

Estate Planning Worksheet

Basin Law Group, LLC
Estate and Legacy Planning



USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

**IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR
APPOINTMENT VIA MAIL, E-MAIL OR FAX.**

Part I
PERSONAL INFORMATION

Client's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my e-mail address.

Mother's Maiden Name (Last Name Only): _____

ALLERGIES:	MEDICAL CONDITIONS:
<input type="checkbox"/> Penicillin <input type="checkbox"/> Shellfish <input type="checkbox"/> Latex <input type="checkbox"/> Bee Stings <input type="checkbox"/> Sulfa <input type="checkbox"/> Nuts <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Alzheimer's <input type="checkbox"/> Low Vision <input type="checkbox"/> Cancer Survivor <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Lung Disease <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Arthritis <input type="checkbox"/> Cancer (type: _____) <input type="checkbox"/> Other: _____ _____

Primary Care Physician: _____ Phone: _____ Fax: _____

Date of Marriage _____

Client's Spouse or Second Grantor's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my e-mail address.

Mother's Maiden Name (Last Name Only): _____

ALLERGIES:	MEDICAL CONDITIONS:
<input type="checkbox"/> Penicillin <input type="checkbox"/> Shellfish <input type="checkbox"/> Latex <input type="checkbox"/> Bee Stings <input type="checkbox"/> Sulfa <input type="checkbox"/> Nuts <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Alzheimer's <input type="checkbox"/> Low Vision <input type="checkbox"/> Cancer Survivor <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Lung Disease <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Arthritis <input type="checkbox"/> Cancer (type: _____) <input type="checkbox"/> Other: _____ _____

Primary Care Physician: _____ Phone: _____ Fax: _____

Children and Other Family Members

(Please provide full legal names. Use "JT" if both spouses are the parents, "1" if first listed client is the parent, "2" if spouse or second listed client is the parent, "S" if a single parent.)

	Birth Date	Parent or Relationship
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____

ADVISORS

Personal Attorney _____

Phone: _____ Fax: _____

Accountant _____

Phone: _____ Fax: _____

Financial Advisor _____

Phone: _____ Fax: _____

Life Insurance Agent _____

Phone: _____ Fax: _____

Part II
ESTATE PLANNING DESIGNATIONS

Do you currently have a trust? Yes No

If you do, please include a copy of your trust. If you do not, do you have a preference on the name of your trust? If so, please specify: _____

Who do you wish to be your initial trustee(s)?

Yourself? Yes No

Spouse? Yes No

Other? _____

Who do you wish to be your successor trustee(s) upon incapacity?

Spouse? Yes No

First Alternate: _____

Second Alternate: _____

Who do you wish to be your successor trustee(s) upon death?

Spouse? Yes No

First Alternate: _____

Second Alternate: _____

If you have minor children, who do you want to be named as Guardian if you pass away:

Spouse? Yes No

First Alternate: _____

Second Alternate: _____

Who do you wish would act as your Power of Attorney?

Spouse? Yes No

First Alternate: _____

Second Alternate: _____

Do you wish your Power of Attorney to be effective immediately? Or Upon Incapacity?

Who do you wish to list on your HIPAA Authorization? (those listed will have access to your health care information, but do not convey any authority to make decisions):

Spouse? Yes No Children? Yes No

Additional Individuals _____

Who do you wish would act as your Healthcare Power of Attorney?

(can make decisions about your care if you are unable to do so yourself):

Spouse? Yes No

First Alternate: _____

Second Alternate: _____

Do you wish to sign a Living Will?

(states your desire to terminate life support if in a permanently vegetative state)

Yes No

Do you wish to be an Organ Donor? Yes No

Who do you wish your estate to be inherited by, and by what means?

Per Stirpes (each branch of the family is to receive an equal share of an estate)

Per Capita at Each Generation (each generation of the family is to receive an equal share of an estate)

Other: _____

Do you wish to leave any specific gifts or cash to a specific individual or charity? If so, please specify.

Do you wish to leave any specific instructions to care for your pets? If so, please specify.

If you have no living heirs, who do you wish to inherit your estate?

**Part III
ASSETS**

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>	_____	_____

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

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. **TYPE:** Term, whole life, split dollar, group life, annuity.

Insurance Company	Type	Policy Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

RETIREMENT PLANS

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

Company	Type	Account Number	Owner	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<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.

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