



ESTATE PLANNING WORKSHEET

(Married Couple)

The goal of Skelton Law Offices is to provide legal services of the highest quality as efficiently and economically as possible. To that end, please provide the information called for in this Worksheet. The more we know about your family, your finances, and your goals and objectives, the better able we are to prepare a plan that addresses your circumstances.

Your responses to this Worksheet are **strictly confidential**.

There will be sections of the Worksheet that are not relevant to you. Simply skip them. If possible, please prepare and return the Worksheet in advance of our initial meeting.

The purpose of this Worksheet is to help - not hinder - the estate planning process. **Please do not be overwhelmed.** Allow yourself about 1 hour to prepare the Worksheet. We recommend that you keep your appointment even if you are not able to complete the entire Worksheet.

YOUR OBJECTIVES

In order to create an estate plan that meets your objectives, please indicate which of the following issues are important to you:

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Providing for and protecting a spouse.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Providing for and protecting children.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Providing for and protecting grandchildren.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disinheriting a family member.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Providing for charities at the time of death.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plan for the transfer and survival of a family business.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Avoiding or reducing your estate taxes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Avoiding probate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reduce administration costs at time of your death.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Avoiding court-appointment of a guardian or conservator in the event of your disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Avoiding will contests or other disputes upon death.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protecting assets from lawsuits or creditors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protecting assets from nursing home expenses.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planning for a child with disabilities or special needs, such as medical or learning disabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protecting children's inheritance from the possibility of their failed marriages.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protecting children's inheritance in the event of a surviving spouse's remarriage.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your estate plan should address your hopes, your fears, and your wishes. Please advise of any other issues that you want to include in your estate plan or that you want to discuss:

YOUR PERSONAL INFORMATION

Husband's legal name _____
(Name most often used to title property and accounts)

Also known as _____ U.S. Citizen? Yes No
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____

Occupation (if retired, Former Occupation) _____

Wife's legal name _____
(Name most often used to title property and accounts)

Also known as _____ U.S. Citizen? Yes No
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____

Occupation (if retired, Former Occupation) _____

Date you were married _____

Mailing Address _____ City/Town _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

If you live in a city or town other than that indicated above, provide name of municipality in which you actually reside: _____ County of residence _____

If you prefer to communicate with us by e-mail, provide addresses:

If either spouse ever served in the military, please provide details:

If either spouse receives government benefits (SSDI, SSI, MaineCare/Medicaid) other than Social Security Retirement, Railroad Retirement and associated Medicare, please provide details:

If Husband was previously married, please provide name(s) of former spouse(s), date that marriage(s) ended, and whether marriage(s) ended in death or divorce:

If Wife was previously married, please provide name(s) of former spouse(s), date that marriage(s) ended, and whether marriage(s) ended in death or divorce:

During your marriage to one another, have you lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? Yes No

YOUR BENEFICIARIES

List children by providing full legal name.

If a child has died but that child was survived by children, please include that deceased child's name, indicate that he or she has died, and include the names of that child's children. If you have additional children, use the enclosed Worksheet for Additional Children.

If a child is the child of only one of you, indicate **H** for Husband or **W** for Wife in the space labeled "Parent."

Child's name _____ Date of birth _____ Parent _____

Child's address _____ City _____ State _____ Zip _____

This Child's spouse _____

Names and ages of this Child's children _____

Child's name _____ Date of birth _____ Parent _____

Child's address _____ City _____ State _____ Zip _____

This Child's spouse _____

Names and ages of this Child's children _____

Child's name _____ Date of birth _____ Parent _____

Child's address _____ City _____ State _____ Zip _____

This Child's spouse _____

Names and ages of this Child's children _____

Child's name _____ Date of birth _____ Parent _____

Child's address _____ City _____ State _____ Zip _____

This Child's spouse _____

Names and ages of this Child's children _____

Your answers to these questions will help us create an estate plan that addresses your family's needs:

Upon the death of the second of you to die, should your assets be divided equally among your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any child or grandchild disabled, blind, or receiving government benefits such as SSI, SSDI, Medicaid, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any child or grandchild have trouble controlling spending or managing money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any child or grandchild have trouble with substance abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide any other important information regarding your family:

If you intend to make gifts or bequests to other family members or friends through your estate plan, provide the following information:

Beneficiary's name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Beneficiary's name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Beneficiary's name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Beneficiary's name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Do any of these intended beneficiaries receive government benefits such as SSI, SSDI, Medicaid, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of these intended beneficiaries blind or disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of these intended beneficiaries have trouble controlling spending or managing money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of these intended beneficiaries have trouble with substance abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If there are charitable organizations, churches, schools, hospitals, libraries, health organizations, etc., for which you want to provide in your estate plan, please identify them

below: _____

YOUR ASSETS AND PROPERTY

This section of the Worksheet is designed to help you list all the assets you own and their estimated values. If you do not own any assets in a particular category, just leave that subsection blank. In the event that you own more assets in a particular category than can be listed in the space provided in that subsection, you may use extra sheets.

For the purposes of estate planning, the way you own property is extremely important. For each asset, indicate the **Owner** of the asset by using the following code:

- If the asset or property is owned by Husband alone, with no other person, use **H**
- If the asset or property is owned by Wife alone, with no other person, use **W**
- If Husband and Wife own the asset or property with one another, use **Both***
- If the asset or property is owned by Husband and someone other than Wife, use **HO**
- If the asset or property is owned by Wife and someone other than Husband, use **WO**
- If you do not know how the asset or property is owned, use **?**

* During the initial consultation, we will discuss joint tenancy versus tenancy in common.

REAL ESTATE

List any interest in real estate including your family residence, vacation home, time share, vacant land, etc. Estimate the fair market value for each asset. If there is a loan against the real estate, please estimate the amount of equity you have in the property.

Description and/or Address	Owner	FMV	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK ACCOUNTS

List the following types of accounts and identify them by type. Code checking accounts as **CA**, savings accounts as **SA**, Certificates of Deposit as **CD**, Money Markets as **MM**. Do not include retirement monies like IRA's or 401(k)'s here.

Name of Institution and account number	Owner	Type	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STOCKS AND BONDS

List any and all individual stocks and bonds that you own. If you own them in a brokerage account, you may indicate the value for the entire account.

Stock, bond or investment account	Owner	Type	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE POLICES AND ANNUITIES

List any term policy, whole life policy, split dollar policy, group life policy, and annuity. In addition to identifying the insurance company, owner of the policy, the type of policy, and the estimated death benefit, please provide the following information: whose life is insured, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Insurance company	Owner	Type	Benefit
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____
4. _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETIREMENT PLANS

When identifying the type of plan, please indicate whether the retirement plan is an **IRA**, a **401(k)**, a Pension (**P**), Profit Sharing (**PS**), a Simple Plan (**SEP**), etc. In addition to identifying the plan name, the owner of the plan, the type of the plan, and the current value of the plan, please identify whom you have designated as beneficiaries of the retirement plan.

Plan Name:	Owner	Type	Value	Benefit
1. _____ _____	_____	_____	_____	_____
2. _____ _____	_____	_____	_____	_____
3. _____ _____	_____	_____	_____	_____
4. _____ _____	_____	_____	_____	_____
5. _____ _____	_____	_____	_____	_____

BUSINESS INTERESTS

The types of business interests may include general or limited partnerships, privately owned corporations, professional corporations, oil interests, and farm and ranch interests. Identify the owner of the interest and estimate the value of the interest in the identified business, and the owner's percentage of interest.

Name of business	Owner	Est. Value	% of Int.
1. _____ _____	_____	_____	_____
2. _____ _____	_____	_____	_____
3. _____ _____	_____	_____	_____
4. _____ _____	_____	_____	_____

MONEY OWED TO YOU

List any mortgages or promissory notes that are payable to you.

Name of Debtor	Owed to	Date of Note	Balance due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

If either of you expects an inheritance, a gift, or money from a lawsuit settlement or judgment, please provide some information including the source of the expected asset, the name of the person who expects to receive the asset, and an estimate of the value.

Description/Source	Expected by	Estimated Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER ASSETS

List any other assets that have significant value here.

Personal Effects: Include only major personal effects, such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property. For less valuable household and personal items, provide an estimate lump sum value.

For each motor vehicle, boat, RV, etc. for the Market Value category, please estimate the equity you have in the item.

Type or Description	Owner	Market Value
<u>Miscellaneous Furniture and Household Effects (Total)</u> _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOMINATIONS AND APPOINTMENTS

PERSONAL REPRESENTATIVE: You should nominate personal representatives (sometimes called executors) to administer your estates after death. People often name their spouse as the primary personal representative and then a trusted child or relative as an alternate.

	Nomination by Husband	Nomination by Wife
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PERSONAL REPRESENTATIVE:	_____	_____
ALTERNATE:	_____	_____
SECOND ALTERNATE:	_____	_____

AGENT UNDER POWER OF ATTORNEY: You may designate others to serve as your agents (also called attorneys-in-fact) to make decisions and act for you regarding your finances, property, and personal and business affairs, particularly in the event of incapacity. It is common for a spouse to name a spouse, but not necessary. You should also consider alternates.

FINANCIAL AGENT:	_____	_____
ALTERNATE:	_____	_____
SECOND ALTERNATE:	_____	_____

HEALTH CARE AGENT: In a durable health care power of attorney, a principal (you) may designate another to make decisions concerning your health care, typically when you are unable to make those decisions for yourself. In other states, this is sometimes called a health care proxy. In Maine, this appointment is typically made in an Advance Health Care Directive.

HEALTH CARE AGENT:	_____	_____
ALTERNATE:	_____	_____
SECOND ALTERNATE:	_____	_____

GUARDIAN OF MINOR OR DISABLED CHILDREN: If you have minor children or a disabled child, you should appoint a guardian who would be responsible for the day-to-day care of the children in the event of your deaths.

GUARDIAN:	_____	_____
ALTERNATE:	_____	_____
SECOND ALTERNATE:	_____	_____

TESTAMENTARY TRUSTEE: Your Will may create a trust upon your death, particularly if you have young children. You should name trustees to manage the assets you leave in trust. For children, the trust can continue until they reach an age when they are capable of managing property on their own. The trustee can be a relative, friend, or trust company.

TRUSTEE:	_____	_____
ALTERNATE:	_____	_____
SECOND ALTERNATE:	_____	_____

MISCELLANEOUS

Do you have any other legal issues of which we should be aware? _____Yes _____No

If yes, please explain_____

If you have previously prepared any of the following legal documents, please provide the requested information and *bring copies of the documents to our initial meeting*:

	Date Signed	Location
<input type="checkbox"/> Last Will and Testament	_____	_____
<input type="checkbox"/> Durable Power of Attorney	_____	_____
<input type="checkbox"/> Living Will/ Advance Health Care Directive	_____	_____
<input type="checkbox"/> Living/Revocable Trust	_____	_____
<input type="checkbox"/> Any other Trusts	_____	_____

Is either of you serving as legal guardian for another? _____Yes _____No

Is either of you serving as agent under a Power of Attorney? _____Yes _____No

Is either of you serving as personal representative of any estate? _____Yes _____No

Is either of you the beneficiary of any Trust? _____Yes _____No

Is either of you the joint owner of assets other than items listed above? _____Yes _____No

Is either of you covered by a long-term care insurance policy? _____Yes _____No

Have you ever made gifts to any one person in excess of \$11,000 in any one calendar year? _____Yes _____No

Have you ever filed a Federal Gift Tax return? _____Yes _____No

CERTIFICATION

We, the undersigned, hereby represent to Skelton Law Offices, LLC, that the information contained in this Worksheet is accurate and complete, and that the undersigned understand that the law firm and its individual lawyers will rely on this information. We understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Clients or Client Representatives:

Dated: _____

Dated: _____