

*For Office Use Only*

**Date of Initial Apt.:** \_\_\_\_\_

**KAH or BSP** *(please circle one)*

**POC:** \_\_\_\_\_

## **Estate Planning Worksheet For Individuals**

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Hackman & Phillips Elder Law RI LLC  
Dedicated to Serving Elders and their Families in  
Rhode Island and Southeastern Massachusetts



**HACKMAN & PHILLIPS  
ELDER LAW RI LLC**

**USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS  
YOUR GOALS. *NOT ALL SECTIONS OR QUESTIONS MAY APPLY.*  
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

**Part I  
Personal Information**

Full Legal Name \_\_\_\_\_  
(Name on Driver's License)

Also Known As \_\_\_\_\_  
(If name was legally changed list birth name or Birth Name)

Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_ If no please list year you came to America \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_

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

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Have you ever been Divorced or Widowed? \_\_\_\_\_

If Widowed please list Name of Deceased, the date they passed and SSN \_\_\_\_\_

Date of Marriage (if applicable) \_\_\_\_\_ Is this a first marriage? \_\_\_\_\_ (If yes skip to Family Members)

Name of First Spouse \_\_\_\_\_ Date the Divorce was finalized \_\_\_\_\_

**Family Members  
(PLEASE INCLUDE MIDDLE INITIALS AND SUFFIX)**

\_\_\_\_\_  
**Name** (Use full legal name.) **Birth date** **Relationship**  
\_\_\_\_\_  
**Home Address** **City** **State** **Zip**  
\_\_\_\_\_  
**Social Security #** **Home Phone** **Cell Phone** **Email**  
\_\_\_\_\_

\_\_\_\_\_  
**Name** (Use full legal name.) **Birth date** **Relationship**  
\_\_\_\_\_  
**Home Address** **City** **State** **Zip**  
\_\_\_\_\_  
**Social Security #** **Home Phone** **Cell Phone** **Email**  
\_\_\_\_\_

\_\_\_\_\_  
**Name** (Use full legal name.) **Birth date** **Relationship**  
\_\_\_\_\_  
**Home Address** **City** **State** **Zip**  
\_\_\_\_\_  
**Social Security #** **Home Phone** **Cell Phone** **Email**  
\_\_\_\_\_

Name \_\_\_\_\_ (Use full legal name.)

Birth date \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**ADVISORS**

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

**Your Concerns**

Please rate the following as to how important they are to you:  
*(H high concern, S some concerned, L low concern, N/A no concern or not applicable)*

Description	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	
Providing for and protecting children.	
Providing for and protecting grandchildren.	
<b>Providing for and protecting animals.</b>	
Disinheriting a family member.	
Providing for charities at the time of death.	
Plan for the transfer and survival of a family business.	
Avoiding or reducing your estate taxes.	
Avoiding probate.	
Reduce administration costs at time of your death.	
Avoiding a conservatorship (“living probate”) in case of a disability.	
Avoiding will contests or other disputes upon death.	
Protecting assets from lawsuits or creditors.	

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	
Protecting children's inheritance from the possibility of failed marriages.	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	

Other Concerns (Please list below):

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## Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do you have children with special educational, medical, or physical needs?		
Do you have children who receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
<b>Do you have pets? <i>If so, are you interested in getting information on a Pet Trust?</i></b>		

### Additional Information

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**Part II**  
**Asset Information**

**Real Property**

**TYPE:** Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

**Furniture and Personal Effects**

**TYPE:** List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

**Automobiles, Boats, and RVs**

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

_____
_____
_____

**Bank Accounts**

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

**Stocks and Bonds**

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.  
(Indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

**Life Insurance Policies and Annuities**

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
<i>Total</i>				_____

**Retirement Plans**

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

_____				
_____				
_____				
_____				
_____				
_____				
_____				
<i>Total</i>				_____

**Business Interests**

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

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*Total* \_\_\_\_\_

**Money Owed To You**

**TYPE:** Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Total* \_\_\_\_\_

**Anticipated Inheritance, Gift, or Lawsuit Judgment**

**TYPE:** Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

**Description** \_\_\_\_\_

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*Total estimated value* \_\_\_\_\_

**Other Assets**

**TYPE:** Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Total* \_\_\_\_\_



**Part III**

**Income Information**

**MONTHLY NET INCOME**

<u>Type of Income</u>	<u>Total Income</u>
Monthly Social Security	_____
Monthly Pension	_____
Monthly IRA (RMD)	_____
Monthly Rental Income	_____
Annuity Income	_____
Other Monthly Income	_____
<b>Total Monthly Net Income:</b>	

**Part IV**

**Fiduciary Information**

**PERSONS TO ACT FOR YOU:**

**EXECUTORS:** Name, addresses and contact information of person(s) who will act as your Executor in your Will.

Name and Address	Relationship
_____	_____
_____	_____

**TRUSTEE(S):** Name, addresses of any Trustee for a Trust you wish to create (The initial trustee would be you). List any persons who would act as a successor trustee.

Name and Address	Relationship
_____	_____
_____	_____

**POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make decisions for you?** Page 9

**Name and Address**

**Relationship**

\_\_\_\_\_  
\_\_\_\_\_

**Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?**

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

**LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?** \_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

**Do you want to provide that your organs and tissues should be made available for transplant purposes?**

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

**HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?**

**AGENT**

**Name**

**Relationship**

**Address and Phone**

\_\_\_\_\_  
\_\_\_\_\_

**Part V**

**Distributions you wish to make**

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS**

**USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later?**  **Yes**  **No**

**Any property not listed on the memorandum should be distributed to:**

- Children**
- To the balance of the trust.**
- Other named individuals. List on next line.**

\_\_\_\_\_

**Individual or Charity**

**Amount or Property**

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**DISTRIBUTION OF YOUR OTHER ASSETS UPON DEATH**

**DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

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**HOW AND WHEN TO DISTRIBUTE MY PROPERTY:**

**DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

**STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to follow in determining the beneficiary's needs. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

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**REMOTE CONTINGENT BENEFICIARY:** Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

To the following named individuals and/or charities:

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**OTHER ITEMS TO INCLUDE OR DISCUSS:** Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

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