

ESTATE PLANNING WORKSHEET

Attached is an estate planning worksheet that includes some personal financial questions. All information provided on this form will be held in complete confidence. I will use it for the sole purpose of analyzing your estate planning needs and developing your estate plan. I suggest that you complete this worksheet prior to your initial appointment with me. If I review the completed worksheet before your appointment, we can focus our time together on your estate planning goals and not your financial details.

During the initial meeting we will:

- **Determine your specific estate planning needs and goals;**
- **Analyze the potential cost of probate and taxes based on your current plan; and**
- **Discuss methods of reducing costs and accomplishing your goals.**

I will provide an exact quote on fees for your estate plan after our initial meeting.

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ESTATE PLANNING WORKSHEET

The information requested on this worksheet may seem like *none of my business*, but it is very important that I understand your present financial situation and your wishes for the future. The information enables me to accomplish your estate planning goals and to save you taxes and administrative expenses.

Please indicate any questions that do not apply to your situation.

Date _____ Phone Number _____

First _____ Middle Initial _____ Last _____

Date of Birth _____ Social Security Number _____

Street _____ City _____ State _____ Zip _____

County _____ E-mail address: _____

Marital Status: Married Divorced
 Separated Single (including widowed and not remarried)

What is your primary motivation for considering estate planning? (*Select one or more*)

- Probate Avoidance
- Guardianship for Minor Children
- Business or Farm Planning
- Federal Estate Tax planning
- Other: _____

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? _____

Do you presently have a will? Yes No

Do you presently have a trust? Yes No

Are you interested in avoiding probate of your estate? Yes No

Do any of your children or other beneficiaries have disabilities? Yes No

Do you own a farm or business? Yes No

If yes, do any of your children work in the business with you? Yes No

If yes, does the child working in the business have an ownership interest in the business? Yes No

Are you a U.S. citizen? Yes No

Do you have any serious health problems? Yes No
If yes, please describe briefly:

Do you own a long-term care (nursing home) insurance policy? Yes No

Do you own anything jointly with another person, or is all your property just in your name? All in my name Some joint

NET WORTH: If you added the value of all of your property including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance, what is the approximate total value of all of your assets? _____

What is the value of death benefits on life insurance? _____

What is the total amount of your outstanding liabilities, including mortgages, loans, credit card debt, etc? _____

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate category below.
Attach a separate page if necessary.

INCOME:

Earned Monthly Income from Labor _____

Monthly Social Security Income _____

Monthly Pension Income _____

Other Monthly Income _____

Type of Asset including	Title in Which Held (Sole; Joint with third party; Tenants in common, etc.)	Type of Property	Where Located/Held	Current Value (Not including debt)
Personal Residence				
Vacant Land				
Other Real Estate:				
Government and Publicly Traded Securities				
Unlisted Securities (Not Publicly Traded)				
Money Market Accounts				
Equity in Business <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership				
Notes and Loans Receivable				

Type of Asset (Include where held)	Title in Which Held (Sole; Joint with third party; or Tenants in common, etc.)		Current Value
Checking Accounts			
Savings Accounts			
Certificates of Deposit			
Automobiles			
Other Personal Property			
Annuities	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>

IRAs				
Pension/Profit Sharing				
Life Insurance			<u>Cash Value</u>	<u>Death Benefit</u>
Other Assets				
LIABILITIES (Mortgages, loans, credit cards, etc.)	Name Loan Taken In:		Amount Owed	

CHILDREN OR OTHER BENEFICIARIES

Name	Address and Telephone Number	Date of Birth	Relationship

GIFT TAX RETURNS

Have you ever filed a gift tax return to report gifts made? _____ ***If YES, please bring copies of the returns to your appointment.

APPOINTMENTS

1. **PERSONAL REPRESENTATIVE.** Your will should name a personal representative to probate your estate. (Personal representative is also sometimes referred to as executor or administrator.)

	Name	Address	Telephone #
PERSONAL REPRESENTATIVE			
ALTERNATE			
SECOND ALTERNATE			

APPOINTMENTS CONTINUED:

2. **SUCCESSOR TRUSTEE.** If you choose to establish a trust you should name a successor trustee. The successor trustee will be responsible for managing assets if you are unable. The successor trustee will distribute assets to beneficiaries after death.

	Name	Address	Telephone #
SUCCESSOR TRUSTEE			
ALTERNATE			
SECOND ALTERNATE			

3. **FINANCIAL POWER OF ATTORNEY.** If you are unable to make financial decisions for yourself, this person will have the authority to make these decisions for you.

	Name	Address	Telephone #
POWER OF ATTORNEY			
ALTERNATE			
SECOND ALTERNATE			

APPOINTMENTS CONTINUED:

4. **HEALTH CARE AGENT.** If you are unable to make medical decisions for yourself, this person will have authority to make these decisions for you.

	Name	Address	Telephone #
HEALTH CARE AGENT			
ALTERNATE			
SECOND ALTERNATE			

PLAN OF DISTRIBUTION

1. **SPECIFIC GIFTS.** Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

2. **CHARITABLE ORGANIZATIONS.** Do you have charitable organizations that you currently support and that you wish to include in your estate plan?

3. Briefly describe how you want assets remaining after any specific gifts are made to be distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later, if needed.)
 - All to children; and for a predeceased child, the deceased child's share to his or her children.
 - As follows: _____
3. **ULTIMATE DISTRIBUTION.** If neither you, nor your children/other beneficiaries named above survive, how would you want your property distributed?

COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR BENEFICIARIES OR BENEFICIARIES WITH DISABILITIES

1. **GUARDIAN.** If you have minor children or a beneficiary with special needs, you should appoint a guardian. The guardian is responsible for the day-to-day care of the child or special needs beneficiary.
GUARDIAN: _____
ALTERNATE: _____
2. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they will be capable of managing assets on their own. A trustee can keep beneficiaries' money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or can be a different person or an institution.
TESTAMENTARY TRUSTEE: _____
ALTERNATE: _____

3. **AGE OF DISTRIBUTION.** If you appoint a trustee to manage assets for beneficiaries, then you need to decide when the beneficiaries will be mature enough to manage assets on their own. The most common age picked by my clients seems to be 25, but you should pick an age with which you are comfortable. You may use any age or combination of ages that you choose.

GENERAL QUESTIONS

NOTES AND QUESTIONS: Please note anything else which may be of importance in planning your estate or note any questions you have.
