

ESTATE PLANNING WORKSHEET FOR SINGLE/DIVORCED/WIDOWED PERSONS

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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 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 AND the Last Four Digits of Plan Member's SSN: _____

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):

- 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
- Other: _____
- 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

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 #**

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: _____			Contingent: _____
2. _____	_____	_____	\$ _____
Beneficiaries: Primary: _____			Contingent: _____
3. _____	_____	_____	\$ _____
Beneficiaries: Primary: _____			Contingent: _____
4. _____	_____	_____	\$ _____
Beneficiaries: Primary: _____			Contingent: _____
5. _____	_____	_____	\$ _____
Beneficiaries: 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. _____	_____	_____	\$ _____	\$ _____
Beneficiaries: Primary: _____			Contingent: _____	
2. _____	_____	_____	\$ _____	\$ _____
Beneficiaries: Primary: _____			Contingent: _____	
3. _____	_____	_____	\$ _____	\$ _____
Beneficiaries: 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. _____	_____	\$ _____
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 all notes and mortgages

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

Any Concerns? _____

Do any of your beneficiaries owe you money? Y N

OTHER ASSETS (INCLUDE FINE ART, COINS, PATENTS, COPYRIGHTS, ROYALTIES & CRYPTOCURRENCY)

Are you expecting any inheritances soon? Y N

If so, from whom? _____ Approximately how much? \$_____

MISCELLANEOUS INFORMATION

- What are your favorite hobbies? Antiques Arts/Crafts Baseball/Football/Basketball
- Birding Bowling Boxing Coin/Stamp Collecting Computers Cooking Fitness
- Fishing Gardening Golf Music Painting/Sculpting/Drawing Photography/Film
- Puzzles/Games Racing Reading Sailing/Boating Sewing/Knitting Shopping
- Soccer Skating/Hockey Skiing/Snowboarding Spectator Sports Tennis Travel
- Writing Other: _____

Do you belong to any local groups, clubs or organizations? Y N

If so, which ones? _____

ANY CONCERNS OR OTHER MATTERS TO DISCUSS: Obviously your estate plan should address all your hopes, fears, dreams and wishes. Please list anything else that you would like to discuss:

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: _____

SIBLING NUMBER: _____

SIBLING NUMBER: _____

SIBLING NUMBER: _____

IF ANY SIBLINGS ARE DECEASED, PLEASE INDICATE THEM BY NUMBER AND STATE IF THEY ARE SURVIVED BY ANY CHILDREN OR DESCENDANTS:

DECEASED SIBLING(S) BY NUMBER:

- NUMBER: _____ LEFT DESCENDANTS LIVING? Y N
- NUMBER: _____ LEFT DESCENDANTS LIVING? Y N
- NUMBER: _____ LEFT DESCENDANTS LIVING? Y N
- NUMBER: _____ LEFT DESCENDANTS LIVING? Y N
- NUMBER: _____ LEFT DESCENDANTS LIVING? Y N
- NUMBER: _____ LEFT DESCENDANTS LIVING? Y N

ADDITIONAL SPACE:

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