



# Somers Tamblyn King PLLC

Janet H. Somers ■ Sue Stepp Tamblyn ■ Jennifer L. King

## CLIENT ESTATE PLANNING INFORMATION WORKSHEET

### A. PERSONAL

	Spouse/Partner	Spouse/Partner
1. Name	_____	_____
2. Other Names	_____	_____
3. Addresses	_____	_____
a. Home	_____	_____
b. Mailing	_____	_____
4. Telephone	_____	_____
a. Home	_____	_____
b. Work	_____	_____
5. Email Address	_____	_____
6. Birthdate	_____	_____
7. SSN	_____	_____
8. Marriage Date	_____	_____
9. Place of Marriage	_____	_____
10. Citizenship	_____	_____

### B. PRIOR MARRIAGES (If applicable)

1. Former Spouse	_____	_____
2. Marriage Date	_____	_____
Terminated by		
3.    Death/Divorce on	_____	_____
4. Obligations to or from former spouse	_____	_____
5. Child Support	_____	_____
6. Separate Maintenance	_____	_____

*In the event of divorce, please provide a copy of the Decree of Dissolution and any related Agreements.*

**C. CHILDREN (Please indicate if child of prior marriage)**

1. Living Children of Husband / Partner

a. Name	_____	_____
Birth Date	_____	_____
b. Name	_____	_____
Birth Date	_____	_____
c. Name	_____	_____
Birth Date	_____	_____
d. Name	_____	_____
Birth Date	_____	_____

2. Deceased Children of Husband/Partner (Do you have any deceased children, with surviving children; if so, please list)

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3. Living Children of Wife/Partner

a. Name	_____	_____
Birth Date	_____	_____
b. Name	_____	_____
Birth Date	_____	_____
c. Name	_____	_____
Birth Date	_____	_____
d. Name	_____	_____
Birth Date	_____	_____

4. Deceased Children of Wife/Partner (Do you have any deceased children, with surviving children; if so, please list)

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**D. DEPENDENTS**

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**E. INTERSPOUSAL AGREEMENTS**

1. Have you ever executed a Community Property Agreement?
2. Have you ever executed any other agreements between spouses regarding your property?

*Please furnish a copy of any agreements.*

**F. TRUSTS**

1. Does any member of your family receive income from any trust?  
If yes, who created the trust?
2. Has either spouse/partner ever created a trust, except as part of a Will?  
If yes, give details \_\_\_\_\_
3. Does any family member expect to be named a beneficiary or remainderman of a trust?  
If yes, please describe \_\_\_\_\_

*Please furnish copies of all instruments relating to the trusts, as well as a current list of assets and statement of income, if available.*

**G. INSURANCE**

1. Are there any life insurance policies in existence on the life of either spouse?
2. If so, please provide information regarding (if you have multiple policies, provide this information for each policy):
  - a. Name of Company(ies) \_\_\_\_\_
  - b. Type of Insurance \_\_\_\_\_
  - c. Amount and Cash Surrender Value \_\_\_\_\_
  - d. Designated Beneficiary(ies)

**H. JOINT TENANCY ASSETS**

Do you own any real or personal property as joint tenants with each other or third parties?

If so, please describe \_\_\_\_\_

**I. RETIREMENT BENEFITS**

Is either spouse a participant in a retirement plan? If so, please provide information regarding type of plan, current value, beneficiary designation, etc.

\_\_\_\_\_

**J. GIFTS AND/OR INHERITANCES**

1. Are either spouse or partner or children likely to receive any gifts or inheritances?

\_\_\_\_\_

2. Does either spouse or partner make, or intend to make regular gifts to any person? If yes, please describe

\_\_\_\_\_

**K. PLANNING OBJECTIVES AND PRIORITIES**

Please describe any significant planning objectives or priorities you may have.

\_\_\_\_\_

**L. ASSET SCHEDULE**

Please provide the approximate current value of each asset and indicate if any asset is separate property of either spouse or partner.

- 1. Real Property \$ \_\_\_\_\_
- 2. Stocks and Bonds \$ \_\_\_\_\_
- 3. Checking/Savings \$ \_\_\_\_\_
- 4. Life Insurance \$ \_\_\_\_\_
- 5. Miscellaneous Property  
(including furniture,  
furnishings, antiques,  
automobiles, boats,  
collectibles, etc.) \$ \_\_\_\_\_

6. Retirement Programs	\$ _____
Subtotal	\$ _____
Less Liabilities	\$ _____
Net Worth (Approximate)	\$ _____

**M. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY**

1. Personal Representative(s) (Administers will during probate)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

2. Trustee(s) (Manages any trusts in your will for the benefit of beneficiaries)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3. Guardian(s) of Minor(s) (Raises children who are not yet age 18)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

4. Distribution of Trust Estate

a. Age for Distribution \_\_\_\_\_

(1) First portion \_\_\_\_\_

(2) Second portion \_\_\_\_\_

(3) Third Portion \_\_\_\_\_

5. Specific Bequests \_\_\_\_\_

6. Funeral/Burial Arrangements

(Note: We do not commonly recommend that this provision be included in the Will because the contents of the Will are not always known to the person in charge at the time the arrangements are being made. It is suggested that if the client has specific wishes, that they be made known to the persons who would be in charge at the time of his or her death. However, if the client prefers, it can be included in the Will and should be included in the Will where there may be family estrangement or other conflicts between family members and significant others.)

7. Other specific provisions or information to be included in Will, such as operation or provision for family business, etc.

**N. DURABLE POWER OF ATTORNEY**

(The Durable Power of Attorney is a document that is either effective upon signing or can become effective upon the proven incompetency of an individual to handle his or her own affairs. The value of this document is that it would hopefully avoid the necessity of a guardianship in the event of incompetency.)

1. Have you executed a power of attorney?

*If you have done so, please provide a copy.* \_\_\_\_\_

2. Effective on signing or incapacity? \_\_\_\_\_

**O. DIRECTIVE TO PHYSICIANS (LIVING WILL)**

(The purpose of the Directive to Physicians is to make known the desire of the person signing the document of his wish not to have his life "artificially prolonged" in the case of any injury, disease, or terminal condition. Does client wish to have such a document prepared or discuss this further?)

Yes \_\_\_\_\_ No \_\_\_\_\_

**P. ORGAN DONOR INFORMATION**

Do you wish to discuss organ donation at death?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Q. PREPARATION OF WORKSHEET**

Who prepared this worksheet? \_\_\_\_\_

