



PRELIMINARY ESTATE PLANNING WORKSHEET

Date: _____ Full Name: _____

Phone: _____ Alt. Phone: _____ E-Mail: _____

Home Address, city, state, zip code and county: _____

Date of Birth: _____

Do you currently have a Will? _____ Have you ever had a Will in the past? _____

REAL ESTATE

Do you own your home? _____ Are you currently buying your own home? _____

If so, in whose name is the title? _____

Approximately how much is your home worth? _____

What is the approximate amount of equity in your home? _____

Do you own other real estate? _____

Value of real estate other than home: _____

GENERAL FINANCIAL INFORMATION

Types of Funds you are currently holding in Financial Institutions:

Banks

Name of Institution: _____

Account No.: _____ Joint or Single

Name of Institution: _____

Account No.: _____ Joint or Single

Name of Institution: _____

Account No.: _____ Joint or Single

Investment Accounts

Name of Plan: _____

Account No.: _____ Joint or Single

Name of Plan: _____

Account No.: _____ Joint or Single

Name of Plan: _____

Account No.: _____ Joint or Single

List all other investments, other than retirement: _____

Do you expect to receive any inheritance in the future?

RETIREMENT PLANS

Types of Funds you are currently holding in Retirement Plans

Name of Plan: _____

Account No.: _____

Name of Plan: _____

Account No.: _____

Name of Plan: _____

Account No.: _____

INSURANCE POLICIES

Name of Plan: _____ Account

No.: _____

Name of Plan: _____ Account

No.: _____

Name of Plan: _____ Account

No.: _____

Please list names and full addresses of insurance beneficiaries (Primary and Secondary):

TRUSTED POSITIONS

Please list a Primary Executor's (the person to administer your Will upon death)

Name

Address-including city, state and zip code

Relationship to you

Secondary Executor's Name and Full Address (in case first named is unable to serve):

If you and your spouse should die leaving no heirs, who would you want to appoint as Guardian of the person and of the property of your minor children? Need name and full address, including city, state and zip code: _____

Secondary Guardian of person (if above named is not able to serve).

Do you have any children by a former marriage? If yes, names and dates of birth.

If no immediate family were to survive you, who would you want to receive your property? (Financial, charitable, educational or could be a foundation or person.)

OTHER INFORMATION

Special Bequests (specific items if any, which you want to leave to specific persons)

FUNERAL AND BURIAL INFORMATION

Where and in what manner would you like to be memorialized?

QUESTIONS TO CONSIDER

1. Do your children, grandchildren, or others you feel responsible for have any problems or special needs which should be considered in designing your estate plan?
2. Do you have the responsibility for supporting anyone other than your spouse and children?
3. Do you wish to make any gifts or contributions of property or money to any friends, relatives, or charities?
4. Do you want to designate a guardian of the person for your children under 18 in case the other parent does not survive? (Think about a secondary person to the original guardian also.)
5. If you want an individual to serve as Executor/Trustee, with or without a Bank as Co-Trustee, whom would you name? (Think about a secondary person as well.)
6. Powers of attorney are often used to authorize someone to act for you under certain conditions, especially legal incapacitation. We will recommend that you consider executing such powers. Whom would you like to name as your agent (and successor agent) under such a power? Powers of attorney are revoked by death. We can condition the effectiveness of the power on a physician's certifying the principal's inability to manage his or her own affairs.
7. Are you and your spouse U. S. citizens?

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