

ESTATE PLANNING WORKSHEET

Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. Preparation of this worksheet is not mandatory, but if I am able to review the completed worksheet during our appointment, more can generally be covered during the initial consultation.

Completion of this form should take approximately 30 – 60 minutes.

**NOREEN MURPHY, Esq.
The Mill Pond Building
10 Converse Place
Winchester, MA 01890**

(781) 729-3200

(781) 641-6000

fax (781) 643-3605

nm@noreenmurphylaw.com

www.NoreenMurphyLaw.com

ESTATE PLANNING WORKSHEET

The information requested on this worksheet may seem like none of an attorney's business, but it is very important that an estate planning attorney understand your present situation and your wishes for the future. This information enables me to plan the estate to accomplish your future goals and to save on taxes and administrative expenses.

If you are married and all information on this worksheet is identical for you and your spouse, fill out only one worksheet. If information for each spouse differs, make a copy of this worksheet so each spouse has one to fill out.

Thank you for taking the time to complete this form.

Date _____ Phone number _____
Email: _____ Would you like to receive my E-Newsletter? Yes No

Street _____ City _____ State _____ Zip _____ County _____

HUSBAND OR SINGLE MAN

First _____ Middle _____ Last _____
_____ Date of Birth _____ Social Security Number _____
Are you a Veteran? ___ yes ___ no

WIFE OR SINGLE WOMAN

First _____ Middle _____ Last _____
_____ Date of Birth _____ Social Security Number _____
Are you a Veteran? ___ yes ___ no

Marital Status: Married Divorced
 Separated Single (including widowed and not remarried)

What is your primary motivation for considering estate planning: (Select all that apply)

- Probate Avoidance Federal Estate Tax Planning
 Guardianship for minor children Business Planning
 Other: _____

How soon would you like to complete planning? Is there a specific deadline such as an upcoming trip, surgery, etc.? _____

IF YOU HAVE ANY OF THESE DOCUMENTS, PLEASE HAVE THEM AVAILABLE FOR REVIEW

- | | <u>HUSBAND</u> | | <u>WIFE</u> | |
|---|--|-----------------------------|--|-----------------------------|
| 1. Do you presently have a will? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you presently have a trust? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you presently have power of attorney documents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you presently have health care documents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Were there any previous marriages? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are any of your children not from your current marriage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are any of your children or other beneficiaries handicapped? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you own a farm or business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. If yes, do any of your children work in the business with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. If yes, does the child have an ownership interest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are you a U.S. citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Have you entered into any agreements with your spouse?
(e.g. pre-nuptial agreements) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Do you own long-term care insurance (nursing home insurance)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Do you own everything jointly with your spouse, or is some property separate? | <input type="checkbox"/> All Joint (except IRAs, pensions, etc.) | | <input type="checkbox"/> Some separate | |
| 15. Are there any serious health concerns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. If yes, please briefly describe: _____ | | | | |

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 17. Do you have life insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Amount \$ _____ | | Amount \$ _____ | |
| 18. Are you involved in any pending litigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> | |
| 19. Do you expect to receive any inheritance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NET WORTH: If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else except death benefits on life insurance, what is the approximate total value of the estate of you and you spouse? _____

What is the total amount of your outstanding liabilities? _____

GIFT TAX RETURNS: Have gift tax returns ever been filed to report gifts? _____ If yes, please have copies of the returns available.

INCOME, EXPENSES, ASSET AND LIABILITY INFORMATION

Please list your income, expenses, and asset and liability information in the appropriate categories.
Attach a separate page if necessary

I. GROSS INCOME: before deductions:	Husband	Wife	Marital/Joint
A. Earned monthly income	_____	_____	_____
B. Monthly Social Security	_____	_____	_____
C. Monthly Pension Income	_____	_____	_____
D. Other monthly income	_____	_____	_____

II. EXPENSES:

<u>If living at home</u>	OR	<u>If living in Assisted Living Facility</u>
A. Monthly housing costs (include mortgage or rent, utilities, insurance, taxes)	_____	A. Monthly Fee for Assisted Living _____
B. Monthly living costs (include food, cable, and any other monthly expenses)	_____	B. Additional Costs _____

III. ASSET AND LIABILITY LISTING:

TYPE OF ASSET	*TITLE IN WHICH HELD (Husband, Wife, Joint with spouse, Joint with third party with rights of survivorship, etc.) *Ownership of assets is very important for the planning process	TYPE OF PROPERTY (residential, commercial, investment)	CURRENT VALUE
A. REAL ESTATE			
1. Personal Residence			
2. Vacant Land/Location			
3. Vacation Property/Location			
4. Other: _____ _____			
B. LIQUID ASSETS			
	OWNERS ON ACCOUNTS *Ownership of assets is very important for the planning process	INSTITUTION OR NAME OF BANK	APPROXIMATE VALUES
1. Cash on hand			
2. Government and Publicly Traded Securities.			
3. Unlisted Securities/Not Publicly Traded			
4. Money Market Accounts			

B. LIQUID ASSETS (CONTINUED)	OWNERS ON ACCOUNTS *Ownership of assets is very important for the planning process		INSTITUTION OR NAME OF BANK	APPROXIMATE VALUES
5. Equity in Business sole ____ partnership ____				
6. Notes and Loans Receivable				
7. Checking Accounts				
8. Savings Accounts				
9. Certificates of Deposit				
C. OTHER PROPERTY	OWNER	BENEFICIARY	CURRENT VALUE	
1. Annuities				
2. IRAs				
3. Pension/Profit Sharing				
4. Automobiles		NA		
5. Other Assets				
D. LIABILITIES	IN WHOSE NAME (Husband, Wife, Joint with spouse, Joint with third party)		AMOUNT OWED	
1.				
2.				

CHILDREN AND OTHER BENEFICIARIES

NAME	ADDRESS AND PHONE	DATE OF BIRTH	RELATIONSHIP

APPOINTMENTS

1. EXECUTOR/EXECUTRIX. The will should name a personal representative also called an executor/executrix to carry out the directions stated in the will. Co-executors may be named. Most people name their spouse, with a child, relative, close friend or corporate trustee as alternate.

- a. EXECUTOR/EXECUTRIX: _____
- b. (Co) or ALTERNATE: _____
- c. SECOND ALTERNATE: _____

2. SUCCESSOR TRUSTEE. If you choose to execute a living trust during your lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you could not manage assets due to incompetency. After death, the successor trustee distributes assets to the beneficiaries you have designated in the Trust.

- a. SUCCESSOR TRUSTEE: _____

 Address State Zip Code

- b. ALTERNATE SUCCESSOR TRUSTEE: _____

 Address State Zip Code

- c. SECOND ALTERNATE SUCCESSOR TRUSTEE: _____

 Address State Zip Code

3. HEALTH CARE AGENT. Who should be named to make medical decisions on your behalf if you were unable to make these decisions yourself? Typically, the primary agent is a spouse, with a child, friend or other relative as an alternate. Only one agent may serve at a time.

a. HEALTH CARE AGENT: _____

Address State Zip Code Phone

b. ALTERNATE HEALTH CARE AGENT: _____

Address State Zip Code Phone

4. POWER OF ATTORNEY. Who should be named to carry on your legal and financial affairs if you were unable to make these decisions or perform the necessary duties yourself? Typically, the primary agent is a spouse, with a child, friend, or other relative as an alternate. You may name more than one “attorney in fact” to serve simultaneously. If you want to name co-attorneys in fact, please let me know so we can review any potential problems.

a. ATTORNEY IN FACT: _____

Address State Zip Code

b. ALTERNATE ATTORNEY IN FACT: _____

Address State Zip Code

c. SECOND ALTERNATE ATTORNEY IN FACT: _____

Address State Zip Code

PLAN OF DISTRIBUTION

1. SPECIFIC BEQUESTS. Do you want to make charitable gifts to a church or other institution? Do you wish to make a special gift to a particular person? Specific gifts take priority over general distributions.

2. REMAINDER OF ESTATE AFTER ANY SPECIFIC GIFTS. Briefly describe where you would want your remaining assets to go after any specific gifts. This is in general terms, and will be discussed further during our meeting.

- All to spouse, then equally between children; if a child does not survive, to that child’s children (your grandchildren).
- All to spouse, then equally between the surviving children.
- All to spouse, then _____
- As follows: _____

