



**Estate Planning Worksheet**

(Please complete and return to our office prior to your scheduled appointment.)

**INFORMATION ABOUT YOU AND YOUR FAMILY**

**You**

Legal Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Mailing Address: \_\_\_\_\_  
(STREET - CITY - STATE - ZIP CODE)

Physical Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)

E-mail: \_\_\_\_\_

Employer/Retired/Occupation: \_\_\_\_\_

**Spouse**

Legal Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Mailing Address: \_\_\_\_\_  
(STREET - CITY - STATE - ZIP CODE)

Physical Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)

E-mail: \_\_\_\_\_

Employer/Retired/Occupation: \_\_\_\_\_

**Current Estate Plan**

Do you and/or your spouse have a Will? \_\_\_\_\_ Do you and/or your spouse have a Trust? \_\_\_\_\_

Do you and/or your spouse have a Health Care Power of Attorney? \_\_\_\_\_ Do you and/or your spouse have a Power of Attorney for your property? \_\_\_\_\_

Do you and/or your spouse have a Power of Appointment? \_\_\_\_\_ Do you and your spouse have a Prenuptial or Antenuptial Agreement? \_\_\_\_\_

Have you made any lifetime gifts? \_\_\_\_ No \_\_\_\_ Yes. If yes, how much was the gift? Please state whether it is an annual gift or one-time gift and dollar amount. \_\_\_\_\_

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**CHILDREN**

*(If a blended family, please indicate who the child's parent is: You, Spouse, Both)*

Y, S, B	Child's Legal Name	Address	Phone No.	Married or Single
1.				
2.				
3.				
4.				
5.				
6.				

Child's Email	Child's Age	Grandkids and their ages
1.		
2.		
3.		
4.		
5.		
6.		

Misc. Information regarding children/grandchildren: \_\_\_\_\_

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*Please answer the following questions. We will use your answers in developing our recommendations for your estate plan.*

1. Are you a U.S. citizen? \_\_\_\_ If you are married, is your spouse a U.S. citizen? \_\_\_\_  
If no, what country are you a citizen of? \_\_\_\_\_
2. Are you or your spouse currently receiving any needs-based government assistance (i.e., Medicaid)? \_\_\_\_
3. Do you wish to avoid your estate going through probate? \_\_\_\_
4. Do you or your spouse have any children (minor or adult) who qualify for needs-based government assistance (i.e., Medicaid)? \_\_\_\_\_
5. Do you have any social media accounts, including but not limited to a PayPal Account, Venmo, TikTok, Facebook, Instagram, X ("Twitter"), and/or photo sharing site? If so, please make a list of all of the electronic accounts and passwords you have. You will want to decide who should have access to this information once you have passed away. Make sure that this person (or persons) knows where your list is. *Please state the name(s), phone numbers(s), and address(es) of those persons so that we can include that in your estate plan.*

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**REAL ESTATE**

Please list full address, township and county of all properties owned. Attach additional page if necessary.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**FUNERAL WISHES**

1. Have you completed any funeral arrangements? If so, please provide details. \_\_\_\_\_  
\_\_\_\_\_.
2. Would you prefer burial? You: \_\_\_\_\_ / Spouse: \_\_\_\_\_. Have you purchased a plot or do you have a burial location in mind? \_\_\_\_\_.
3. Would you prefer cremation? You: \_\_\_\_\_ / Spouse: \_\_\_\_\_.
4. Anatomical Gift(s)? You: \_\_\_\_\_ / Spouse: \_\_\_\_\_. Are you registered with the Michigan Donor Registry and/or Michigan driver's license? You: \_\_\_\_\_ / Spouse: \_\_\_\_\_.

**INFORMATION ABOUT YOUR PROPERTY**

*(Enter the approximate current market value of your assets)*

Who Owns the Asset?	You	Spouse	Joint
Total value of home and other real estate			
Value of total investments (stocks, bonds)			
Value of profit sharing, IRAs, pension & 401K			
Value of a business			
Value of bank accounts (checking, savings)			
Total value of cars, boats & motor homes			
Value of personal property & collectibles			
Total amount of money that people owe you			
Amount life insurance will pay at your death			
Other			
<b>TOTALS</b>			

**INFORMATION ABOUT DEBTS**

Who Owes the Debt?	You	Spouse	Joint
Mortgages			
Credit Cards			
Other			
<b>TOTALS</b>			

**GENERAL QUESTIONS**

**NOTES AND QUESTIONS:** Please note anything else which may be of importance in planning your estate, or note any questions you might have.

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THE INFORMATION REQUESTED IN THE FOLLOWING SECTIONS OF THIS WORKSHEET WOULD BE USED IN PREPARING YOUR ESTATE PLANNING DOCUMENTS.

IT WILL BE HELPFUL IF YOU ARE ABLE TO COMPLETE SOME OR ALL OF THIS INFORMATION. ANY MISSING INFORMATION WILL BE DISCUSSED WITH YOU SHOULD YOU DECIDE TO HAVE US PREPARE AN ESTATE PLAN FOR YOU.

### PLAN OF DISTRIBUTION

#### Specific Gifts

Do you want to make charitable gifts, such as to a church or charity? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

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#### Residue

Who is to receive assets that are remaining after any specific gifts are distributed?

\_\_\_ all to spouse; If no spouse then:

\_\_\_ equally divided between surviving children.

\_\_\_ then equally divided between children, with any deceased child's share equally divided between his/her descendants by right of representation.

\_\_\_ then equally divided between children, with any deceased child's share equally divided between his/her children and maintained in trust until the grandchild reaches the Distribution Age. Trustee shall pay to or for the benefit of the grandchild those portions of Interest and principal that Trustee determines necessary for the reasonable health care, education, support and maintenance of the grandchild. The share of any grandchild who does not survive, or does not survive until Distribution Age, shall be equally divided between his/her descendants by right or representation, and maintained in trust for each descendant under the same terms as for a grandchild until the descendant attains the Distribution Age, or if no descendants, then equally to his/her siblings and maintained in trust as provided herein, or if no siblings, then to my/our other children as provided herein. Distribution Age: \_\_\_\_\_

\_\_\_ then equally divided between children, and maintained in trust until the child reaches the Distribution Age. The Trustee shall pay to or for the benefit of the child

those portions of interest and principal that Trustee determines necessary for the reasonable health care, education, support and maintenance of the child. The share of any child who does not survive, or does not survive until Distribution Age, shall be equally divided between his/her descendants by right or representation, and maintained in trust each descendant under the same terms as for a child until the descendant attains the Distribution Age, or if no descendants, then equally to other children and maintenance in trust as provided herein. Distribution Age: \_\_\_\_\_

\_\_\_\_\_ then maintained in the trust for the benefit of all children until the youngest child attains the Distribution Age. Trustee shall pay to or for the benefit of the children those portions of interest and principal that Trustee determines necessary for the reasonable health care, education, support and maintenance of the children. Trust shall continue until youngest child attains the Distribution Age, at which time the Trustee shall divide the residue of the Trust equally between then surviving children, provided the Trustee may adjust such shares as necessary to equitably take account of substantially disproportionate expenditure of Trust funds for a benefit of a child (education, travel, social expenses and the like). The share of any child who does not survive, or does not survive until Distribution Age, shall be equally divided between his/her descendants by right of representation, and maintained in trust for each descendant under the same terms as for a child until the descendant attains the Distribution Age, or if no descendants, then equally to other children and maintained in trust as provided herein. Distribution Age: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

**Ultimate Distribution**

Who is to receive your property if neither you, your spouse, your children, or other descendants survive?

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

**Distribution Age(s)**

If you do establish a Trust to manage assets for beneficiaries, then you need to decide when the remaining balance in the Trust is to be distributed outright to the beneficiary. You may want to give each beneficiary his/her share when the beneficiary reaches a certain age, or upon the occurrence of a particular event (such as obtaining a college degree). You may consider splitting the distribution, such as ½ at age 25, and the balance at age 30. \_\_\_\_\_

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

**Durable Power of Attorney**

This document lets you choose the person or corporate entity who will manage your finances and property you own if you become incapacitated. You should also name an alternate Agent in case the individual or corporate entity you name is unable to serve.

**Unless you decide otherwise, married individuals will each name their spouse as the first Agent for the other. Your choices below will be for the 1<sup>st</sup> Alternate Agent and 2<sup>nd</sup> Alternate Agent.**

1st Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

2nd Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Spouse's Durable Power of Attorney**

1st Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

2nd Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Power of Attorney for Health Care**

This document lets you choose the person who will make health care decisions (including decisions about life support) for you if you are unable to make them for yourself. You should also name an alternate Agent in case the person you name is unable to serve.

**Unless you decide otherwise, married individuals will each name their spouse as the first Agent for the other. Your choices below will be for the 1<sup>st</sup> Alternate Agent and 2<sup>nd</sup> Alternate Agent.**

1st Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

2nd Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Spouse's Power of Attorney for Health Care**

1st Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

2nd Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Personal Representative**

Your Personal Representative (Executor in some states) is the person or corporate entity who will be responsible for managing any probate of your estate. You should also name an alternate Personal Representative in case the person or corporate entity you name is unable to serve.

**Unless you decide otherwise, married individuals will each name their spouse as Personal Representative for the other. Your choices below will be for the 1<sup>st</sup> Alternate Personal Representative and 2<sup>nd</sup> Alternate Personal Representative.**

1st Alternate Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

2nd Alternate Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Spouse's Personal Representative**

1st Alternate Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

2nd Alternate Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

### **Funeral Representative**

Your Funeral Representative is the person who will be responsible for managing and carrying out your funeral wishes. You should also name an alternate Funeral Representative in case the person you name is unable to serve.

**Unless you decide otherwise, married individuals will each name their spouse as Funeral Representative for the other. Your choices below will be for the 1<sup>st</sup> Alternate Funeral Representative and 2<sup>nd</sup> Alternate Funeral Representative.**

1st Alternate Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

2nd Alternate Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

### **Spouse's Funeral Representative**

1st Alternate Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

2nd Alternate Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Trustee**

If you decide to have a Living Trust Estate Plan, you will need to name the person or corporate entity who manages your Trust after your death or upon your disability. You will be the initial Trustee.

**Unless you decide otherwise, married individuals will each name their spouse as Successor Trustee for the other. Your choices below will be for the 1<sup>st</sup> Alternate Successor Trustee and 2<sup>nd</sup> Alternate Successor Trustee.**

1st Successor Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

2nd Successor Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

### Guardian

If you have **minor** children, who will raise them if something happens to you? You can name either an individual or a married couple who will serve as joint Guardians, who will then have physical custody of them. You should also name an alternate Guardian in case the individual or individuals you name are unable to serve. **Do not complete if you do not have minor children.**

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

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

### Conservator

If you have **minor** children, who will manage the property/finances your minor children receive until they become adults (age 18 in most states). You should also name an alternate Conservator in case the individual or corporate entity you name is unable to serve. **Do not complete if you do not have minor children.**

Conservator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_