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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 Name: _____
2. A/k/a's: _____
3. Marital Status: _____
4. Legal residence address: _____
5. Date of birth: ____/____/____
6. Place of birth: _____
7. Citizenship: _____
8. Telephone number(s): _____
9. Email address: _____

Family Composition

1. Spouse's full name, if applicable: _____
2. Spouse's date of birth, if applicable: _____
3. Spouse's citizenship: _____

4. Children's full names and birthdates:

5. Other dependents: _____

6. Are you or your spouse a veteran? yes or no

7. Do you have a will?

a. If so, date: _____

b. Place it was executed: _____

8. Do you have a trust? yes or no

9. Do you have a cemetery plot or any contract for cremation or burial?

yes or no

Personal Financial Inventory

A. Assets:

	DESCRIPTION	HOW TITLES/ DESIGNATED BEN.	APPROX. VALUE
CD'S/BANK ACC/CASH			
REAL ESTATE (NOTE DATE OF PURCHASE)			
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):

A. Executor/Personal Representative:

B. Trustee:

C. Attorney in Fact:

D. Health Care Surrogate:

E. Guardian for Minor Children:

Advance Directive Considerations

What does quality of life mean 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/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