

ESTATE PLANNING WORKSHEET

We hold the information you provide in this worksheet in complete confidence, and use it for the sole purpose of analyzing your estate planning needs and designing your estate planning documents. Preparation of this worksheet is not mandatory prior to the initial appointment with us, but if we receive the completed worksheet prior to or at the time of your appointment, we can better and more completely advise you during the initial consultation.

During the initial appointment, we will discuss your specific goals and how to best prepare an estate plan to meet those goals while reducing or eliminating taxes and costs. We will provide an exact quote on fees for estate planning before you authorize completion of your estate plan.

Please remember this worksheet is just a starting point and you can certainly change your mind about your choices. Just do the best you can with it.

Nancy Goodman, Esq.

1201 West Peachtree, NW, Suite 2340, Atlanta, Georgia 30309

678-628-8487 (Phone)

nancy@nancybgoodman.com

www.nancybgoodman.com

ESTATE PLANNING WORKSHEET

Date: _____

Individual A:

Full Legal Name: _____

Date of Birth: _____ Phone Number: _____ Email Address: _____

Individual B:

Full Legal Name: _____

Date of Birth: _____ Phone Number: _____ Email Address: _____

Primary Address (including county):

Secondary Address: (if any)

What are your motivations for considering estate planning? *(Select one or more)*

- Probate avoidance
- Guardianship for minor children
- Business or farm planning
- Federal estate tax planning
- Other: _____

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? _____

Are you married? _____

Please list the full legal name and date of birth for each child:

Children Born or Adopted of the Marriage: _____

Individual A's Children (not of this union): _____

Individual B's Children (not of this union): _____

Who should care for your minor child/children until the age of 18?

(list full legal name and relationship to you, if any)

Do you have a beneficiary with special needs such as a disability, drug or alcohol addiction, or other? If so, please describe: _____

Please **generally** describe your assets. For example, tell me about your real estate, business, retirement plans, life insurance.

Individual A: _____

Individual B: _____

If at the time of your death, **your partner is still living**, how would you want your assets to be distributed? (give as much detail as possible)

Individual A: _____

Individual B: _____

If you and your partner are **both deceased**, how would you want your assets to be distributed?
(give as much detail as possible)

Individual A: _____

Individual B: _____

Do you want your children's (or other beneficiaries) assets to be kept in trust until a certain age? Consider percentage distributions such as (for example), when you child reaches the age of 22 or graduates from an accredited institution of higher learning, whichever happens first, the child receives 1/3 of the trust property. When the child reaches the age of 25, the child receives 1/2 of the then remaining trust property. When the child reaches the age of 30, the child receives all of the then remaining trust property. As long as the child has money in trust, the trustee can pay for the child's health, education, maintenance and support.

Individual A: _____

Individual B: _____

Who should serve as the **trustee** to manage assets for your child or children (or a special needs beneficiary) while the funds are in trust? Consider naming a primary and a back up. Give full legal names.

Individual A: _____

Individual B: _____

Who should serve as the **executor** of your estate? (this is the person that will pay bills, collect assets, etc.) Consider naming a primary and a back up. Give full legal names.

Individual A: _____

Individual B: _____

If you are living, but become incapable of handing your personal business affairs, who should manage your business while you are incapacitated? Consider naming a primary and a back up. (this is the **Power of Attorney**- please give full name, phone number, address and email address)

Individual A: _____

Individual B: _____

If you are living, but become incapable of making decisions about your health care, who should make your health care decisions while you are incapacitated? Consider naming a primary and a back up. (this is the **Health Care Power of Attorney**- please give full name, phone number, address)

Individual A: _____

Individual B: _____

If you are living, but become incapable of making decisions about your health care, and terminal and incurable, would you like to have all measures of life sustaining intervention, some life sustaining intervention, or palliative care only? (this is the **Living Will**)

Individual A: _____

Individual B: _____

If you are living, but become incapable of making decisions about your health care, and in a persistent vegetative state, would you like to have all measures of life sustaining intervention, some life sustaining intervention, or palliative care only? (this is also the **Living Will**)

Individual A: _____

Individual B: _____

Do you wish to be buried or cremated? Any special instructions?

Individual A: _____

Individual B: _____