ESTATE PLANNING INFORMATION WORKSHEET

The information requested in this worksheet is necessary to advise you regarding your estate plan and to prepare your documents. This information will be held strictly confidential. Please complete as much information as you can and bring it with you when you meet with the attorney. Don't worry about information that is not readily available or decisions not yet made. All of this information will be discussed in detail with the attorney. If you have your financial information in another format, like a financial statement, you don't need to fill out each blank on the worksheet. Providing copies of deeds, account statements, or other evidence of ownership can be helpful too. Thank you.

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DATE: _____

How were you referred to Pabst Holland & Reynolds, PLLC? _____

To be completed by the client:

PART A

Personal Information

1. Full Name (Client 1): _____

2. Full Name (Client 2): _____

3. Address (including county): _____

   A. Home _____

   _____

   B. Business: _____

   _____

   C. Other: _____

   _____

4. Telephone Numbers:

   A. Home: _____

   B. Business (Client 1): _____

   Business (Client 2): _____

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C. Cell (Client 1): _____

Cell (Client 2): _____

5. E-mail address(es): (Client 1): _____

_____

E-mail address(es): (Client 2): _____

_____

Do we have permission to communicate with you via email? ☐ YES ☐ NO

6. Occupation/Employer:

Client 1:_____ Retired? _____

Client 2:_____ Retired? _____

7. Date and Place of Birth:

Client 1: _____ U.S. Citizen? _____

Client 2: _____ U.S. Citizen? _____

8. Date and place of marriage: _____
or registration of domestic partnership: _____

9. Information Concerning Children

Child's full legal name: Child's Address: Birth Date:

_____ _____ _____

Nickname: _____ _____

Child of:
□ Client 1
□ Client 2
□ Both

Phone: _____
Email:_____

Child's full legal name: Child's Address: Birth Date:

_____ _____ _____

Nickname: _____ _____

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Child of:
□ Client 1
□ Client 2
□ Both

Phone: _____
Email:_____

Child's full legal name: _____

Child's Address: _____

Birth Date: _____

Nickname: _____

Child of:
□ Client 1
□ Client 2
□ Both

Phone: _____
Email:_____

Child's full legal name: _____

Child's Address: _____

Birth Date: _____

Nickname: _____

Child of:
□ Client 1
□ Client 2
□ Both

Phone: _____
Email:_____

Does either client have support obligations from a prior marriage/relationship? _____

Do you want special provisions for the care of any pets?

_____

_____

_____

Disposition of Property

10. Specific Bequests (such as jewelry, personal or household goods, cash gifts, etc.):

	Description of Item	Location	Beneficiary
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
	_____	_____	_____

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11. Residue (assets remaining after specific bequests):

Share of Estate	Beneficiary	Alternate Beneficiary (in event first beneficiary predeceases you)
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

12. Trusts—please list the beneficiaries whose share of your estate will be retained in trust for their benefit until they attain the age or other conditions. For example, young beneficiaries, beneficiaries with special needs, or beneficiaries with creditor issues:

Name of Beneficiary	Condition and/or Age
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

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13. **Fiduciaries**

Whom do you want to serve in the following circumstances?

	Administrator of Your Estate at Death:	Trusts for Any Beneficiary:	Guardian of Minor Children:	Decision-maker for you if you are unable to make your own decisions during life:
First Choice	_____	_____	_____	_____
Alternate	_____	_____	_____	_____
Second Alternate	_____	_____	_____	_____

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The person who administers the estate after your death is an executor or personal representative. They must be over 18 years old, competent, and not convicted of a felony. A trustee manages and distributes assets for a beneficiary. A guardian will be necessary if you have minor children and the children's parents die before the children turn age 18. The person who will handle your affairs, including such things as signing documents on your behalf, providing for your support, maintenance, health, etc., if you were to become incompetent or disabled during your lifetime is called an attorney in fact.

Miscellaneous

14. Do you have any stored genetic material? _____

    a. If so, under what name? _____

    b. Where is it stored? _____

15. Do you have a Community Property Agreement? _____

    a. Is it recorded? If so, where? _____

    b. If not recorded, where is it kept? _____

16. Do you have a Living Will or Health Care Directive or POLST?_____

17. If you already have any of the following documents, please bring copies of them to our first meeting:

Wills	Pre-Nuptial or Post-Nuptial Agreement
Revocable Living Trust	Divorce Decree (if ongoing obligation)
Other Trust Agreements	Health Care Directive, Advance Directive
Community Property Agreement	or Living Will
Durable Power of Attorney	Any other estate planning documents

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PART B

Assets

1. **Real Estate:**

(Please attach copies of deeds and tax statements)

	Address	How Titled	Approximate Value	Mortgage Balance
a.	_____	_____	$_____	$_____
b.	_____	_____	$_____	$_____
c.	_____	_____	$_____	$_____
d.	_____	_____	$_____	$_____

2. **Bank Accounts (checking, savings, and CDs):**

	Bank	Type of Account	Names on Account	Account Number	Approximate Balance
a.	_____	_____	_____	_____	$_____
b.	_____	_____	_____	_____	$_____
c.	_____	_____	_____	_____	$_____
d.	_____	_____	_____	_____	$_____

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3. **Brokerage Accounts, Mutual Funds, Money Market Accounts (that are not retirement accounts):**

	Company/Broker	Name on Account	Account Number	Approximate Value
a.	_____	_____	_____	$_____
b.	_____	_____	_____	$_____
c.	_____	_____	_____	$_____
d.	_____	_____	_____	$_____

4. **Retirement Account (IRA, SEP, 401(k), 403(b), Keogh, TSA, Profit Sharing, etc.):**

	Company	Name on Account	Account Number	Approximate Value
a.	_____	_____	_____	$_____
b.	_____	_____	_____	$_____
c.	_____	_____	_____	$_____
d.	_____	_____	_____	$_____

5. **Life Insurance Policies:**

	Company	Insured	Policy Number	Cash Value	Death Benefit	Employer Provided
a.	_____	_____	_____	$_____	$_____	Y / N
b.	_____	_____	_____	$_____	$_____	Y / N
c.	_____	_____	_____	$_____	$_____	Y / N

6. **Annuities (as titled on account and not in a retirement account):**

	Company	Annuitant	Name on Account	Approximate Value
a.	_____	_____	_____	$_____
b.	_____	_____	_____	$_____
c.	_____	_____	_____	$_____
d.	_____	_____	_____	$ _____

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7. **Savings Bonds, Treasury Bills, etc. (not in brokerage account):**

	Type	Denomination	Listed Owner	Maturity Date	Approximate Value
a.	_____	_____	_____	_____	$_____
b.	_____	_____	_____	_____	$_____
c.	_____	_____	_____	_____	$_____

8. **Stocks: a. Held in Certificate Form b. Held in Dividend Reinvestment Plans (DRIP)**

	Company	Number of Shares	Name on Certificate	Approximate Value
a.	_____	_____	_____	$_____
b.	_____	_____	_____	$_____
c.	_____	_____	_____	$_____
d.	_____	_____	_____	$_____

9. **Promissory Notes, Real Estate Contracts, and Other Receivables Owed to You:**
(Please attach copies of contracts or notes)

	Buyer/Borrower	Date of Note or Contract	Property Securing Note or Contract	Approximate Balance
a.	_____	_____	_____	$_____
b.	_____	_____	_____	$_____

10. **Stock Options, Employee Stock Purchase Plans, etc.:**

	Company	Owner	Vested	Unvested	Approximate Value
a.	_____	_____	_____	_____	$_____
b.	_____	_____	_____	_____	$_____
c.	_____	_____	_____	_____	$_____

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11. **Closely Held Business Interests:**

	Company	Owner	Shares/Units/ Percentage of Ownership	Approximate Value
a.	_____	_____	_____	$_____
b.	_____	_____	_____	$_____
c.	_____	_____	_____	$_____

12. **Other:**
(Please let us know if you have any other assets to those listed above, such as limited partnership interests, oil/gas/mineral rights, timeshares, fine art or antique collection, etc.)

_____

_____

_____

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