

Wheatley Pritchard & Associates PLLC

Attorneys Counselors



ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

We must have this Worksheet returned to us at least one day prior to our 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 (347-778-5130) 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.

GENERAL INFORMATION

ABOUT YOU

Name _____

Other Names Used _____

Social Security Number _____

Home Address _____

Other Residences _____

Telephone _____

Occupation _____

Employer _____

Position _____

Business Address _____

Place of Birth _____ Citizenship _____

Marital Status _____

Prior Marriage(s) - List name(s), date(s) married _____

ABOUT YOUR SPOUSE

Name _____

Other Names Used _____

Social Security Number _____

Residence Address (if different from yours) _____

Telephone (if different from yours) _____

Occupation _____

Employer _____

Position _____

Business Address _____

Place of Birth _____ Citizenship _____

FAMILY PROFILE

Names of Children or Dependents	Birth Date	SSN	Comments/Special Needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of the children listed above from a previous marriage or relationship?

You ☐ Yes ☐ No

Spouse ☐ Yes ☐ No

If the answer is Yes, please complete the section below.

Child's Name _____ Who has custody? ☐ You ☐ Former spouse ☐ Other

Name of Other Parent _____

Address of Other Parent _____

ASSETS

Show the approximate value of your assets in the appropriate column, designating ownership of the asset. Additional pages may be used as necessary.

	YOU	SPOUSE	JOINT
Cash, Bank Accounts & Money Market Funds			
Bonds & Bond Funds			
Stocks & Mutual Funds			
Residence			
Second Homes			
Investment Real Estate			
Business Ownership Interests (Sole Proprietorship, Partnerships or Corporations)			
Retirement plans (including IRAs) <i>Complete page 4</i>			
Life Insurance <i>Complete page 4</i>			
Annuities			
Interests in Estates or Trusts			
Home Furnishings			
Automobiles			
Collections			
Other Personal Effects			
Miscellaneous Assets <i>Identify if significant</i>			
TOTALS			

RETIREMENT PLANS

	YOU		SPOUSE (if applicable)	
	Current Value	Beneficiary	Current Value	Beneficiary
IRA				
Keogh				
Pension				
Profit Sharing				
401(k)				
403(b)				
Other				

LIFE INSURANCE

Type of Policy			
Insurance Company			
Policy Owner		Policy #	
Insured Name			
Death Benefit		Cash Value/Policy Loan	
Policy Beneficiary			

Type of Policy			
Insurance Company			
Policy Owner		Policy #	
Insured Name			
Death Benefit		Cash Value/Policy Loan	
Policy Beneficiary			

Type of Policy			
Insurance Company			
Policy Owner		Policy #	
Insured Name			
Death Benefit		Cash Value/Policy Loan	
Policy Beneficiary			

LIABILITIES

Debt #1

Creditor _____

Amount of Debt _____

Assets Encumbered _____

Liability for Debt ☐ You ☐ Spouse ☐ Joint

Debt #2

Creditor _____

Amount of Debt _____

Assets Encumbered _____

Liability for Debt ☐ You ☐ Spouse ☐ Joint

ADVISORS

YOU

Name & Address

Telephone

Accountant(s) _____

Life Insurance Agent(s) _____

Investment Advisor(s) _____

Stockbroker(s) _____

Other Attorney(s) _____

Physicians(s) _____

Other Consultant or
Advisors(s) _____

SPOUSE (if different information from yours)

Name & Address

Telephone

Accountant(s) _____

Life Insurance Agent(s) _____

Investment Advisor(s) _____

Stockbroker(s) _____

Other Attorney(s) _____

Physicians(s) _____

Other Consultant or
Advisors(s) _____

Expected Beneficiaries

Family Beneficiaries (list names and what you wish to give)

Non-Family Beneficiaries (list names and what you wish to give)

Charitable Beneficiaries (list names and what you wish to give)

Notes

Additional information

1. Describe any health problems or special needs of you or your family members.

2. If you have minor children, please list your choices of guardians in case of your death(s):

Primary Guardian

Name: _____ Phone: _____

Address: _____

Street

City, State, Zip

Relationship: _____

Alternate Guardian

Name: _____ Phone: _____

Address: _____

Street

City, State, Zip

Relationship: _____

3. If you have minor children, do you want their share of your estate to be distributed outright when they attain the age of majority (age 18), or retained in a trust fund to be administered for their benefit until a specified age?

Notes

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.