



ESTATE PLANNING WORKSHEET

Please complete all of the following questions. If the information does not apply, please write N/A in the space provided.

YOUR FULL NAME(S): _____

EXECUTOR/EXECUTRIX INFORMATION:

		<i>Relationship to Testator/rix (You)</i>	<i>Telephone Number</i>
Executor/Executrix Name: (First, Middle & Last Name)			
Address:			
Alternate Executor/Executrix Name: (First, Middle & Last Name)			
Address:			

BENEFICIARY INFORMATION:

		<i>Relationship to Testator/rix (You)</i>	<i>Telephone Number</i>
Beneficiary Name: (First, Middle & Last Name)			
Address: Age:			
Beneficiary Name: (First, Middle & Last Name)			
Address: Age:			
Beneficiary Name: (First, Middle & Last Name)			

Address: Age:			
Beneficiary Name: (First, Middle & Last Name)			
Address: Age:			

SPECIFIC BEQUESTS (if applicable-attach additional sheet if necessary):

		<i>Bequested item or amount</i>	<i>Relationship to Testator/rix (You)</i>	<i>Telephone Number</i>
Beneficiary Name: (First, Middle & Last Name)				
Address:				
Beneficiary Name: (First, Middle & Last Name)				
Address:				
Beneficiary Name: (First, Middle & Last Name)				
Address:				

TRUSTEE (IF APPLICABLE):

		<i>Relationship to Testator/rix</i>	<i>Telephone Number</i>
Trustee Name: (First, Middle & Last Name)			
Address:			
Alternate Trustee Name: (First, Middle & Last Name)			
Address:			

GUARDIAN(S) (IF APPLICABLE):

		<i>Relationship to Testator/rix</i>	<i>Telephone Number</i>
Guardian Name(s): (First, Middle & Last Name)			
Address:			
Alternate Guardian Name(s): (First, Middle & Last Name)			
Address:			

POWER OF ATTORNEY INFORMATION:

		<i>Relationship to You</i>	<i>Telephone Number</i>
POA Primary Agent's Name: (First, Middle & Last Name)			
Address: Age:			
POA Alternate Agent's Name: (First, Middle & Last Name)			
Address: Age:			

HEALTH CARE PROXY INFORMATION:

		<i>Relationship to You</i>	<i>Telephone Number</i>
Health Care Agent's Name: (First, Middle & Last Name)			
Address: Age:			
Alternate Health Care Agent's Name: (First, Middle & Last Name)			
Address: Age:			

ASSET INFORMATION:

Item	Institution or Issuer	Name of Owner(s)/Beneficiary(ies) (individual, joint, in trust)		Approximate Value/Bal.	Purchase Price (if applic.)
Real Property	_____	_____		\$ _____	\$ _____
Savings Accounts	_____	_____		\$ _____	\$ _____
Time Deposits (CD's)	_____	_____		\$ _____	\$ _____
Checking Accounts	_____	_____		\$ _____	\$ _____
Trust Accounts	_____	_____		\$ _____	\$ _____
Mutual Fund Shares	_____	_____		\$ _____	\$ _____
Stock (please indicate # of shares)	_____	_____		\$ _____	\$ _____
Bonds	_____	_____		\$ _____	\$ _____
Annuities	_____	Owner _____	Beneficiary _____	\$ _____	\$ _____
Qualified Plans	_____	Owner _____	Beneficiary _____	\$ _____	\$ _____
IRA's	_____	Owner _____	Beneficiary _____	\$ _____	\$ _____
Life Insurance	_____	Owner _____	Beneficiary _____	\$ _____	\$ _____
Other	_____	_____		\$ _____	\$ _____
Debts/Liabilities	_____				

Monthly Income	Pension/Retirement	(yours) (spouses)	\$ _____ \$ _____	
	Social Security	(yours) (spouses)	\$ _____ \$ _____	
	Other	(yours) (spouses)	\$ _____ \$ _____	