

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:			



**ASSETS, INCOME & LIABILITY WORKSHEET
FOR _____**

Please fill in your name(s) here

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

Item	Institution or Issuer	Name of Owner(s)/Beneficiary(ies) (individual, joint, in trust)		Approximate Value/Bal.	Purchase Price (if applic.)
Assets					
Primary Residence	_____	_____		\$ _____	\$ _____
Other Real Property	_____	_____		\$ _____	\$ _____
Business Interest(s)	_____	_____		\$ _____	\$ _____
Savings Accounts	_____	_____		\$ _____	\$ _____
Time Deposits -CD's	_____	_____		\$ _____	\$ _____
Checking Accounts	_____	_____		\$ _____	\$ _____
Trust Accounts	_____	_____		\$ _____	\$ _____
Mutual Funds	_____	_____		\$ _____	\$ _____
Stock <i>(please indicate # of shares)</i>	_____	_____		\$ _____	\$ _____
Bonds	_____	_____		\$ _____	\$ _____
Annuities	_____	Owner _____	Beneficiary _____	\$ _____	\$ _____
Qualified Plans <i>Pension/Profit Sharing, IRAs</i>	_____	Owner _____	Beneficiary _____	\$ _____	\$ _____
College Savings	_____	Owner _____	Beneficiary _____	\$ _____	\$ _____



Life Insurance		Owner	Beneficiary	\$ _____	\$ _____
	_____	_____	_____	\$ _____	\$ _____
	_____	_____	_____	\$ _____	\$ _____
Personal Valuables <i>Collections, Furniture, Art, Jewelry, Cars, etc.</i>	_____	_____		\$ _____	\$ _____
	_____	_____		\$ _____	\$ _____
	_____	_____		\$ _____	\$ _____
	_____	_____		\$ _____	\$ _____
Other	_____	_____		\$ _____	\$ _____
	_____	_____		\$ _____	\$ _____
	_____	_____		\$ _____	\$ _____
Debts/Liabilities <i>Mortgage(s), Line of Credit, Car Loans, etc.</i>	_____			\$ _____	
	_____			\$ _____	
	_____			\$ _____	
	_____			\$ _____	
Monthly Income	Pension/Retirement	(yours)		\$ _____	
		(spouses)		\$ _____	
	Social Security	(yours)		\$ _____	
		(spouses)		\$ _____	
	Other	(yours)		\$ _____	
		(spouses)		\$ _____	

