



NAME: \_\_\_\_\_

# CONFIDENTIAL ESTATE PLANNING WORKSHEET

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Shah & Associates, P.C.  
Estate and Trust 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 E-MAIL, MAIL OR FAX.**



## YOUR CURRENT PROFESSIONAL ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

Is it okay to communicate with these professionals on your behalf?  Yes  No

## YOUR CONCERNS

Please rate on a scale of 1 to 10 the following as to how important they are to you:

*(1 being the lowest, 10 being the highest, 0 if not applicable.)*

	Client 1	Client 2
Create and implement a comprehensive plan in case of death or disability.		
Providing for and protecting my spouse.		
Providing for and protecting children and/or grandchildren.		
Providing for and protecting children from my previous marriages.		
Providing for and protecting me, my spouse and family against the costs of nursing homes or long term care.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a guardianship in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Privacy of my affairs from business competitors, predators, dishonest persons and curiosity seekers in the case of my disability or death.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children's inheritance from the possibility of their failed marriages or my failed marriage.		
Protect children's inheritance in the event of a surviving spouse's remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means/measures.		
Safeguarding my retirement against stock market crashes or long term illnesses.		
Other concerns: _____		

## IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, VA or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Are you or your spouse a Trustee under any trust where you have been given a General Power of Appointment? <i>If so, please furnish a copy of the trust document.</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Do you currently own long-term care insurance?		
If you do not currently own long-term care insurance, do you desire to own it?		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Are you (or your spouse) currently the Trustee of anyone else's trust? <i>If so, please furnish copies of the Trust Agreements.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you own a Pet?		
Do you provide primary or other major financial support to adult children or others?		
Are you currently named in any lawsuits?		

# PROPERTY INFORMATION

## INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION CHECKLIST*

### General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

### Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

### “Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

## REAL ESTATE

**TYPE:** Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

## FURNITURE AND PERSONAL EFFECTS

**TYPE:** List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
	<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 & SAVINGS 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.

## NON-RETIREMENT STOCKS AND BONDS (INCLUDING 529 PLANS)

**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 Account	Type	Acct. Number	Owner	Amount
<i>Total</i>				_____

## LIFE INSURANCE POLICES AND ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** 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. Also, list any long term care insurance owed.

Owner	Insured	Company	Type	Cash Value	Death Benefit
<i>Total</i>					_____

## RETIREMENT PLANS

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

<i>Total</i>	_____

## SAFETY DEPOSIT BOXES

**TYPE:** Please provide branch location and box number for any Safety Deposit Boxes.

Branch Location	Owner	Box #

## 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.

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*Total* \_\_\_\_\_

## MONEY OWED TO YOU

**TYPE:** Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

## OTHER ASSETS

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

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## REGULAR INCOME

List all income sources (Social Security, pension, IRA or 401K distributions, annuity distributions, business income, etc.), showing the Gross amount before any withholdings of taxes, insurance premiums, etc.

Income Source	Recipient	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total regular income (annual)</i>			_____

## MISCELLANEOUS INCOME

Miscellaneous or unpredictable income from sources such as a tenant staying in your home, irregular income, etc.

Income Source	Recipient	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total miscellaneous income (annual)</i>			_____

## 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.**

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

*Total estimated value* \_\_\_\_\_

## FINANCIAL ACCOUNTS CLOSED AND ASSETS SOLD OR OTHERWISE DISPOSED OF WITHIN THE PAST 60 MONTHS (5 YEARS)

List the institutions, account numbers, types of accounts, or description of other assets, plus the closing balance and where the funds or other assets were transferred.

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

## GIFTS MADE WITHIN THE PAST 60 MONTHS (5 YEARS)

List any gifts (transfers for less than fair market value) made to any person, charity, etc., made within the past 60 months. List the amount/value of each gift, the recipient's name, and the date of the gift.

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

# MORTUARY TRUST OR PREPAID FUNERAL PLAN, AND CEMETERY PLOT

Type of arrangement, amount of funds paid into the plan, date of plan, funeral home with whom arranged, cemetery where plot is located, etc.

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## SUMMARY OF ASSETS

ASSETS	Amount*		
	Client #1	Client #2	Total Value
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Life Insurance (Death Benefit)	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____

\* *Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.*

What would you like to discuss with Neel Shah at our first meeting?

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