

ESTATE PLANNING WORKSHEET

SINGLE PERSON



1611 S. Catalina Avenue, Suite 330 | Redondo Beach, CA 90277
Tel: (310) 540-6877 | Fax: (310) 540-7794 | www.HoferandHarris.com

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL. IF YOU ARE UNABLE TO UNDERSTAND VARIOUS SECTIONS OF THIS ORGANIZER, YOU MAY LEAVE THOSE SECTIONS BLANK.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA EMAIL, MAIL OR FAX.

PERSONAL INFORMATION

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

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

Sign as _____

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.

Are you single (never-married), divorced (unmarried), or widowed? _____

Current or Intended Location of Storing Estate Planning Documents (i.e., bank safe deposit box or home safe/cabinet)

Preferred Name of Living Trust (if applicable) _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name, enter in birthdate, indicate relationship)

Name	Birth date	Relationship
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		

FAMILY/HEIR DYNAMICS: Please describe any relationships, traits, developmental disabilities, injuries, etc. of family members, friends or others that may impact your estate plan:

ADVISORS

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

YOUR CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	
Providing for and protecting children, other relatives, or friends.	
Providing for and protecting grandchildren.	
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 court-supervised conservatorship in case of a disability.	
Avoiding will contests or other disputes upon death.	
Protecting assets from lawsuits or creditors.	
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	
Protecting children's inheritance from the possibility of failed marriages.	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	
Other Concerns (Please list below):	

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other major financial support to adult children or others?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL RELEVANT INFORMATION

ESTATE INFORMATION

INSTRUCTIONS FOR COMPLETING THE *ESTATE INFORMATION* CHECKLIST

General Headings

This *Estate 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.

If you are a joint owner of property, please indicate such.

REAL PROPERTY

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

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

TANGIBLE PERSONAL EFFECTS

TYPE: List separately all major personal effects such as jewelry, collections, antiques and all other valuable personal property only (indicate the type of property below and give a total sum value or use miscellaneous for less valuable items.)

	Owner	Market Value
Miscellaneous Tangible Personal 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 loan amount.

BANK & CREDIT UNION ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include retirement plans (i.e., IRA, 401(k)) or other pre-tax accounts here.

Name of institution and account number (last four digits only)	Type	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Note: If an account is in your name for the benefit of a minor, please specify and give minor's name.

STOCKS, BONDS, INVESTMENT ACCOUNTS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, only identify the account. Do not include retirement plans (i.e., IRA, 401(k)) or other pre-tax accounts here.

Stocks, Bonds or Investment Accounts	Type	Acct. Number (last 4 only)	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. Include only the last four digits of the policy/annuity number. Example: John Smith, New York Life, Whole Life Policy: x-4509, Primary beneficiary: Jane Smith; Contingent beneficiary: Jill Smith; Cash Value: \$50,000.00; Death Value: \$200,000.00

Total _____

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, designated beneficiary, and any other pertinent information. Include the last four digits of the account/plan number. Example: Jane Smith, Fidelity Investments, IRA: x-4589, Primary beneficiary: John Smith; Contingent beneficiary: 50% Jack Smith and 50% Jill Smith; Value: \$100,000.00

Total _____

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.

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	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			<i>Total</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.**

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> _____

SUMMARY OF VALUES

ASSETS	Amount*
	Total Value
Real Property (equity value)	_____
Tangible Personal Effects	_____
Automobiles, Boats and RV's	_____
Bank and Savings Accounts	_____
Stocks and Bonds	_____
Life Insurance and Annuities	_____
Retirement Plans	_____
Business Interests	_____
Money owed to you	_____
Anticipated Inheritance, Etc.	_____
Other Assets	_____
Total Assets:	_____

**For jointly held property include only your ownership interest in the summary.*

Contact Information – Persons Named in Your Plan: Please provide the contact information for those you wish to identify in your estate plan. This may be family, friends or professionals you plan on naming as executors, trustees, agents under power of attorney, guardians of your children, beneficiaries of your estate, etc.

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OTHER ITEMS TO INCLUDE OR DISCUSS: Please list any other items you want included or want to discuss.

You may attach additional sheets of paper describing your wishes as needed