

Estate Planning Worksheet

Date:			Desired Completion	
			Date (if any):	
Referred By:	Individual:		Association:	Internet Search:
OI: 4 //4	E'	M: 1	11. T	
Client #1	First	Mid	dle Last	
Name				
Physical				
Address:				
N. # *1*				
Mailing Address:				
Address:				
Home Phone:			Cell Phone:	
Email:				
Date of Birth:				
Occupation:				
U.S. Citizen	☐ Yes	No No	Other	
Marital	Single	Marı Marı	ried Divorced	Widowed
Status:			<u>—</u>	
List all				
current and	Spouse Name		Marriage Date Er	d of Marriage Date
previous				
marriages:	1			
marriages:	2.	M: A	dle Leet	
marriages: Client #2		Mid	dle Last	
marriages:	2.	Mid	dle Last	
marriages: Client #2	2.	Mid	dle Last Work Phone:	
marriages: Client #2 Name	2.	Mid		
marriages: Client #2 Name Home Phone: Cell Phone: Email:	2.	Mid	Work Phone:	
marriages: Client #2 Name Home Phone: Cell Phone: Email: Date of Birth:	2.	Mid	Work Phone:	
marriages: Client #2 Name Home Phone: Cell Phone: Email:	2.	Mid	Work Phone: Preferred Phone:	
marriages: Client #2 Name Home Phone: Cell Phone: Email: Date of Birth:	2.	Mid-	Work Phone:	
marriages: Client #2 Name Home Phone: Cell Phone: Email: Date of Birth: Occupation: U.S. Citizen	2. First Yes	□ No	Work Phone: Preferred Phone: Other	
marriages: Client #2 Name Home Phone: Cell Phone: Email: Date of Birth: Occupation: U.S. Citizen Marital	2. First		Work Phone: Preferred Phone: Other	☐ Widowed
marriages: Client #2 Name Home Phone: Cell Phone: Email: Date of Birth: Occupation: U.S. Citizen Marital Status:	Z. First Yes Single	□ No	Work Phone: Preferred Phone: Other ied Divorced	
marriages: Client #2 Name Home Phone: Cell Phone: Email: Date of Birth: Occupation: U.S. Citizen Marital Status: List all	2. First Yes	□ No	Work Phone: Preferred Phone: Other ied Divorced	☐ Widowed
marriages: Client #2 Name Home Phone: Cell Phone: Email: Date of Birth: Occupation: U.S. Citizen Marital Status: List all current and	Z. First Yes Single Spouse Name	☐ No ☐ Marı	Work Phone: Preferred Phone: Other ied Divorced Marriage Date Er	
marriages: Client #2 Name Home Phone: Cell Phone: Email: Date of Birth: Occupation: U.S. Citizen Marital Status: List all	Z. First Yes Single	☐ No ☐ Marr	Work Phone: Preferred Phone: Other ied Divorced Marriage Date Er	

^{*}Please review your answers for accuracy. We use the information on this worksheet to prepare your estate planning documents. *

Section 2. Plans

Please check one for each client.

1) Do you currently have a Will?	Client #1	Yes No Client #2 Yes No
2) Do you currently have a Trust?	Client #1	YesNo Client #2 YesNo
3) Do you have Long-Term Care (nursing home) Insurance policy?	Client #1	Yes No Client #2 Yes No

Section 3. Health Care Decisions

Please check one for each client.	
Client #1	
1) Do you want to be an organ donor?	Yes No
Do you want to designate what your organ donation will be used for? Life Prolonging Treatment (Please choose one)	Transplant Exclusions: Education All purposes No medical treatment if principal is in an irreversible, persistent vegetative state, if terminally ill and lifesustaining procedures would only artificially delay death; or if burdens of treatment outweigh expected benefits Medical treatment unless principal is in an irreversible coma Preclude life-sustaining procedures if principal is in a terminal condition Receive medical treatment that will allow the principal to live as long as possible
	Other:
Client #2 2) Do you want to be an organ donor?	Yes No
1) Do you want to designate what	Transplant Exclusions:
your organ donation will be used for?	Education All purposes
2) Life Prolonging Treatment (Please choose one)	No medical treatment if principal is in an irreversible, persistent vegetative state, if terminally ill and lifesustaining procedures would only artificially delay death; or if burdens of treatment outweigh expected benefits
	Medical treatment unless principal is in an irreversible coma Preclude life-sustaining procedures if principal is in a
	terminal condition
	Receive medical treatment that will allow the principal to live as long as possible
	Other:

3) If something were to happen to you, who would you want making medical decisions for you? Note: If you are married, your spouse is typically the primary agent for these decisions.

Client #1

Primary Agent:	
Address:	
Phone Number:	
Relation to you:	
First Alternate Agent:	
Address:	
Phone Number:	
Relation to you:	
Second Alternate Agent:	
Address:	
Phone Number:	
Relation to you:	
Client #2	
Primary Agent:	
Address:	
Phone Number:	
Relation to you:	
First Alternate Agent:	
Address:	
Phone Number:	
Relation to you:	
Second Alternate Agent:	
Address:	
Phone Number:	
Relation to you:	
4) Burial and Funeral Ins	tructions (if any):
<u>Trustee)</u>	ncial Decisions (Power of Attorney Agents, Executor, and
Primary Agent:	
Address:	
Phone Number:	
Relation to you:	
U.S Citizen:	

Address: Phone Number: Relation to you: U.S. Citizen Second Alternate Agent: Address:
Relation to you: U.S. Citizen Second Alternate Agent:
Relation to you: U.S. Citizen Second Alternate Agent:
U.S. Citizen Second Alternate Agent:
Second Alternate Agent:
Address:
Phone Number:
Relation to you:
U.S. Citizen:
Section 5. Children
1) Do you have children, living or deceased? Please check one.
Yes (If yes, see below) No (if no, skip to question #4 of this section)
1) Name:
Gender:
Date of Birth:
Address:
Other Parent: Living If deceased, does the deceased child have any living children? Yes (list living children of deceased) No
1 3
Deceased 2 4
2) Nome:
2) Name: Gender:
Date of Birth:
Address:
Other Parent:
Living If deceased, does the deceased child have any living children? Yes (list living children) No
Deceased 1 3 4
Deceased
3) Name:
Gender:
Date of Birth:
Address:
Other Parent:
Living If deceased, does the deceased child have any living children? Yes (list living children) No 1 3
Deceased 2 4
4) Name:
Gender:

Date of	of Birth:	
Addre	ss:	
Other	Parent:	
Livin		f deceased, does the deceased child have any living children? Yes (list living children) No 3
Decea	ised 2	
2)	•	ave a child or children with special needs? Please check one. es, please explain) No
3)	incapacit	your children are 17 years old or younger and/or have special needs, in case of death or ty (of you and their other parent) who do want to care for them? of the Person & Estate (this person has physical custody of your child(ren) & manages the
		ancial assets)
	Primary:	
	Address:	
	Phone Nun	nber:
	Relation to	you:
	First Alterr	nate:
	Phone Nun	
	Relation to	you:
- ;	Second Alte	ernate:
	Address:	
	Phone Num	ıber:
	Relation to	VOII
	1.0141101110	, ou.

4)	If no children, or if	your children predeceas	se you, who would you want to receive your assets?
	1) Name:		
	Address:		
	Phone Number:		
	Relation to you:		
	2) Name:		
	Address:		
	Phone Number:		
	Relation to you:		
	3) Name:		
	Address:		
	Phone Number:		
	Relation to you:		
~			
Sec	ction 6. Distrib	<u>utions</u>	
1)	Specific Gifts. Do you	want to make any specis	fic gifts or personal property? Please check one.
	Yes	(if yes, please list)	No
	Gift R	ecipient	Description of Gift
	<u>1.</u>	-	
	2.		
2)	Charles Citian Dans		civilia cifu 9 Disease de ale suc
2)			aritable gifts? Please check one.
	Yes (if yes, please list)	No
		ecipient	Description of Gift
			

	Equally between children/beneficiaries
	To Sole Beneficiary (Listed in Section 5)
	Unequally Amongst Children/Beneficiaries
	(Explain Below)
	Other (Explain Below)
At what a	ge do you want your children or beneficiaries to receive their share of your assets? ark one.
	Receive 1/3 at the age of 25, 1/2 at the age of 30, remainder at age 35
	Receive 1/2 at the age of 25, 1/2 at the age of 30
	Receive all assets at the age of 30
	Receive all assets outright (no age restrictions)
	Other (Explain Below)
Section 7	. Assets
Plea	ase answer the following to the best of your ability. If do not have the listed asset, please estion. Please note if you own any of the following with a third party. Client #1
Plea kip that que	ase answer the following to the best of your ability. If do not have the listed asset, please estion. Please note if you own any of the following with a third party.
Plea kip that que	ase answer the following to the best of your ability. If do not have the listed asset, please estion. Please note if you own any of the following with a third party. Client #1
Plea kip that que	ase answer the following to the best of your ability. If do not have the listed asset, please estion. Please note if you own any of the following with a third party. Client #1 Monthly Income:
Plea kip that quo	ase answer the following to the best of your ability. If do not have the listed asset, please estion. Please note if you own any of the following with a third party. Client #1 Monthly Income: Other Income:
Plea kip that quo	ase answer the following to the best of your ability. If do not have the listed asset, please estion. Please note if you own any of the following with a third party. Client #1 Monthly Income: Other Income: Client #2
Plea kip that quo	ase answer the following to the best of your ability. If do not have the listed asset, please estion. Please note if you own any of the following with a third party. Client #1 Monthly Income: Client #2 Monthly Income:
Pleakip that que	Isse answer the following to the best of your ability. If do not have the listed asset, please estion. Please note if you own any of the following with a third party. Client #1 Monthly Income: Client #2 Monthly Income: Other Income: Other Income: Do you own any real property?

3) How do you want your assets distributed after your death? Please mark one.

2) Address:	
Current Value:	
3) Address:	
Current Value:	
4) If you have any of the follo	wing assets, please provide the approximate value of the assest(s).
Checking Account	
(Bank name.):	
Savings Account	
(Bank name):	
IRA/401(k):	
Stocks, Bonds, Mutual Funds, Other Investments:	
Business Interests (Type of Business – LLC, Corporation, Other):	
Automobiles (Year, Make and Model):	
Digital assests:	
Paypal	\$
E-Trade	\$
Cryptocurrency approx. value	\$
Other assets	\$
5) Do you have life insurance	policies?
Client #1	Towns
Type (Check One):	Term
Cash Value:	Universal Form
Death Benefit:	Whole
XXII	Primary Beneficiary:
Who are the Beneficiaries?	Secondary Beneficiary:

Client #2	
Type(Check One):	1.7
Cash Value: Univer	rsal Form
Death Benefit: Whole	:
Who are the Barrefisionics	eficiary:
Who are the Beneficiaries?	eneficiary:
6) If married, are any of the assets listed above separately property)? Please check one: Client #1: Yes No If yes, please explain: 7) Do you expect any inheritances? If yes, please describes the separately property.	y held (i.e., not community Client #2: Yes No
Section 8. Liabilities	
Section 8. Liabilities Do you owe any money? If so, how much? [Ex:	Loan for automobile or home]
Do you owe any money? If so, how much? [Ex:	
	Loan for automobile or home] Amount Owed
Do you owe any money? If so, how much? [Ex: Loan Type 1. 2.	
Do you owe any money? If so, how much? [Ex: Loan Type 1.	
Do you owe any money? If so, how much? [Ex: Loan Type 1. 2. 3.	
Do you owe any money? If so, how much? [Ex: Loan Type 1. 2.	
Do you owe any money? If so, how much? [Ex: Loan Type 1. 2. 3. Section 10. Notes - Questions	
Do you owe any money? If so, how much? [Ex: Loan Type 1. 2. 3. Section 10. Notes - Questions	
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Do you owe any money? If so, how much? [Ex: Loan Type 1. 2. 3. Section 10. Notes - Questions	
Do you owe any money? If so, how much? [Ex: Loan Type 1. 2. 3. Section 10. Notes - Questions Questions, Notes, or Clarifications:	Amount Owed
Do you owe any money? If so, how much? [Ex: Loan Type	Amount Owed
Do you owe any money? If so, how much? [Ex: Loan Type 1. 2. 3. Section 10. Notes - Questions Questions, Notes, or Clarifications: To Return the Completed Worksheet: BY EMAIL: Attach to an email and send to jp	Amount Owed Oost@grtlaw.com
Do you owe any money? If so, how much? [Ex: Loan Type 1. 2. 3. Section 10. Notes - Questions Questions, Notes, or Clarifications: To Return the Completed Worksheet: BY EMAIL: Attach to an email and send to jp BY FAX: Send to (916) 851-1995	Amount Owed Oost@grtlaw.com Suite 200, Gold River, CA 95670

Please make sure to double check your answers for accuracy