

**ESTATE PLANNING PREPARATION WORKSHEET**

To help your attorney make appropriate planning recommendations and prepare your documents efficiently, please print out and complete this form. Even if you decide not to consult with The Garrett Law Firm at this time, you will find this a convenient record for yourself and your family.

**1. PERSONAL AND FAMILY INFORMATION**

**Client's Full Name:**

\_\_\_\_\_  
(First) (Middle) (Last)  
Primary Occupation:

Address:

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

County: \_\_\_\_\_

Business Address:

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

U.S. Citizen? Yes \_\_\_ No \_\_\_  
If No, Citizen of What Country? \_\_\_\_\_ Passport Number \_\_\_\_\_

**Spouse's Full Name:**

\_\_\_\_\_  
(First) (Middle) (Last)  
Primary Occupation:

Address:

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

County: \_\_\_\_\_

Business Address:

\_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

U.S. Citizen? Yes \_\_\_ No \_\_\_  
If No, Citizen of What Country? \_\_\_\_\_ Passport Number \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_ First marriage for both of you? Yes \_\_\_ No \_\_\_

If No, please give the date and place of any previous marriage, to whom you were married and the date and place of the divorce.

\_\_\_\_\_

\_\_\_\_\_

**Children**

If any child listed is not a child of your present marriage, please place an asterisk beside that child's name and note the name and address of that child's other parent and whether that parent is the custodial parent.

Please also note whether any child is adopted or married. If a child is married, please note the name, birthrate and social security number of that child's spouse.

1<sup>st</sup> child

2<sup>nd</sup> child

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Names, Birth dates and Social Security Numbers of any Children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> child

4<sup>th</sup> child

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Names, Birth dates and Social Security Numbers of any Children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Dependents**

1<sup>st</sup>

2<sup>nd</sup>

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

3<sup>rd</sup>

4<sup>th</sup>

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Pets**

1<sup>st</sup>

2<sup>nd</sup>

Name: \_\_\_\_\_

Species and Breed: \_\_\_\_\_

Microchip ID #, if any: \_\_\_\_\_

**2. PROFESSIONAL ADVISORS**

Accountant or Tax Preparer

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Agent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stock Broker

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Regular Physician

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial Planner

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Bank Officer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individual Responsible for Employee Benefits at Current Employer

Client

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**3. PEOPLE YOU WISH TO NAME**

EXECUTOR(S): (if co-executors, indicate with an asterisk (\*). Please indicate successor(s) by number.)

If an executor is an individual, will s/he be paid? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please note if you die without a will the law sets a payment rate for an administrator to handle your estate instead of an executor.)

If an executor will be paid, under what conditions should s/he be paid?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client's Will

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Spouse's Will

\_\_\_\_\_

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\_\_\_\_\_

TRUSTEE(S): (if different from Executor)

If a trustee is an individual, will s/he be paid? Yes \_\_\_ No \_\_\_  
(Please note that statutory provisions set payment rates for corporate and bank trustees.)

If a trustee will be paid, under what conditions should s/he be paid?

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Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

ATTORNEY(S) IN FACT:

(These are the people who will speak for you when you can not and who will make medical and other decisions on your behalf. Please make sure that these are the people actually named or to be named in you Medical Power of Attorney and HIPAA Release forms.)

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

GUARDIAN(S) OF MINOR CHILDREN: (if different from Executor)

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**4. ASSET/LIABILITY SUMMARY**

**Assets**

<u>Property</u> (note "Jt", "C" or "S" to show who manages the property)	<u>Joint Property</u>	<u>Client's Separate Property</u>	<u>Spouse's Separate Property</u>
Personal Effects	\$ _____	\$ _____	\$ _____
Principal Residence	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Cash, Bank Accounts and Certificates of Deposit	\$ _____	\$ _____	\$ _____
Marketable Securities	\$ _____	\$ _____	\$ _____
Illiquid Securities	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Other Assets (describe)	\$ _____	\$ _____	\$ _____
<b>Total Gross Assets</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Liabilities**

<u>Property</u> (note "Jt", "C" or "S" to show who manages the property)	<u>Joint Property</u>	<u>Client's Separate Property</u>	<u>Spouse's Separate Property</u>
Current Debts	\$ _____	\$ _____	\$ _____
Bank Loans	\$ _____	\$ _____	\$ _____
Mortgages Outstanding	\$ _____	\$ _____	\$ _____
Income Taxes (please include possible tax shelter liabilities)	\$ _____	\$ _____	\$ _____
Other Debts (describe)	\$ _____	\$ _____	\$ _____
<b>Total Liabilities</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Total Net Assets</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Estimated Combined Present Net Worth** \$ \_\_\_\_\_

**Estimated Value of Marital and Individual Estates Including Insurance and Employment Benefits**

\$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Please attach a legal description of each real property that you own and, if available, a financial statement.

**5. LIFE INSURANCE**

	<u>1<sup>st</sup> Policy</u>	<u>2<sup>nd</sup> Policy</u>
<u>Individual Insured</u>	_____	_____
<u>Insurance Company</u>	_____	_____
<u>Policy Type/ Number</u>	_____ / _____	_____ / _____
<u>Face Amount</u>	_____	_____
<u>Cash Value</u>	_____	_____
<u>Loan Balance</u>	_____	_____
<u>Owner</u>	_____	_____
<u>Beneficiary</u>	_____	_____
<u>Total Value</u>	\$ _____ Date: _____	\$ _____ Date: _____

	<u>3<sup>rd</sup> Policy</u>	<u>4<sup>th</sup> Policy</u>
<u>Individual Insured</u>	_____	_____
<u>Insurance Company</u>	_____	_____
<u>Policy Type/ Number</u>	_____ / _____	_____ / _____
<u>Face Amount</u>	_____	_____
<u>Cash Value</u>	_____	_____
<u>Loan Balance</u>	_____	_____
<u>Owner</u>	_____	_____
<u>Beneficiary</u>	_____	_____
<u>Total Value</u>	\$ _____ Date: _____	\$ _____ Date: _____

**6. HEALTH AND MAJOR MEDICAL INSURANCE**

	<u>1<sup>st</sup> Policy</u>	<u>2<sup>nd</sup> Policy</u>
<u>Individual Insured</u>	_____	_____
<u>Insurance Company</u>	_____	_____
<u>Policy Type/ Number</u>	_____ / _____	_____ / _____
<u>Hospital Admissions Phone #</u>	_____	_____
<u>Claims Phone #</u>	_____	_____

3<sup>rd</sup> Policy

4<sup>th</sup> Policy

Individual Insured \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Type/ Number \_\_\_\_\_ / \_\_\_\_\_  
Hospital Admissions Phone # \_\_\_\_\_  
Claims Phone # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. HOMEOWNERS', AUTOMOBILE AND LIABILITY INSURANCE**

1<sup>st</sup> Policy

2<sup>nd</sup> Policy

Individual/Property Insured \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Type/ Number \_\_\_\_\_ / \_\_\_\_\_  
Claims Phone # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3<sup>rd</sup> Policy

4<sup>th</sup> Policy

Individual/Property Insured \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Type/ Number \_\_\_\_\_ / \_\_\_\_\_  
Claims Phone # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. LONG TERM CARE INSURANCE**

1<sup>st</sup> Policy

2<sup>nd</sup> Policy

Individual Insured \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Type/ Number \_\_\_\_\_ / \_\_\_\_\_  
Claims Phone # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3<sup>rd</sup> Policy

4<sup>th</sup> Policy

Individual Insured \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Type/ Number \_\_\_\_\_ / \_\_\_\_\_  
Claims Phone # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. 529 AND OTHER COLLEGE PLANS**

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**10. RETIREMENT BENEFITS**

	<u>1<sup>st</sup> Plan</u>	<u>2<sup>nd</sup> Plan</u>
<u>Participant</u>	_____	_____
<u>Employer/Company</u>	_____	_____
<u>Plan Type</u>	_____	_____
<u>Accrued Benefit</u>	_____	_____
<u>Cash Value</u>	_____	_____
<u>Beneficiary</u>	_____	_____
	<u>3<sup>rd</sup> Plan</u>	<u>4<sup>th</sup> Plan</u>
<u>Participant</u>	_____	_____
<u>Employer/Company</u>	_____	_____
<u>Plan Type</u>	_____	_____
<u>Accrued Benefit</u>	_____	_____
<u>Cash Value</u>	_____	_____
<u>Beneficiary</u>	_____	_____

**11. HISTORY OF GIFTS**

List gifts made in excess of \$11,000 in 2005; in excess of \$10,000 from 1982 to 2004; in excess of \$3,000 before 1982. Also list all gifts of life insurance.

<u>Date of Gift</u>	_____	_____
<u>Donor</u>	_____	_____
<u>Donee</u>	_____	_____
<u>Reason</u>	_____	_____
<u>Value</u>	\$ _____	\$ _____

(History of Gifts Continued)

Date of Gift \_\_\_\_\_  
Donor \_\_\_\_\_  
Donee \_\_\_\_\_  
Reason \_\_\_\_\_  
Value     \$ \_\_\_\_\_     \$ \_\_\_\_\_

Have you or your spouse ever filed a gift tax return?   Yes \_\_\_   No \_\_\_   If Yes, list years and attach copies of all returns.

**12. CONTINGENT ASSETS**

If you expect an inheritance from your parent or any other relative, please complete the chart below.

Person from Whom You May Inherit \_\_\_\_\_  
Relationship \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Estimated Value of Inheritance     \$ \_\_\_\_\_     \$ \_\_\_\_\_  
Date of Estimate \_\_\_\_\_

Please describe any other contingent asset which you are entitled to receive (for example, contract rights or a recovery in a negligence suit.)

\_\_\_\_\_  
\_\_\_\_\_

**(Please add more pages if necessary to cover your situation.)**