

# ESTATE PLANNING (Single Person)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Bank affiliation: \_\_\_\_\_ Safe deposit location: \_\_\_\_\_

Living children:

<i>Name</i>	<i>Age</i>	<i>Married?</i>	<i>City of Residence (if not at parent's)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deceased children: \_\_\_\_\_

Name of former spouse (if living): \_\_\_\_\_

## QUESTIONS TO CONSIDER IN ADVANCE OF CONFERENCE

1. Do your children, grandchildren, or others you feel responsible for have any problems or special needs which should be considered in designing your estate plan?
2. Do you have the responsibility for supporting anyone other than you and children?
3. Do you wish to make any gifts or contributions of property or money to any friends, relatives, or charities?
4. If you and all of your descendants (children, grandchildren, etc.) were killed in a plane crash, whom would you want to have your property?
5. Do you want to designate a guardian of the person for your children under 18 in case the other parent does not survive? (Think about a successor to the original guardian also.) Remember that a guardian primarily makes personal (rather than financial) decisions.
6. If you wanted an individual to serve as Executor or Trustee (with or without a Bank as Co-Executor or Co-Trustee), whom would you name? (Think about a successor also.)
7. Powers of attorney are often used to authorize someone to act for you under certain conditions, especially legal incapacitation. We will recommend that you consider executing such powers. Whom would you like to name as your agent (and successor agent) under such a power? Powers of attorney are revoked by death. We can condition the effectiveness of the powers on a physician's certifying the principal's inability to manage his or her own affairs.
8. Are you the beneficiary of any estate or trust assets that have not been distributed to you? (If yes, please bring the governing documents.)
9. Do you own any property jointly with any other person? (If so, is the ownership a joint tenancy with right of survivorship?)
10. Do you have any significant contingent liabilities?
11. Do you expect to inherit any substantial property in the near future which should be considered in planning your estate?
12. Do you have any assets that require special consideration in your will?
13. It may be helpful for you to bring your present wills (if any) and also insurance policies, deeds, trust agreements, buy-sell agreements, divorce settlement agreements, or other documents or contracts affecting your estate to the planning session. It would also be helpful for you to show on a separate sheet the names, ages, addresses, and occupations of your parents, sisters, and brothers.

## ESTATE EVALUATION

Date: \_\_\_\_\_

Kind of Asset	Amount
Residence	_____
Other Real Property (By State)	_____
Parcel #1	_____
Parcel #2	_____
Listed or Traded Securities	_____
Closely Held Stock	_____
Partnership or Sole Proprietorship	_____
Cash or Savings Accounts	_____
Automobiles	_____
Other Tangible Personal Property	_____
Cash Value of Life Insurance	_____
IRA Account #1	_____
IRA Account #2	_____
401(k) or Profit Sharing Account	_____
Other	_____
Other	_____
	=====
Total Gross Estate:	\$ _____
Mortgages	_____
Other Debts	_____
Net Total:	\$ _____
Taxable Estate: (Add Life Insurance Death Benefits)	\$ _____

### Life Insurance

Insured	Owner	Company	Face Amt.	Primary Benef.	Conting. Benef.	Type
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