



ESTATE PLANNING WORKSHEET

for a Single Person

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 life partner. | <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 |

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

Your 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) _____

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 you ever served in the military, please provide details:

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

If you were ever married, please provide name(s) of former spouse(s), date that marriage(s) ended, and whether marriage(s) ended in death or divorce:

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 of Original |
|--|-------------|----------------------|
| <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 | _____ | _____ |

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.

Child's name _____ Date of birth _____

Child's address _____ City _____ State _____ Zip _____

This Child's spouse _____

Names and ages of this Child's children _____

Child's name _____ Date of birth _____

Child's address _____ City _____ State _____ Zip _____

This Child's spouse _____

Names and ages of this Child's children _____

Child's name _____ Date of birth _____

Child's address _____ City _____ State _____ Zip _____

This Child's spouse _____

Names and ages of this Child's children _____

Child's name _____ Date of birth _____

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:

| | |
|---|--|
| After death, 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. If you own an asset in common with or in joint tenancy with another person or with other people, please provide details.

REAL ESTATE

List any interest in real estate including your family residence, vacation home, time shares, vacant land, etc. Estimate the fair market value for each asset. If there is a loan against any piece of real estate, please estimate the amount outstanding on the loan as well as an estimate of your equity in the property. If you own the real estate in common with or in joint tenancy with anyone else, please provide details.

| Description and/or Address | FMV | Loan Balance | Equity | Joint Owner |
|----------------------------|-------|-----------------|--------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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 Banking Institution | Type | Balance |
|-----------------------------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

STOCKS AND BONDS

List any and all individual stocks and bonds that you own. If you own stocks, bonds and other assets in a brokerage account, you may indicate the value for the entire account instead of listing each asset individually. If you own any of these assets in common or in joint tenancy with another person, please provide details.

| Description | Type | Value | Joint Owner |
|-------------|-------|-------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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, identify the type of policy (term, group, whole, etc.) and the estimated death benefit. Please provide the following information: the current beneficiaries, who pays the premium, and who is the life insurance agent.

| Insurance company | Type | Benefit |
|---------------------|-------|---------|
| 1. _____ | _____ | _____ |
| Beneficiaries _____ | | |
| _____ | | |
| 2. _____ | _____ | _____ |
| Beneficiaries _____ | | |
| _____ | | |
| 3. _____ | _____ | _____ |
| Beneficiaries _____ | | |
| _____ | | |
| 4. _____ | _____ | _____ |
| Beneficiaries _____ | | |
| _____ | | |

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, indicate the type of plan and the current value of the plan. Also, please identify whom you have designated as beneficiaries of the retirement plan.

| Plan Name: | Type | Value |
|----------------------------|-------------|--------------|
| 1. _____ | _____ | _____ |
| Beneficiaries _____ | | |
| _____ | | |
| 2. _____ | _____ | _____ |
| Beneficiaries _____ | | |
| _____ | | |
| 3. _____ | _____ | _____ |
| Beneficiaries _____ | | |
| _____ | | |
| 4. _____ | _____ | _____ |
| Beneficiaries _____ | | |
| _____ | | |
| 5. _____ | _____ | _____ |
| Beneficiaries _____ | | |
| _____ | | |

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. Estimate the value of your interest in the identified business and - if owned with others - the percentage of your interest in the business.

| Name of business | % of Interest | Value of Interest |
|-------------------------|----------------------|--------------------------|
| 1. _____ | _____ | _____ |
| _____ | | |
| 2. _____ | _____ | _____ |
| _____ | | |
| 3. _____ | _____ | _____ |
| _____ | | |
| 4. _____ | _____ | _____ |
| _____ | | |

MONEY OWED TO YOU

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

| Name of Debtor | Date of note | Amount loaned | Balance due |
|----------------|--------------|---------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

If you expect an inheritance, a gift, or money from a lawsuit settlement or judgment, please provide some information including the source of the expected asset and an estimate of the value.

| Description | Source | Estimated Value |
|-------------|--------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

OTHER ASSETS, INCLUDING PERSONAL EFFECTS AND MOTOR VEHICLES

List any other assets that have significant value here.

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 a personal representative (sometimes called an executor) to administer your estate after death. If you choose, you may nominate co-personal representatives; you can require that they act jointly or you may permit them to act separately.

PERSONAL REPRESENTATIVE: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

AGENT UNDER POWER OF ATTORNEY: You may designate another person to serve as your agent (also called an attorney-in-fact) to make decisions and act for you regarding your finances, property, and personal and business affairs, particularly in the event of incapacity. You may nominate co-agents.

FINANCIAL AGENT: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

HEALTH CARE AGENT: In a durable health care power of attorney, you may nominate another person 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 | _____ | _____ |

Are you serving as legal guardian for another? ____Yes ____No

Are you serving as agent under a Power of Attorney? ____Yes ____No

Are you serving as personal representative of any estate? ____Yes ____No

Are you a beneficiary of any Trust? ____Yes ____No

Are you a joint owner of any assets other than items listed above? ____Yes ____No

Do you own a long-term care insurance policy? ____Yes ____No

Have you ever made gifts to any one person in excess of \$11,000 in a single calendar year? ____Yes ____No

Have you ever filed a federal gift tax return? ____Yes ____No

CERTIFICATION

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

Signature of Client or Client Representatives:

Dated: _____