

# 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

Legal Name: \_\_\_\_\_

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: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Marital Status:

Never Married  Widowed  Divorced

If “Divorced” do you have a Separation Agreement or Court Order?

Yes  No

*If your answer to the prior question is “yes” please provide a copy to us on or prior to your initial appointment.*

CHILDREN/POTENTIAL BENEFICIARIES

(Use full legal name. For Relationship, please put “son” or “daughter” and designate in parenthesis “A” if the child was adopted. Print additional sheets if necessary)

Legal Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Relationship \_\_\_\_\_

Legal Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Relationship \_\_\_\_\_

Legal Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Relationship \_\_\_\_\_

Legal Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Relationship \_\_\_\_\_

Legal Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ 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)*

Description

Level of Concern

Ensuring my estate plan functions properly in spite of life changes.	
Providing for & protecting a future 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>Approximate Value</u>
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

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DESIGN INFORMATION

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

	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?

	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 ex-spouse and/or biological parent of the minor child pass away.

	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?

	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?

	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?

YES \_\_\_\_\_ NO \_\_\_\_\_

**Disposition of remains?**

BURIAL \_\_\_\_\_ CREMATION \_\_\_\_\_ OTHER \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

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

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

YES \_\_\_\_\_ NO \_\_\_\_\_