

ESTATE PLANNING WORKSHEET



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USING THE INFORMATION ON THIS PAGE, PLEASE EMAIL OR FAX THIS WORKSHEET TO US PRIOR TO YOUR INITIAL CONSULTATION OR BRING THIS COMPLETED WORKSHEET TO YOUR 1ST APPOINTMENT

PERSONAL INFORMATION

Spouse 1 Legal Name: _____

Spouse 1 Nickname: _____

Birth date: _____ SS#: _____ US Citizen?: _____

Employer Name: _____

Business Phone Number: _____

Cell Phone Number: _____

Email: _____

Yes! Keep me up to date via email with changes in law that may impact my plan

Spouse 2 Legal Name: _____

Spouse 2 Nickname: _____

Birth date: _____ SS#: _____ US Citizen?: _____

Employer Name: _____

Business Phone Number: _____

Cell Phone Number: _____

Email: _____

Yes! Keep me up to date via email with changes in law that may impact my plan

Home Street Address: _____

City: _____ State: _____ Zip: _____

Anniversary date: _____

County of Residence: _____

CHILDREN/POTENTIAL BENEFICIARIES

(Use full legal name. Use "JTA" if both spouses are the parents (through adoption), "S1" if the Spouse 1 is the parent, "S2" if the Spouse 2 is the parent. Print additional sheets if necessary)

Legal Name: _____

Birth date: _____ Parent or Relationship _____

Legal Name: _____

Birth date: _____ Parent or Relationship _____

Legal Name: _____

Birth date: _____ Parent or Relationship _____

Legal Name: _____

Birth date: _____ Parent or Relationship _____

Legal Name: _____

Birth date: _____ Parent or Relationship _____

TRUSTED ADVISORS

Personal Attorney: _____ Telephone: _____
 Accountant: _____ Telephone: _____
 Financial Advisor: _____ Telephone: _____
 Life Insurance Agent: _____ Telephone: _____
 Long Term Care Insurance Agent: _____ Telephone: _____

YOUR ESTATE PLANNING CONCERNS

Let's get to know YOUR priorities. Rate the following as to how important they are:

(H for High Concern; S for Some Concern; L for Low Concern; N/A Not Applicable)

<u>Description</u>	<u>Level of Concern</u>	
	<u>Spouse 1</u>	<u>Spouse 2</u>
Ensuring my estate plan functions properly in spite of life changes.		
Providing for & protecting your spouse.		
Providing for & protecting your children.		
Providing for & protecting your grandchildren.		
Providing for & protecting your pets.		
Disinheriting a family member.		
Providing for charities at the time of your death.		
Business succession planning (transferring a family business).		
Avoiding or reducing your federal estate taxes. (2019: \$11.4 million/individual; \$22.8 million/married couple)		
Avoiding probate.		
Reducing administration costs at the time of your death.		
Avoiding a guardianship in the event of a disability.		
Avoiding will contests or other disputes at the time of your death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability.		
Plan for a child with disabilities or special needs.		
Protecting children's inheritance from failed marriage.		
Ensuring my estate plan functions properly through life changes.		
Other Concerns? Please Specify.		

SUMMARY OF ASSETS

<u>Type of Asset</u>		<u>Amount*</u>		
		Spouse 1	Spouse 2	Joint
All Real Property	Fair Market Value			
	<u>(Mortgage Outstanding)</u>			
	Equity			
Furniture & Personal Effects				
Automobiles, Boats, & RVs				
Bank & Savings Accounts				
Stocks & Bonds				
Life Insurance & Annuities				
Retirement Plans				
Business Interests				
Money Owed to You				
Anticipated Inheritance, etc.				
Other Assets				
<u>TOTAL ASSETS</u>				

IMPORTANT NOTES ON ASSETS

DESIGN INFORMATION

EXECUTOR – Upon your death, who do you want carrying out your instructions for distributions to and, if desired, management of property?

FOR SPOUSE 1

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

FOR SPOUSE 2

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

TRUSTEE – If you elect a Trust Plan, or if your Will-Centered plan will require testamentary sub-trusts (minor children under the age of 18, supplemental needs beneficiaries, etc.), who do you want to carry out your instructions for distributions to and, if desired, management of property?

FOR SPOUSE 1

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

FOR SPOUSE 2

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

GUARDIAN FOR MINOR CHILDREN (if applicable) - If you have any children under the age of 18, list in order the preference of who you wish to be guardian if both you and your spouse pass away.

FOR SPOUSE 1 & FOR SPOUSE 2

	Name(s) & Address	Relationship
1	_____	_____
2	_____	_____
3	_____	_____

POWER OF ATTORNEY – If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

FOR SPOUSE 1

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

FOR SPOUSE 2

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

HEALTH CARE DOCUMENTS – If you were unable to make decisions for yourself, who would you want to make decisions for you in regard to medical treatment?

FOR SPOUSE 1

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

FOR SPOUSE 2

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

LIVING WILL/ADVANCE DIRECTIVE FOR A NATURAL DEATH

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

FOR SPOUSE 1: YES _____ NO _____

FOR SPOUSE 2: YES _____ NO _____

Disposition of remains?

FOR SPOUSE 1: BURIAL _____ CREMATION _____ OTHER _____

SPECIAL INSTRUCTIONS

FOR SPOUSE 2: BURIAL _____ CREMATION _____ OTHER _____

SPECIAL INSTRUCTIONS

Do you want to provide that your organs and tissues should be made available for transplant purposes?

FOR SPOUSE 1: YES _____ NO _____

FOR SPOUSE 2: YES _____ NO _____