

**The Law Office of Serenna L. McCloud, Esq.,
PLLC**

ESTATE PLANNING WORKSHEET

Client #1

Name: _____

Address: _____

DOB: _____

Occupation: _____

Cell: _____

Home: _____

Email: _____

Client #2

Name: _____

Address: _____

DOB: _____

Occupation: _____

Cell: _____

Home: _____

Email: _____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single (including widowed)

Do you presently have a will? ☐ Yes ☐ No

Do you presently have a trust? ☐ Yes ☐ No

Were there any previous marriages? ☐ Yes ☐ No

Do any of your children or other beneficiaries
have disabilities? ☐ Yes ☐ No

Do you own a farm or business? ☐ Yes ☐ No

Are you a U.S. citizen? ☐ Yes ☐ No

Are there any serious health problems? ☐ Yes ☐ No

If yes, please describe briefly: _____

Do you own a long-term care (nursing home)
insurance policy? ☐ Yes ☐ No

Please bring copies of any existing estate planning documents with you to our meeting.

CHILDREN, GRANDCHILDREN OR OTHER BENEFICIARIES

Name	Address	Phone Number	Date of Birth	Relationship

ASSET/LIABILITY INFORMATION

Please list your asset/liability information in the appropriate category below. Attach a separate page if necessary. While exact amounts are not necessary, a realistic estimate for each account is required to provide us with the information required to make the proper recommendations.

Type of Asset	Title in Which Held (Self, Spouse, Joint, Joint with Another Person)	Type of Property (Residential, Commercial)	Current Value
REAL ESTATE (Include address. Bring deed and tax bill if considering Medicaid planning.)			
Personal Residence			
Vacant Land			
Other:			
LIQUID ASSETS (Include Financial Institution)			
Cash on Hand			
Checking Accounts			
Savings Accounts			

Other Asset Types	Title in Which Held (Self, Spouse, Joint, Joint with third party; or Tenants in common, etc.)		Current Value	
Certificates of Deposit				
Brokerage				
Equity in Business <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC				
Notes and Loans Receivable				
Pension/Profit Sharing	Owner	Beneficiary		
Life Insurance	Owner	Beneficiary	Cash Value	Death Benefit
Retirement Accounts, IRAs, 401(k)s, 403(b)s, Deferred Compensation	Owner	Beneficiary		
Other Assets				
Liabilities	Name Loan Taken In: (Self, Joint, Other)		Amount Owed	

GIFT TAX RETURNS

Have gift tax returns ever been filed to report gifts made?_____If yes, please bring copies of the returns to your appointment.

APPOINTMENTS

(Please include addresses and phone numbers)

1. **PERSONAL REPRESENTATIVE** (Executor). The Executor is responsible for administering your estate (paying bills and making distributions to beneficiaries), and probating your Will.

EXECUTOR:_____

ALTERNATE:_____

SECOND ALTERNATE: _____

2. **HEALTH CARE AGENT**. Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

HEALTH CARE AGENT: _____

ALTERNATE:_____

SECOND ALTERNATE: _____

3. **AGENT UNDER POWER OF ATTORNEY**.Who should be named to transact business and handle financial matters in your name?

AGENT:_____

ALTERNATE: _____

PLAN OF DISTRIBUTION

(Don't worry about tax planning or other considerations in answering this question.)

1. **SPECIFIC GIFTS**. Doyou wish to make a special gift to a particular person, such as a piece of jewelry to a particular child? Do you want to make charitable gifts, such as to a church or other institution?

2. **PERSONAL PROPERTY.** How would you like your personal items to be distributed? (ex. clothing, books, pictures/family heirlooms, furniture, everything in your house, etc.)

3. **REST, RESIDUE & REMAINDER.** How would you like the remainder of your estate to be distributed? (ex. real property, cash, bank accounts, etc.)

4. **Do you have any Funeral or Postmortem Instructions for the distribution of your remains?**

**COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR BENEFICIARIES OR
BENEFICIARIES WITH DISABILITIES**

1. **GUARDIAN.** If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot serve.

GUARDIAN: _____

ALTERNATE: _____

2. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for children until they reach an age when you believe they should be capable of managing property on their own. The trustee can be a relative, friend, trust company or other person you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person or a different person than the guardian

TESTAMENTARY TRUSTEE: _____

ALTERNATE: _____

3. **AGE OF DISTRIBUTION.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. I typically recommend 30 as the youngest age for outright distribution. You may consider splitting the distribution, such as ½ at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

GENERAL QUESTIONS

NOTES AND QUESTIONS: Please note anything else which may be of importance in planning your estate, or note and questions you may have.

NOTES
