For Office Use Only

Date of Initial Apt.:____________

ESP KAH TLF *(please circle one)*

POC: ____________________________

____

Estate Planning Worksheet

Individuals ☐
Couples ☐
Partnerships ☐

Dear Prospective Client,

Congratulations on taking the initial steps towards developing an estate plan that will provide you and your family members with peace of mind.

Please do your best to fill out the worksheet we have provided. Not all sections or questions may apply.

Please know that the information you provide is strictly confidential and will only be used by our attorneys to help form a plan that works for you.

We are privileged to be working with you and we look forward to helping you!

Hackman & Phillips Elder Law

HACKMAN & PHILLIPS
ELDER LAW RI LLC

Part I: Personal Information

Client 1's Full Legal Name: ____
(Please include your Middle Initial and Suffix if applicable) *(*Name on Driver's License)

Also Known As ____
(If name was legally changed list birth name)

How do you legally sign your name? ____

Birth date ________________ SSN: ____________________US Citizen? __ If not a US citizen, list year you came to US: ______

Home Address _______________________________________ City _____________________ State _________ Zip ____________

Home Telephone _________________ Cell_________________________ Business Telephone _______________________________

E-mail Address ____ ❑ It is okay to communicate with me via my E-mail address.

Are you retired? ___________ If yes, what field did you work in? ____

If you are currently employed: Employer ______________________________ Position _______________________________________

Are you a Veteran? ___________________ If yes, what branch? ________________ VA Disability? ________________________

Have you ever been Divorced or Widowed?___________________

If Widowed please list Name of Deceased, the date they passed ____

Date of Marriage____**Is this a first marriage?**_________**(If yes skip to Family Members)**

If Divorced: Name of First Spouse ________________________________Date the Divorce was finalized_____________________

Client 2's Full Legal Name: ____
(Please include your Middle Initial and Suffix if applicable) *(*Name on Driver's License)

Also Known As ____
(If name was legally changed list birth name)

How do you legally sign your name? ____

Birth date ________________ SSN: ____________________US Citizen? __ If not a US citizen, list year you came to US: ______

Home Address _______________________________________ City _____________________ State _________ Zip ____________

Home Telephone _________________ Cell_________________________ Business Telephone _______________________________

E-mail Address ____ ❑ It is okay to communicate with me via my E-mail address.

Are you retired? ___________ If yes, what field did you work in? ____

If you are currently employed: Employer ______________________________ Position _______________________________________

Are you a Veteran? ___________________ If yes, what branch? ________________ VA Disability? ________________________

Have you ever been Divorced or Widowed?___________________

If Widowed please list Name of Deceased, the date they passed ____

Date of Marriage____**Is this a first marriage?**_________**(If yes skip to Family Members)**

If Divorced: Name of First Spouse ________________________________Date the Divorce was finalized_____________________

Family Members

This section should include children if you have them, but it may also include siblings, parents, nieces/nephews, or any other person that may be a beneficiary or fiduciary in your estate plan.

(For children, use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent.)

Name **Birth date** **Relationship**

Home Address **City** **State** **Zip**

Social Security # **Phone number** **U.S. Citizen?** **Email**

Name **Birth date** **Relationship**

Home Address **City** **State** **Zip**

Social Security # **Phone number** **U.S. Citizen?** **Email**

Name **Birth date** **Relationship**

Home Address **City** **State** **Zip**

Social Security # **Phone number** **U.S. Citizen?** **Email**

Name **Birth date** **Relationship**

Home Address **City** **State** **Zip**

Social Security # **Phone number** **U.S. Citizen?** **Email**

Name **Birth date** **Relationship**

Home Address **City** **State** **Zip**

Social Security # **Phone number** **U.S. Citizen?** **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**	
	Client 1	**Client 2**
Providing for and protecting a spouse.		
Providing for and protecting younger children.		
Plan for a child or spouse with disabilities or special needs, such as medical or learning disabilities. (Including anyone on non-retirement Social Security, Social Security disability, Medicaid, or other government benefits)		
Disinheriting a family member		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Providing for charities at the time of death.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Protecting children's inheritance from the possibility of failed marriages.		
Protect children's inheritance in the event of a surviving spouse's remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		
Providing for and protecting pets.		

Other Concerns (Please list below):

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
	Total		

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
	Total	

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
		Total	

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.

Retirement Plans

TYPE: IRAs, SEP, 401(K), 403(b). Any qualified benefit plans should be listed here.

____
____
____
____
____
____

Total ____________________

Stocks and Bonds

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

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount

Total ____________________

Life Insurance Policies and Annuities

Insurance company, type (term, whole life, split dollar, group life, annuity_, 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.

____
____
____
____
____

Total ____________________

Business Interests

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

____
____
____

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 ______________________________

____

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
(This section is important for long-term care planning purposes and the availability of government benefits such as Medicaid.)

<u>**Type of Income**</u>	Monthly Net Income **Client 1**	**Client 2**	**Total Income**
Monthly Social Security			
Monthly Pension			
Monthly IRA (RMD)			
Monthly Rental Income			
Annuity Income			
Other Monthly Income			
Total Monthly Net Income:			

Part IV: Fiduciaries

For all contacts listed below – if they are not listed previously in your questionnaire, please include their full legal name, relationship to you, address, phone number, and date of birth.

Executors Should your estate need to go to probate, list the people who you would trust to be in charge of your estate in order of preference.	
Client 1:	Client 2:
1.	1.
2.	2.
3.	3.

Trustees Should you decide to create a trust, list the people who you would trust to be in charge of your estate in order of preference. You will likely be the initial trustee so please name your successors.	
Client 1:	Client 2:
1.	1.
2.	2.
3.	3.

Financial Power of Attorney Should you at some point become unable to manage your finances, list the people who you would trust to 'step into your shoes' to help you to manage your finances.	
Client 1:	Client 2:
1.	1.
2.	2.
3.	3.

Healthcare Power of Attorney Should you at some point become unable to make decisions regarding your healthcare, list the people who you would trust to make decisions on your behalf.	
Client 1:	Client 2:
1.	1.
2.	2.
3.	3.

Part V: Beneficiaries & Distributions

General Distribution Upon your death, in general how would you like your estate to be distributed?	
Client 1:	Client 2:
☐ Spouse first, then children equally ☐ If no spouse, children equally ☐ Other named individuals (list below) ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ If a beneficiary predeceases you – would you like their share to go their children, or, to be distributed amongst the other named beneficiaries? ☐ Distribute to their children. ☐ Distribute to other beneficiaries.	☐ Spouse first, then children equally ☐ If no spouse, children equally ☐ Other named individuals (list below) ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ If a beneficiary predeceases you – would you like their share to go their children, or, to be distributed amongst the other named beneficiaries? ☐ Distribute to their children. ☐ Distribute to other beneficiaries.

Disinheritance Upon your death, is there anyone that you would like to specifically disinherit? If so – do you want their children disinherited as well?	
Client 1:	Client 2:
____________________ ____________________ ____________________ ____________________	____________________ ____________________ ____________________ ____________________

Specific Distributions Upon your death, are there certain pieces of property, business interests, or other distributions that you would like to make? Please describe below.	
Client 1:	Client 2:
Property Description & Beneficiary(ies) ____________________ ____________________ ____________________	Property Description & Beneficiary(ies) ____________________ ____________________ ____________________

Charitable Distributions Upon your death, are there certain charities that you would like to name as beneficiaries?	
Client 1:	Client 2:
____________________ ____________________ ____________________ ____________________	____________________ ____________________ ____________________ ____________________

Please feel free to write any additional questions or concerns that may not have been addressed by this introductory questionnaire on a separate sheet of paper. Thank you!