

# ESTATE PLANNING WORKSHEET SINGLE 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.

Divorced  Widowed  Single  Life Partner \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR FIRM? \_\_\_\_\_  
\_\_\_\_\_

## 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 | Relationship |
|-------|------------|--------------|
| _____ | _____      | _____        |
| _____ | _____      | _____        |
| _____ | _____      | _____        |
| _____ | _____      | _____        |
| _____ | _____      | _____        |

## ADVISORS

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

## IMPORTANT FAMILY QUESTIONS

- Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents.*  Yes  No
- Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy.*  Yes  No
- If married have you and your spouse signed a pre- or post-nuptial agreement? *Please furnish a copy.*  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
- Do you own a business?  Yes  No
- Do you own a long-term care (nursing home) insurance policy?  Yes  No
- Do you own any property that is community property?  Yes  No
- Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*  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
- Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.*  Yes  No

## 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/](http://WWW.FACEBOOK.COM/) \_\_\_\_\_

Twitter: [WWW.TWITTER.COM/](http://WWW.TWITTER.COM/) \_\_\_\_\_

Linked In: [WWW.LINKEDIN.COM/IN/](http://WWW.LINKEDIN.COM/IN/) \_\_\_\_\_

## INCOME/ASSET/LIABILITY INFORMATION

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

### INCOME:

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> | _____        |



## 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 |
|--------------------------------|---------|---------|-------------|
|                                | Client  | Other's |             |
| 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                   | _____   | _____   | _____       |
| <b>Total Assets:</b>           | _____   | _____   | _____       |

*\* Values for property owned with other put your percentage in client's column and other's percentage in other'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 your death, 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?

| 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?  
\_\_\_\_\_

Do you want to provide that your organs and tissues should be made available for medical research?  
\_\_\_\_\_

### 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)? \_\_\_\_\_