

ESTATE PLANNING WORKSHEET MARRIED CLIENTS

(PLEASE COMPLETE THIS PACKET IN INK)

Please return this information packet to us at least one day prior to your meeting (this will ensure we have enough time to understand the specifics of your situation before our meeting). If you need assistance completing the information, call our office (850-439-1191) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

Client's Signature Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth Date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Married: Date of Marriage _____ Divorced Widowed Single

HOW DID YOU HEAR ABOUT OUR FIRM? _____

Spouse's Signature Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth Date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

(Use full legal name. For stepparents, note "H" if only husband is the biological parent, note "W" if only wife is the biological parent.)

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

SOCIAL MEDIA

If you would like to connect with My Pink Lawyer via social media, please let us know where to find you by filling in your social media id's below:

Facebook: WWW.FACEBOOK.COM/ _____

Twitter: WWW.TWITTER.COM/ _____

Linked In: WWW.LINKEDIN.COM/IN/ _____

IMPORTANT FAMILY QUESTIONS

HUSBAND

WIFE

Do you have a will, trust, or other estate planning document?
Please furnish copies of these documents.

Yes No Yes No

Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy.*

Yes No Yes No

If married have you and your spouse signed a pre- or post-nuptial agreement? *Please furnish a copy.*

Yes No Yes No

Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below.*

Yes No Yes No

Do you own a business?

Yes No Yes No

Do you own a long-term care (nursing home) insurance policy?

Yes No Yes No

Do you own any property that is community property?

Yes No Yes No

Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*

Yes No Yes No

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*

Yes No Yes No

Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.*

Yes No Yes No

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.
Attach additional pages, if necessary.

INCOME:	<u>Husband</u>	<u>Joint</u>	<u>Wife</u>
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

ASSETS:

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land. (please list manner in which title held – Joint Tenant, Community Property, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*). Do not include IRA’s or 401(k)’s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*indicate type below*)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Husband	Wife	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

**Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.*

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GUARDIAN FOR PETS:

Name, Address and Phone Number	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FINANCIAL DECISION MAKERS:

DEATH TRUSTEE: After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

Name, Address and Phone Number	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

HEALTH CARE DECISION MAKERS

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

HUSBAND'S AGENT

Name, Address, and Phone Number

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes?

WIFE'S AGENT

Name, Address, and Phone Number

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes?

To Help Us Explore Which Estate Planning Vehicles Might Best Serve Your Needs,

Please Answer Yes or No to the Following Questions

1. Do you own property in more than one State or Country (i.e. real estate, bank accounts, etc.)? _____
2. Do you plan to “cut out” a family member from inheriting from your estate? _____
3. Do you plan to make unequal distributions to beneficiaries from your estate? _____
4. Is privacy of your financial affairs from others very important to you? _____
5. Do you want to minimize estate expenses for your family or beneficiaries after you die? _____
6. Do you want your property to pass to your family or beneficiaries as quickly as possible without unnecessary time delays or mandatory waiting periods after you die? _____
7. Have you had a negative experience with probate administration in the past? _____
8. Have you known someone who has used a living revocable trust as part of their estate plan? _____
9. Do you want to make it as difficult as possible for someone to contest your estate plan after you are gone? _____
10. Does the net value of your estate exceed \$1 million (gross value less any debts)? _____