

Date: \_\_\_\_\_

This worksheet prepared by  
and for: Roy A. Alterman, P.A.

### ESTATE PLANNING WORKSHEET

CLIENT: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

Married Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Divorced     Widowed     Single

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE     HM \_\_\_\_\_     WK \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY # Client: \_\_\_\_\_     Spouse: \_\_\_\_\_

DATE OF BIRTH:     Client: \_\_\_\_\_     Spouse: \_\_\_\_\_

### CHILDREN

1.    NAME: \_\_\_\_\_     D.O.B. \_\_\_\_\_  
                                   Joint             Wife  
      ADDRESS: \_\_\_\_\_      Husband

Phone No.: \_\_\_\_\_

2.    NAME: \_\_\_\_\_     D.O.B. \_\_\_\_\_  
                                   Joint             Wife  
      ADDRESS: \_\_\_\_\_      Husband

Phone No.: \_\_\_\_\_

3.    NAME: \_\_\_\_\_     D.O.B. \_\_\_\_\_  
                                   Joint             Wife  
      ADDRESS: \_\_\_\_\_      Husband

Phone No.: \_\_\_\_\_

4. NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  Joint  Wife  
 Husband

5. NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  Joint  Wife  
 Husband

6. NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  Joint  Wife  
 Husband

Any children to be disinherited?  Yes  No

Name(s): \_\_\_\_\_

Reason: \_\_\_\_\_

Any guardians for any of the children?  Yes  No  
If yes, who? Guardian \_\_\_\_\_ Rel \_\_\_\_\_  
Alt Guardian \_\_\_\_\_ Rel \_\_\_\_\_

Living Will Declaration  Yes  No  
 Yes  No

Body Disposition Specifics: \_\_\_\_\_

Funeral Arrangements already made?  Yes  No

If Yes, who are they made with? \_\_\_\_\_

Do you anticipate any Inheritance, Gifts or Lawsuit Judgments?  Yes  No  
If yes, provide a brief description and any title that may be involved.

\_\_\_\_\_  
\_\_\_\_\_

**TRUST INFORMATION**

Type of Trust(s): \_\_\_\_\_

**Successor Trustee:** \_\_\_\_\_

Co \_\_\_\_\_

**Alt Successor Trustee:** \_\_\_\_\_

Co \_\_\_\_\_

**Personal Representative:** \_\_\_\_\_

Co \_\_\_\_\_

**Alt. Personal Representative:** \_\_\_\_\_

Co \_\_\_\_\_

Type of POA Needed     **General**             **Business**

**Attorney in Fact:** \_\_\_\_\_

Co \_\_\_\_\_

**Alt. Attorney in Fact:** \_\_\_\_\_

Co \_\_\_\_\_

**Health Care Surrogate:**

**Surrogate:** \_\_\_\_\_

Co \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Alternate Surrogate:** \_\_\_\_\_

Co \_\_\_\_\_

**If spouse is different:**

**Surrogate:** \_\_\_\_\_

Co \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

Alternate Surrogate: \_\_\_\_\_

Co \_\_\_\_\_

**FAMILY INFORMATION**

Do any of your children receive governmental support/benefits?  Yes  No

Do you provide primary/major financial support to adult children?  Yes  No

Have either of you been divorced?  Yes  No

Have either of you ever signed a pre or post-nuptial agreement?  Yes  No

Have either of you been widowed?  Yes  No

Have either of you previously completed will, trust or estate planning documents?  Yes  No

(If yes, please furnish a copy of these documents)

Are you and your spouse both US Citizens?  Yes  No

If No, are you a resident or non-resident alien?  Res  non

Contract to Make a Will/Trust  Yes  No

Intend That Joint Names on Accounts:  Is a gift \_\_\_\_\_

Is not a gift \_\_\_\_\_

**DISTRIBUTION OF ESTATE:**

**Specific Bequests:**

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**Rest and Residue**

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ASSETS

CA= Checking Acct  
MM= Money Market  
STK= Stocks

SA= Savings Acct    CD=Certificate of Deposit  
I= Investment Acct    CM=Cash Management

Institution	Type	Account #	Owner	Amount/# of Shares

**LIFE INSURANCE POLICIES/ANNUITIES:**

**Company** \_\_\_\_\_

**Insured** \_\_\_\_\_

**Company** \_\_\_\_\_

**Insured** \_\_\_\_\_

**Company** \_\_\_\_\_

**Insured** \_\_\_\_\_

**Company** \_\_\_\_\_

**Insured** \_\_\_\_\_

**REAL PROPERTY?**       Yes       No      **We will need Deeds**

**MOBILE HOME?**       Yes       No  
**OWN?**       Yes       No      **We will need Titles**

**AUTOMOBILE LEFT TO** \_\_\_\_\_