

ESTATE PLANNING WORKSHEET

Mark J. Lamb, Esq.

Wills, Living Trusts, Powers of Attorney, Probate, & Estate Planning.

Thinking about death, accident or illness is never pleasant. However, if something does happen, it's good to know that family members will not be forced into making uninformed decisions, or be burdened with excessive administrative details. Planning ahead is much more efficient, inexpensive and thoughtful than burdening a family during a period of grief.

Wills, living trusts, and powers of attorney can be very important in preserving our assets and in getting property where we want it to go. Without a will or living trust, upon a person's death, that person's assets are disposed of according to state law, which may or may not match the deceased person's desires.

A living trust offers complete control to clients during their lifetime, provides for them and their loved ones in the event of their incapacity, and on death allows them to pass their assets to their loved ones without the *costs, delays and publicity* associated with probate.

Mr. Lamb specializes in estate planning with an emphasis on revocable living trusts for individuals, couples, and families. His services are part of our continuing effort to provide comprehensive financial and long-term planning services to our clients.

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

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE COMPLETE THIS WORKSHEET PRIOR TO YOUR NEXT APPOINTMENT. HOWEVER, THIS WORKSHEET IS JUST A STARTING POINT. DO NOT BE CONCERNED IF YOU WERE NOT ABLE TO COMPLETE IT. THERE WILL BE PLENTY OF TIME TO OBTAIN ALL OF THE NECESSARY INFORMATION AS WE MOVE FORWARD.

PERSONAL INFORMATION

Client 1 Legal Name _____
(name most often used to title property and accounts)

Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

Employer _____ Position _____

Married: Date of Marriage _____ Divorced Widowed Single Domestic Partner

Client 2 Legal Name _____
(name most often used to title property and accounts)

Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

Employer _____ Position _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

Name	Birth date	Parent or Relationship
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. Alternatively, you may attach a current statement. If held in a brokerage account, lump them together under each account. *(indicate type below)*

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** You may provide a copy of the Policy description page. It is usually within the first few pages of the life policy.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name and Address	Relationship
1 _____	_____
2 _____	_____

SUCCESSOR TRUSTEE: After your death, or if married, after both spouses have passed, who would you want carrying out your instructions, for distribution and, if desired, management of property for your beneficiaries?

Name and Address	Relationship
1 _____	_____
2 _____	_____
3 _____	_____

POWER OF ATTORNEY: If you were incapacitated and unable to make FINANCIAL decisions for yourself, who would you want to make those decisions for you? If married, you need not list your spouse as #1.

CLIENT 1 AGENT CHOICES

Name, Address & Telephone	Relationship
1 _____	_____
2 _____	_____
3 _____	_____

CLIENT 2 AGENT CHOICES

Name, Address & Telephone	Relationship
1 _____	_____
2 _____	_____
3 _____	_____

HEALTH CARE DIRECTIVE: If you were incapacitated and unable to make MEDICAL decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? If married, you need not list your spouse as #1.

CLIENT 1 AGENT CHOICES

Name, Address & Telephone	Relationship
1 _____	_____
2 _____	_____
3 _____	_____

CLIENT 2 AGENT CHOICES

Name, Address & Telephone	Relationship
1 _____	_____
2 _____	_____
3 _____	_____

