Estate Planning Worksheet

Basin Law Group, LLC
Estate and Legacy Planning

BASIN LAW GROUP, LLC

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.

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Part I
PERSONAL INFORMATION

CLIENT #1

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 _____

Mailing Address (if different) _____ 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): _____

Primary Care Physician: _____ Phone: _____ Fax: _____

Date of Marriage _____

CLIENT #2

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 _____

Mailing Address (if different) _____ 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): _____

Primary Care Physician: _____ Phone: _____ Fax: _____

Children and Other Family Members

(Please provide full legal names. Use "JT" if both clients are the parents, "1" if Client #1 is the parent, "2" if Client #2 is the parent, "S" if a single parent.)

	Birth Date	Sex	Parent or Relationship
NAME: _____	_____	M / F	_____
NAME: _____	_____	M / F	_____
NAME: _____	_____	M / F	_____
NAME: _____	_____	M / F	_____
NAME: _____	_____	M / F	_____
NAME: _____	_____	M / F	_____
NAME: _____	_____	M / F	_____
NAME: _____	_____	M / F	_____

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 ☐ **Do you currently have a Will?** Yes ☐ No ☐

If so, please include a copy of your current documents. 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)?

Client #1

Yourself? Yes ☐ No ☐

Spouse? Yes ☐ No ☐

Other? _____

Client #2

Yourself? Yes ☐ No ☐

Spouse? Yes ☐ No ☐

Other? _____

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

Client #1

Spouse? Yes ☐ No ☐

1st Alternate: _____ and/then

2nd Alternate: _____

Client #2

Spouse? Yes ☐ No ☐

1st Alternate: _____ and/then

2nd Alternate: _____

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

Client #1

Spouse? Yes ☐ No ☐

1st Alternate: _____ and/then

2nd Alternate: _____

Client #2

Spouse? Yes ☐ No ☐

1st Alternate: _____ and/then

2nd Alternate: _____

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

Client #1

Spouse? Yes ☐ No ☐

1st Alternate: _____ and/then

2nd Alternate: _____

Client #2

Spouse? Yes ☐ No ☐

1st Alternate: _____ and/then

2nd Alternate: _____

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

Client #1

Spouse? Yes ☐ No ☐

1st Alternate: _____ and/then

2nd Alternate: _____

Effective immediately? ☐ Or Upon Incapacity? ☐

Client #2

Spouse? Yes ☐ No ☐

1st Alternate: _____ and/then

2nd Alternate: _____

Effective immediately? ☐ Or Upon Incapacity? ☐

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):

Client #1

Spouse? Yes ☐ No ☐

1st Alternate: _____ and/then

2nd Alternate: _____

Client #2

Spouse? Yes ☐ No ☐

1st Alternate: _____ and/then

2nd Alternate: _____

Who do you wish to list on your HIPAA Authorization?

(those listed will have access to your health care information, but does not convey any authority to make decisions):

Client #1

Spouse? Yes ☐ No ☐

Children? Yes ☐ No ☐

Add'l Individuals: _____

_____

_____

_____

Client #2

Spouse? Yes ☐ No ☐

Children? Yes ☐ No ☐

Add'l Individuals: _____

_____

_____

_____

Do you wish to sign a Living Will?

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

Client #1

Yes ☐ No ☐

Client #2

Yes ☐ No ☐

Do you wish to be an Organ Donor?

Client #1

Yes ☐ No ☐

Client #2

Yes ☐ No ☐

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?

_____

_____

Is there anything else you wish to share with us?

_____

_____

_____

_____

_____

_____

Part III
ASSETS

REAL PROPERTY

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		

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 Accounts, Savings Accounts, Certificates of Deposit, Money Market, etc. *Do not include IRAs or 401(k)s here*

Name of Institution	Owner	Value
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.

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.

Name of Institution/Company	Owner	Value
Total		

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**	**Owner**	**Amount**

Total _____

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 and/or Type	**Owner**	**Value**

Total _____

BUSINESS INTERESTS

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

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 (INCLUDING LIVESTOCK)

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

Type	**Owner**	**Value**

Total _____