingent: _____
4. _____	_____	_____	\$ _____
<b>Beneficiaries:</b> Primary: _____			Contingent: _____
5. _____	_____	_____	\$ _____
<b>Beneficiaries:</b> Primary: _____			Contingent: _____

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

**LIFE INSURANCE POLICIES**

Insured	Policy Owner	Company	Cash Value	Death Benefit
1. _____	_____	_____	\$ _____	\$ _____
<b>Beneficiaries:</b> Primary: _____			Contingent: _____	
2. _____	_____	_____	\$ _____	\$ _____
<b>Beneficiaries:</b> Primary: _____			Contingent: _____	
3. _____	_____	_____	\$ _____	\$ _____
<b>Beneficiaries:</b> Primary: _____			Contingent: _____	

Do you have Long-Term Care Insurance?  Y  N Do either 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. _____	_____	\$ _____
<b>Beneficiaries:</b> Primary: _____ Secondary: _____		
2. _____	_____	\$ _____
<b>Beneficiaries:</b> Primary: _____ Secondary: _____		
3. _____	_____	\$ _____
<b>Beneficiaries:</b> 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	Partnership (P) or Sole Prop. (SP)	Corp.(C), LLC,	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 all 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.**

NAME OF FATHER: \_\_\_\_\_ NAME OF MOTHER: \_\_\_\_\_

Either Deceased? Father:  Y  N Mother:  Y  N

Addresses of LIVING parents only:

\_\_\_\_\_  
\_\_\_\_\_

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? (4) \_\_\_\_\_ A or H?  
(2) \_\_\_\_\_ A or H? (5) \_\_\_\_\_ A or H?  
(3) \_\_\_\_\_ A or H? (6) \_\_\_\_\_ A or H?

ANY DECEASED? Yes / No

*If so, please circle the number(s) above and see below:*

Addresses of LIVING siblings only, by number:

Addresses of LIVING siblings only, by number:

SIBLING NUMBER: \_\_\_\_\_

SIBLING NUMBER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIBLING NUMBER: \_\_\_\_\_

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SIBLING NUMBER: \_\_\_\_\_

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