

# **ESTATE PLANNING WORKSHEET**

## *Single Individuals*

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Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. Preparation of this worksheet is not mandatory prior to the initial appointment with us, but if we are able to review the completed worksheet prior to your appointment, more information and value will be received during the 30-minute complimentary initial consultation.

### **WE OFFER A FREE NO-OBLIGATION, 30-MINUTE CONSULTATION**

During the initial appointment, we will determine your specific estate planning needs and goals. The potential cost of probate and tax which would occur with your current plan will be analyzed, and methods of reducing costs and accomplishing goals will be discussed. An exact quote on fees for estate planning will be provided before you decide to authorize completion of your estate plan.

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## Estate Planning Worksheet for Single Individuals

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

This worksheet is intended for single clients. If you are married, or if a domestic partner will be included in your estate plan, please request the appropriate estate planning worksheet from us.

Estate planning is very important for singles as well as couples. Plan of distribution for singles is not obvious and most or all assets will be probated since joint tenancy with a spouse or partner is not an appropriate method of avoiding probate.

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\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*MI*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*AKA*

\_\_\_\_\_  
*Date  
of Birth*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Employer:*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Other Phone*

\_\_\_\_\_  
*Email*

What is your primary motivation for considering estate planning? (*Select one or more*)

- Probate avoidance
- Guardianship for minor children
- Business or farm planning
- Federal estate tax planning
- Other: \_\_\_\_\_

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

Do you presently have a will or Trust  Yes  No

Are you interested in avoiding probate of your estate?  Yes  No

How many living children do you have? \_\_\_\_\_

Are all children legally yours? (natural or legally adopted)  Yes  No

Do any of your children or other beneficiaries have disabilities?  Yes  No

Do you own a farm or business?  Yes  No

Have you entered into any agreements with your spouse (such as a prenuptial or community property agreement)?  Yes  No

Do you or any family member or potential beneficiaries have any serious health problems?  Yes  No

If yes, please describe briefly: \_\_\_\_\_  
\_\_\_\_\_

Do you own a long-term care (nursing home) insurance policy?  Yes  No

Do you have a divorce decree affecting your pension or other Property rights?  Yes  No

**Net Worth:** If you added the value of all property you own including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance, what is the approximate total value of your estate? \_\_\_\_\_

What is the value of death benefits on life insurance insuring you? \_\_\_\_\_

What is the total amount of your outstanding liabilities? \_\_\_\_\_

### Children or Other Beneficiaries

Name	Address	Date of Birth	Relationship

## Gift Tax Returns

Have gift tax returns ever been filed to report gifts made? \_\_\_\_\_ \*\*\*If YES, please bring copies of the returns to your appointment.

## Appointments

1. **Personal Representative.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.)

Personal Representative: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Alternate: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

2. **Successor Trustee.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable to do so. The successor trustee would manage assets in the event of your incapacity and would distribute assets to beneficiaries after death.

Successor Trustee: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Alternate: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

SecondAlternate: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

3. **Health Care Agent.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

Health Care Agent: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Alternate: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Life Support if Terminally Ill?  Yes  No

Donation of Organs?  Yes  No

Transplant  Yes  No

Research  Yes  No

Education  Yes  No

Body to Science  Yes  No

Post Mortem Wishes: (burial/cremation/services/scattering of ashes) \_\_\_\_\_

### Plan of Distribution

1. **Specific Gifts.** Do you want to make charitable gifts, such as to a house of worship or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

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

2. Briefly describe where you would want assets remaining after any specific gifts are distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

- Equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
  - Equally between surviving children
  - As follows: \_\_\_\_\_
- 

3. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, nor your children/other beneficiaries named above survive.

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**Please complete this section only if you have minor beneficiaries or beneficiaries with disabilities.**

1. **Guardian.** If you have minor children or a beneficiary with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve.

Guardian: \_\_\_\_\_

Alternate: \_\_\_\_\_

2. **Testamentary Trustee.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution.

Testamentary Trustee: \_\_\_\_\_

Alternate: \_\_\_\_\_

3. **Age of Distribution.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

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- a. Do you want the testamentary trustee to have the ability to make lump sum advancements out of trust to enable beneficiary to

Purchase a house for primary residence  Yes  No  
Start a business or professional practice  Yes  No  
Get Married  Yes  No  
Travel  Yes  No

Other, please explain: \_\_\_\_\_

- b. If a child predeceases you, do you want that child's share to go to that child's children (your grandchildren)  Yes  No Or

That child's share to be divided among only your other living children  Yes  No

**PETS:**

1. Do you have pets that you wish to give away upon your death?  Yes  No

If yes, who will care for your pets?

Primary Caregiver: \_\_\_\_\_

Alternate Caregiver: \_\_\_\_\_

2. Would you like to leave the Caregiver money for your pet's care?  Yes  No

If yes, how much? \_\_\_\_\_

Type of Asset	Title in Which Held (You solely, Joint with third party, Tenants in common, etc.)	Current Value
<b>Real Estate</b> (Include type of property e.g., residential, agricultural, commercial, or manufacturing.)		
Personal Residence		
Vacant Land		
Other:		
<b>Liquid Assets</b> (Include account number and address where held.)		
Cash on Hand		
Government and Publicly Traded Securities		
Unlisted Securities (Not Publicly Traded)		
Money Market Accounts		
Equity in Business <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership		
Notes and Loans Receivable		
Checking Accounts		
Savings Account		
Certificates of Deposit		
Automobiles		

Type of Asset	Title in Which Held (You solely, Joint with third party, Tenants in common, etc.)		Current Value	
Other Personal Property				
Annuities	Owner	Beneficiary	Current Value	
IRAs/401ks				
Pension/Profit Sharing				
Life Insurance			Cash Value	Death Benefit
Other Assets				
Liabilities	Name Loan Taken In		Amount Owed	

