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Estate Planning Worksheet

This Estate Planning Worksheet will help streamline the process of creating your custom estate planning packet. Please provide as much detail as possible.

Did anyone recommend you? If so please write his or her first and last name and their phone number:

Personal Information

1. Full Legal Name:
2. Any other names used:
3. Marital Status:
4. Date of marriage:
5. Place of marriage:
6. Do you have a prenuptial agreement? yes or no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Has your spouse passed away? If so what is the date of death? yes or no \_\_\_\_\_\_\_\_\_\_\_\_
8. Legal residence address:
9. Date of birth: / /
10. Place of birth:
11. Citizenship:
12. Telephone number(s): Mobile:

Home:

1. Email address:

Family Composition

1. Spouse’s full name, if applicable:
2. Spouse’s date of birth, if applicable:
3. Spouse’s citizenship:
4. Spouse’s phone number:

Mobile:

Home:

1. Children’s full names and birthdates:

|  |  |  |
| --- | --- | --- |
| Full Legal Name: | Date of Birth: | If blended family…please list husband’s, wife’s, or joint |
|  |  | …….. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Other dependents:
2. Are you or your spouse a veteran?
3. Do you have a will?
   1. If so, date:
   2. Place it was executed:
4. Do you have a trust? yes or no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have a cemetery plot or any contract for cremation or burial? yes or no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Financial Inventory

1. Assets:

|  |  |  |  |
| --- | --- | --- | --- |
|  | DESCRIPTION | HOW TITLES/ DESGINATED BEN. | APPOX. VALUE |
| CD’S/BANK ACC/CASH |  |  |  |
| REAL ESTATE (NOTE DATE OF PURCHASE) –  list all addresses |  |  |  |
| VEHICLES (CARS, BOATS, ETC.) |  |  |  |
| OTHER ACCOUNTS (RETIREMENT/INVESTM ENT) |  |  |  |
| ANNUITIES |  |  |  |
| STOCKS, BONDS, MUTUAL FUNDS |  |  |  |
| EMPLOYEE BENEFITS |  |  |  |
| LIFE INSURANCE POLICIES |  |  |  |
| PERSONAL PROPERTY |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| BUSINESS PROPERTY |  |  |  |
| DEBTS DUE TO YOU |  |  |  |
| ANY OTHERS ITEMS IN WHICH YOU MAY OWN INTEREST |  |  |  |
| DEBTS/ LIABILITIES ( MORTGAGES, OTHER LOANS, AND CREDIT CARD ACCOUNTS) |  |  |  |
|  |  |  |  |
|  |  |  |  |

If you would prefer your estate planning to involve coordination with your personal Financial Planner/Advisor, provide their contact information as well as a signature granting permission to contact them.

Name. Phone number

Email

Signature

Date

Nominations

Consider who you would name to serve in the following capacities (list full names, relationship to you, addresses and phone numbers):

* 1. Executor/Personal Representative:
  2. Trustee: (PR, agent, guardian, etc.)

First Choice (name, address and phone number):

Second Choice(name, address and phone number)::

* 1. Attorney in Fact (for Durable Power of Attorney):
  2. Health Care Surrogate:
  3. Guardian for Minor Children (name, address and phone number):

Advance Directive Considerations

Consider for yourself and discuss with the person you will nominate as your health care surrogate what quality of life means to you…

Have you shared your thoughts on how you want to live as you age and possibly experience health issues with the person(s) you are nominating to act on your behalf? yes or no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Will/Do Not Resuscitate (“DNR”) Considerations

Would you want to be resuscitated if your heart stops? yes or no \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want aggressive treatments such as intubation and mechanical ventilation? yes or no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want antibiotics? yes or no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want tube or intravenous feeding if you can’t eat on your own? yes or no \_\_\_\_\_\_\_\_\_\_\_\_\_\_