

ESTATE PLANNING WORKSHEET
Will / Trust Questionnaire

The information which you provide is held in complete confidence, and is used solely for the purposes of analyzing your estate planning needs and designing estate planning documents. Although preparation of this worksheet is not mandatory prior to our meeting, a fully completed worksheet will enable us to better utilize our time together and cover more issues during our consultation.

The information requested on this worksheet is very important to the estate planning attorney. The information enables the estate planning attorney to understand your present situation and your desires for the future. *It is important that this information be as accurate and complete as possible* to enable the estate planning attorney to plan the estate to accomplish your goals and save on taxes and administrative expenses. The information provided will be relied upon in reviewing your estate plan and developing recommendations. ***If the information provided is incomplete or inaccurate, our review and recommendations may be inappropriate.***

During our consultation we will discuss your specific estate planning needs and goals. We will also examine the potential cost of probate and estate taxes which would be incurred under your current plan.

You will be provided with an exact quote on fees for developing and implementing the estate plan before you decide whether you would like to proceed.

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Please Print Date: _____

1. NAME _____
Last, First, Middle

RESIDENCE ADDRESS: _____

Telephone Number (Landline) _____ Mobile _____

Email Address _____

Date of Birth _____ Birthplace _____ U.S. Citizen: Yes No

SSN _____ Maiden Name _____

MARITAL STATUS: Single: Yes No Spouse Living: Yes No Date Married _____

Previous Marriage? Yes No If previous marriage, how terminated: Death Divorce

Former Spouse: _____

When Terminated: _____ Where _____

2. SPOUSE _____
Last, First, Middle

Date of Birth _____ Birthplace _____ U.S. Citizen: Yes No

Telephone Number: _____ Email Address: _____

SSN _____ Maiden Name _____

MARITAL STATUS: Single: Yes No Spouse Living: Yes No Date Married _____

Previous Marriage? Yes No If previous marriage, how terminated: Death Divorce

Former Spouse: _____

When Terminated: _____ Where _____

Children by Current Marriage

Name, Birth Date, Address, Phone

Husband's/Wife's Children by Previous Marriage:

Name, Birth Date, Address, Phone

It is my intention, and I therefore direct that each reference in this will or trust to my children shall include any child or children hereafter born to or adopted by me. Yes No

List names of Deceased children who left surviving children or issue:

Name _____ Birth Date: _____

Name _____ Birth Date: _____

3. If your spouse is living, do you desire wills with identical provisions? Yes No

4. DISPOSITION OF MY ESTATE

Specific Gifts. Do you desire to make specific gifts to individuals or charities? If so, should the gift be made at the time of your death or following the death of your spouse? _____

At death, to whom do you desire to leave your personal property? (household goods, jewelry, etc.):

- 1) All to my spouse if my spouse survives me? Yes No
- 2) Outright to children equally?: Yes No
- 3) Other Beneficiaries?: Yes No

If you would like to name other beneficiaries other than a spouse or child, list names and addresses:

Name	Address
1) _____	_____
2) _____	_____

Rest, Residue or Remainder (real property, bank accounts, etc.):

After all debts and credits have been paid from the estate, how would you like to distribute the remaining balance?

- All to my spouse if my spouse survives me. Yes No
- To children or their issue in share and share alike: Yes No
- In some manner other than to children or in equal shares: Yes No

If my entire immediate family were to die at one time I want everything distributed as follows:

Family Friends Church Charity

1) _____ % to _____

2) _____ % to _____

- 3) _____ % to _____
- 4) _____ % to _____
- 5) _____ % to _____

5. DISPOSITION OF MY ESTATE (for Trusts only)

If property is being held for your children do you want them to receive their share outright or in distributions over time?

Outright Over Time

If over time, what would be your desire?

1/2 at 21 and the remainder at 25? 1/2 at earlier of college graduation or 25, remainder at 30?

1/3 at 21, 1/2 of remainder at 25, rest at 30? or other _____ at: _____ at; _____ at: _____ at: _____ rest at _____.

- If Trustee is holding property for a child, Trustee shall always have authority to make distributions of trust income or principal for child's health, education, support and welfare? Yes No

- If a child predeceases you, that predeceased child's share shall be distributed to that predeceased child's children (your grandchildren by that child)? Yes No

- Do you have a child with special needs due to disability or other reason? Yes No

- Have gift tax returns ever been filed to report gifts made? Yes No If yes, please bring copies to the appointment.

6. EXECUTOR / TRUSTEE. Who should be named to administer your estate after you, or you and spouse, pass?

First Executor / Trustee: _____ Address _____
Phone _____

Alternate Executor / Trustee: _____ Address _____
Phone _____

7. DURABLE POWER OF ATTORNEY. Who should be named to make financial decisions for you if you were incapable of making such decisions for yourself? (Typically is the same person named as Trustee.)

Use the same nominee as above for my Durable Power of Attorney? Yes No

PERSON ONE

PERSON TWO (SPOUSE)

First Agent: _____
Address: _____

First Agent: _____
Address: _____

Phone: _____

Phone: _____

Alt. Agent: _____
Address: _____

Alt. Agent: _____
Address: _____

Phone: _____

Phone: _____

8. HEALTH CARE AGENT. Who should be named to make health care decisions for you including decisions regarding medical consents, life support issues and nursing home admissions if you were unable to make such decisions? The person named may be different than your successor trustee.

Use the same nominee as above for my Advanced Health Care Agent? Yes No

PERSON ONE

PERSON TWO (SPOUSE)

First Agent: _____

First Agent: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Alt. Agent: _____

Alt. Agent: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

9. GUARDIAN OF THE PERSON. If you have minor children you need to appoint a guardian. The guardian is responsible for the day-to-day care of your children.

Guardian _____ Address _____

Alternate: _____ Address _____

10. GUARDIAN OR TRUSTEE for Management of Estate for Children (preferably resident in your state): If you have minor children you should appoint a guardian of the estate of the children. This person will be responsible for managing the finances of the child. This person does not have to be the same as the guardian of the person.

Guardian _____ Address _____

Alternate: _____ Address _____

I/We recognize that the information furnished will be relied upon and that if said information is incomplete or inaccurate any recommendations made or conclusions reached may be erroneous, inappropriate, or worse, harmful. I/We verify that the information provided is complete and accurate to the best of my/our knowledge.

Signature: _____ Signature: _____

Assets Worksheet to Fund Wills/Trusts

(Include Account Numbers, if known)

Description:	Purchase Date	Cost	FMV	Mortgage Amt.		His	Hers	Joint
Real Estate:								
1.								
2.								
Mutual Funds	Purchased	Cost	FMV	His	Hers	Joint		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Saving/CD, Bank Account #								
1.								
2.								
3.								
Other: (Business, Art, etc.)								
1.								
2.								
3.								
Insurance/Policy#	Owner		Beneficiary		Current Value			
					Cash Val	Death Ben.		
1.								
2.								
3.								
Annuities	Owner		Beneficiary		Current Value			
IRA's								
Pension/Profit Sharing								

Approximate Gross Estate \$: _____