



Goyette
ATTORNEYS AT LAW

Estate Planning Worksheet

General Information

Date:													
Desired Completion Date (if any):													
Client #1 Name													
Street Address													
City, State Zip Code													
Home Phone													
Cell Phone													
Work Phone													
E-Mail Address													
Date of Birth													
Occupation													
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other												
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed If currently or previously married please list: <table><thead><tr><th></th><th><u>Spouse Name</u></th><th><u>Marriage Date</u></th><th><u>End of Marriage Date</u></th></tr></thead><tbody><tr><td>1.</td><td colspan="3">_____</td></tr><tr><td>2.</td><td colspan="3">_____</td></tr></tbody></table>		<u>Spouse Name</u>	<u>Marriage Date</u>	<u>End of Marriage Date</u>	1.	_____			2.	_____		
	<u>Spouse Name</u>	<u>Marriage Date</u>	<u>End of Marriage Date</u>										
1.	_____												
2.	_____												

Client #2 Name													
Cell Phone													
Work Phone													
E-Mail Address													
Date of Birth													
Occupation													
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other												
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed If currently married or previously married please list: <table><thead><tr><th></th><th><u>Spouse Name</u></th><th><u>Marriage Date</u></th><th><u>End of Marriage Date</u></th></tr></thead><tbody><tr><td>1.</td><td colspan="3">_____</td></tr><tr><td>2.</td><td colspan="3">_____</td></tr></tbody></table>		<u>Spouse Name</u>	<u>Marriage Date</u>	<u>End of Marriage Date</u>	1.	_____			2.	_____		
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1.	_____												
2.	_____												

Plans

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

- 4) Do you have a life insurance policy?
Client #1 Yes No Client #2 Yes No
Payout Amount Client #1 Payout Amount Client #2

- 5) Do you want to be an organ donor?
Client #1 Yes No Client #2 Yes No

- 6) 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 for these decisions.

Client #1 Name Address Phone Number Relation to You

Primary: _____

Alternative 1: _____

Alternative 2: _____

Client #2 Name Address Phone Number Relation to You

Primary: _____

Alternative 1: _____

Alternative 2: _____

- 7) If something were to happen to you (and your spouse), who would you want controlling your money/assets (i.e., whom do you want to be the successor trustee of your trust)?

Name Address Phone Number Relation to You

Primary: _____

Alternative 1: _____

Alternative 2: _____

Beneficiaries

8) Do have any children?

Yes (if yes, Please list) No (if no, skip to Question #12)

	<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Other Parent</u>
1				
2				
3				
4				

Note: If any children are a result of a different relationship, please write the name of their other parent in the space provided.

9) Do you have a child or children with special needs?

Yes (if yes, please explain) No

10) If your children are underage and/or have special needs, in case of death or incapacity (of you and their other parent) who do you want to care for them?

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relation</u>
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Primary: _____

Alternative 1: _____

Alternative 2: _____

11) At what ages do you want your children to receive their share of your assets?

Receive 1/3 at the age of 25, 1/2 at the age of 30, remainder at the age of 35

Receive 1/2 at the age of 25, 1/2 at the age of 30

Receive all assets at the age of 30

Note: The above distribution schemes are only examples; if you would like something different, please describe below:

12) If no children, or if your children were to predecease you, who would you want to receive your assets?

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relation</u>
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Primary: _____

Alternative 1: _____

13) How do you want your assets to be distributed after your death?

Check Applicable:

- Equally between Children
- To Sole Beneficiary (listed in Question #12)
- Unequally Amongst Children (Explain Below)
- Other (Explain Below)

14) Are there any charitable gifts you want made?

- Yes (if yes, please list)
- No (if no, go to Question #15)

Description of Gift

Gift Recipient

1

2

15) Are there any gifts of personal property you want made?

- Yes (if yes, please list)
- No (if no, go to Question #16)

Ex: Jewelry to daughter, family heirloom to son, etc.

Description of Gift

Gift Recipient

1

2

3

Assets

Please answer the following to the best of your ability.

If you do not understand a question or do not have the listed asset please skip that question.

Please note if you own any of the following with a third party.

16) Income:

Client #1

Earned Monthly Income

Other Income

Client #2

Earned Monthly Income

Other Income

17) Do you own your home? (if yes, please list) No (if no, go to quest. 18)
Street Address City, State, County Current Value

18) Do you own any other real property? (if yes, please list) No (if no, go to quest. 19)
Street Address City, State, County Current Value

- 1. _____
- 2. _____
- 3. _____
- 4. _____

19) If you have any of the following assets, Please List Approximate Value?

- Checking (Bank and Account #): _____
 - Savings (Bank and Account #): _____
 - Automobiles: _____
 - IRA and/or 401(k): _____
 - Stocks, Bonds or Other Private Investment: _____
 - Business Interests (corp/LLC/partnership): _____
 - Other Assets: _____
- Ex: Small Business, Boat or RV

Life Insurance:

Client #1
Cash Value: _____
Death Benefit: _____

Client #2
Cash Value: _____
Death Benefit: _____

20) If married, are any of the assets listed above separately held (i.e., not community property)?

- Yes (if yes, please explain) No

21) Do you expect any inheritances? If yes, please describe generally.

Client #1:

Client #2:

Liabilities

22) Do you owe any money? How much?

Ex: Loan for Automobile or Home

Loan Type

Amount Owed

1.

2.

3.

Notes

Notes, Questions, or Clarifications:

Thank you for completing this worksheet and for your interest in our estate planning services.

To return the completed worksheet:

BY EMAIL: attach to email sent to rruano@goyette-assoc.com

BY FAX: send to (916) 851-1995

BY MAIL: mail to 2366 Gold Meadow Way, Suite 200, Gold River, CA 95670