



**NEUMANN**  
LAW FIRM

## ESTATE PLANNING WORKSHEET

During the initial appointment, we will determine your specific estate planning needs and goals. The potential cost of probate which would occur with your current plan will be analyzed, and methods of reducing costs and accomplishing goals will be discussed. An exact quote on fees for estate planning will be provided before you decide to authorize completion of your estate plan.

*Information provided is held in complete confidence and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. Preparation of this worksheet is not mandatory prior to the initial appointment with us, but if we are able to review the completed worksheet prior to your appointment, more information and value will be received during your initial consultation.*

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**ASHLEY B. FORTUNE, *Attorney at Law***  
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*(Please contact Patricia L. Laubham, at [plaubham@brevardnclaw.com](mailto:plaubham@brevardnclaw.com), if you should have any questions regarding your worksheet)*

## ESTATE PLANNING WORKSHEET

The information requested on this worksheet may seem like none of our business, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If you are married and all information on this worksheet is identical for you and your spouse, complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each spouse has a separate one.

For those of you who are single, we apologize for phrasing everything based on husband and wife. This is for simplicity of the form only. To complete this worksheet, please fill in the wife's blanks if you are female and the husband's blanks if you are male. Estate planning is very important for singles as well as couples. Plan of distribution for singles is not obvious and most or all assets will be probated since joint tenancy with a spouse is not an available method of avoiding probate.

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### CONTACT INFORMATION

Date: \_\_\_\_\_ County: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: (Husband) \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: (Wife) \_\_\_\_\_

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*Street* *City* *State* *Zip*

#### **Husband:**

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*First* *Middle Name/Initial* *Last*

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*Date of Birth* *Social Security Number*

#### **Wife:**

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*First* *Middle Name/Initial* *Last*

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*Date of Birth* *Social Security Number*

## CHECKLIST

- Marital Status:       Married                       Divorced  
                                  Separated                       Single (including widowed and not married)

What is your primary motivation for considering estate Planning? (Select one or more)

- |  |  |
|--|--|
| <input type="checkbox"/> Relocation                      | <input type="checkbox"/> Elder Care Law              |
| <input type="checkbox"/> Guardianship for Minor Children | <input type="checkbox"/> Federal Estate Tax Planning |
| <input type="checkbox"/> Retirement Planning             | <input type="checkbox"/> Charitable Giving           |
| <input type="checkbox"/> Special Needs (Disabled)        | <input type="checkbox"/> Other: _____                |
- 

How soon would you like to complete your plan? Is there a specific deadline, such as an upcoming trip, surgery, etc.? \_\_\_\_\_

Do you have any estate planning documents in place at this time? (*Please check*)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Last Will and Testament      | <input type="checkbox"/> Revocable Trust     | <input type="checkbox"/> Irrevocable Trust |
| <input type="checkbox"/> Durable Power of Attorney    | <input type="checkbox"/> Special Needs Trust | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> HealthCare Power of Attorney |  |  |
| <input type="checkbox"/> Living Will                  |  |  |

- Were there any previous marriages? (*Prenuptials*)  
 Are any children not from your current marriage?

Are any of your children or other beneficiaries have disabilities? (*If so, please be specific below*)

\_\_\_\_\_

\_\_\_\_\_

Do you own a farm or business? (*If so, please be specific below*)

\_\_\_\_\_

\_\_\_\_\_

Are there any serious health problems? (*If so, please describe below*)

\_\_\_\_\_

\_\_\_\_\_

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

**NET WORTH:** If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks/bonds/IRA's, and anything else you own except death benefits on life insurance, what is the approximate total value of the estate?

\_\_\_\_\_

## INCOME/ASSET LIABILITY INFORMATION

Type of Asset	Title in Which Held <i>(Joint/Sole/Other)</i>	Type of Property	Current value
<b>Real Estate</b> Personal Residence:			
Vacant Land:			
Out of Town Property:			
Other:			
<b>Personal Property</b> Household Furnishings:			
Vehicle(s): (see titles)			
Other:			
<b>Assets</b> Cash on Hand:			
Securities: (Name of Institution)			
Money Market Acct(s):			
Checking Account(s): (Name of Bank)			
Savings Account(s): (Name of Bank)			
Certificates of Deposit(s):			
Equity in Business(s): <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop.			

## INCOME/ASSET LIABILITY INFORMATION

Type of Asset	Title in Which Held <i>(Joint/Sole/Other)</i>
<b>Annuities</b>	
Owner:	
Beneficiary:	
Contingent Beneficiary:	
<b>IRA's</b>	
Owner:	
Beneficiary:	
Contingent Beneficiary:	
<b>Pension</b>	
Owner:	
Beneficiary:	
Contingent Beneficiary:	
<b>Life Insurance</b>	
Owner:	
Beneficiary:	
Contingent Beneficiary:	
<b>Liabilities</b>	



## APPOINTMENTS

### 1. GENERAL AND COMPLETE POWER OF ATTORNEY.

Who should be named to make financial decisions on your behalf if you were unable to make these decisions yourself? (Frequently, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your Agent.

PRIMARY AGENT: \_\_\_\_\_ Relationship: \_\_\_\_\_  
FIRST ALTERNATE: \_\_\_\_\_ Relationship: \_\_\_\_\_  
SECOND ALTERNATE: \_\_\_\_\_ Relationship: \_\_\_\_\_

### 2. HEALTH CARE POWER OF ATTORNEY WITH ADVANCED DIRECTIVES (Living Will).

Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? (Frequently, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your Health Care Agent.

PRIMARY AGENT: \_\_\_\_\_ Relationship: \_\_\_\_\_  
FIRST ALTERNATE: \_\_\_\_\_ Relationship: \_\_\_\_\_  
SECOND ALTERNATE: \_\_\_\_\_ Relationship: \_\_\_\_\_

### 3. EXECUTOR.

The Will should name an Executor to probate the Estate. (Personal Representative is also sometimes referred to as Executor), (Spouse as primary Personal Representative, or child, relative, friend, or Corporate Trustee as alternate. In second marriage situations, spouse as primary Executor may not be appropriate.)

PRIMARY EXECUTOR: \_\_\_\_\_ Relationship: \_\_\_\_\_  
FIRST ALTERNATE: \_\_\_\_\_ Relationship: \_\_\_\_\_  
SECOND ALTERNATE: \_\_\_\_\_ Relationship: \_\_\_\_\_

## TRUST APPOINTMENTS *(as advised and as needed)*

1. NAME OF TRUST: \_\_\_\_\_

2. PRIMARY TRUSTEE: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. FIRST SUCCESSOR TRUSTEE: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. SECOND SUCCESSOR TRUSTEE: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. BENEFICIARY/BENEFICIARIES:

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

**PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE  
MINOR BENEFICIARIES\* OR BENEFICIARIES WITH DISABILITIES \*\***

**PRIMARY GUARDIAN:**

\_\_\_\_\_ Relationship: \_\_\_\_\_

**ALTERNATE GUARDIAN:**

\_\_\_\_\_ Relationship: \_\_\_\_\_

**TESTAMENTARY TRUST:** You may need a Trustee to manage assets for any beneficiary until they reach an age when you believe they should be capable of managing assets on their own. The Trustee can be a relative, friend, trust company, or any person you choose that would be best in managing assets according to your wishes.

**PRIMARY TRUSTEE:**

\_\_\_\_\_ Relationship: \_\_\_\_\_

**ALTERNATE TRUSTEE:**

\_\_\_\_\_ Relationship: \_\_\_\_\_

**ALTERNATE TRUSTEE:**

\_\_\_\_\_ Relationship: \_\_\_\_\_

**AGE OF DISTRIBUTION:**

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

*\* If there is legal custody for any minor children mentioned in your documents, please provide a copy of the custody order or custody agreement..*

*\*\* If there is a beneficiary receiving SSI for disabilities, please provide a copy.*



## PLAN OF DISTRIBUTION

**SPECIFIC GIFTS:** Do you wish to make a special gift to a particular person, (such as tangible personal property)?

\_\_\_\_\_ Recipient: \_\_\_\_\_  
\_\_\_\_\_ Recipient: \_\_\_\_\_

**PET SPECIFIC BEQUEST:** Do you wish to make a specific bequest to a particular person to care for your pet after your death? Do you wish to leave an amount or % for their care and maintenance?

Dollar Amount: \_\_\_\_\_ Recipient: \_\_\_\_\_  
Dollar Amount or %: \_\_\_\_\_ Recipient: \_\_\_\_\_

**PERSONAL PROPERTY:** A memorandum form be completed and stored with your Will, (supplied to you at your request).

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

**VEHICLES:** Do you wish to bequeath your vehicle to a particular person or wish to have it sold by the Executor?

\_\_\_\_\_ Recipient: \_\_\_\_\_  
\_\_\_\_\_ Recipient: \_\_\_\_\_

**REAL PROPERTY:** May be included in your residual estate distribution or you may authorize and direct your Executor to sell your real property.

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

**RESIDUAL ESTATE:** Briefly describe where you would want assets remaining after any specific gifts are distributed.

All to spouse; then equally between children, and if a child does not survive, then to the deceased child's issue.

All to spouse, then only between surviving children.

All to spouse, but not to children, then to \_\_\_\_\_

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

All to charities or other legal entities:

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

**GENERAL QUESTIONS**

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

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*(Please call Patricia L. Laubham once completed to schedule your complimentary consultation)*

Thank you