

## Estate Planning Worksheet

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*Please provide as much of the following information as possible. The information you provide will help the attorney spot specific estate planning issues that need to be discussed as part of the initial consultation and will assist the attorney in designing an estate plan that meets your needs. **The information you provide is confidential.***

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE **AT LEAST 48 HOURS PRIOR TO YOUR APPOINTMENT VIA POSTAL MAIL OR E-MAIL.** IF YOUR WORKSHEET IS NOT RECEIVED IN ADVANCE, WE WILL NEED TO RESCHEDULE YOUR APPOINTMENT.

**A. GENERAL INFORMATION**

1. Full Legal Name \_\_\_\_\_  
 Last 4 digits of Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Address (Street, City, State, Zip) \_\_\_\_\_  
 County of Residence \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Primary E-mail Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_
2. Place of Employment \_\_\_\_\_
3. Citizenship Status \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Non-Citizen Resident \_\_\_\_\_ Other \_\_\_\_\_
4. How long have you been a resident of North Carolina? \_\_\_\_\_
5. Have you ever been married? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a) If yes to #5, please place a checkmark (✓) beside which of the following applies:  
 \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_ still married but planning separately
  - b) If married but planning separately, is there a prenupt/postnupt agreement? Yes \_\_\_\_ No \_\_\_\_
  - c) If divorced, is there an on-going child support or spousal support obligation? Yes \_\_\_\_ No \_\_\_\_
  - d) If divorced, has equitable distribution (aka property division) been resolved? Yes \_\_\_\_ No \_\_\_\_
  - e) If widowed, provide the name & date of death for your spouse \_\_\_\_\_

**B. FAMILY INFORMATION**

1. Your Children (including any child adopted by you prior to his or her 18<sup>th</sup> birthday):
  - a) Full Legal Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone Number (if different from yours) \_\_\_\_\_  
 Address (if different from yours) \_\_\_\_\_
  - b) Full Legal Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone Number (if different from yours) \_\_\_\_\_  
 Address (if different from yours) \_\_\_\_\_
  - c) Full Legal Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone Number (if different from yours) \_\_\_\_\_  
 Address (if different from yours) \_\_\_\_\_
  - d) Full Legal Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone Number (if different from yours) \_\_\_\_\_  
 Address (if different from yours) \_\_\_\_\_
2. Other Persons You Want Included in the Estate Plan (Grandchild, Niece/Nephew, Sibling, Parent, etc.)
  - a) Full Legal Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship to You \_\_\_\_\_  
 Address \_\_\_\_\_

b) Full Legal Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship to You \_\_\_\_\_  
 Address \_\_\_\_\_

c) Full Legal Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship to You \_\_\_\_\_  
 Address \_\_\_\_\_

3. If there are special matters to be addressed for you or any person named in this section (health issues, drug or alcohol dependency, money-management concerns, existing special needs trust, etc.), identify the person and briefly describe the situation. \_\_\_\_\_  
 \_\_\_\_\_

### C. INFORMATION REGARDING EXISTING ESTATE PLAN (IF ANY)

*If you answer YES to Questions 1-5 below, please bring a copy of these documents to your consultation.*

- |  |     |       |    |       |
|--|-----|-------|----|-------|
| 1. Do you have a current will?   | Yes | _____ | No | _____ |
| 2. Do you have a current trust?  | Yes | _____ | No | _____ |
| 3. Do you have a General or Durable Power of Attorney?                                       | Yes | _____ | No | _____ |
| <b>If you answered YES, has it been recorded anywhere?</b>                                   | Yes | _____ | No | _____ |
| 4. Do you have a Health Care Power of Attorney?  | Yes | _____ | No | _____ |
| 5. Do you have a Living Will (Advance Health Care Directive)?                                | Yes | _____ | No | _____ |
| 6. If YES to any of Questions 1-5, in what year & in what state was the document done? _____ |     |       |    |       |
| 7. Do you hold a safe deposit box?   | Yes | _____ | No | _____ |
| If so, at what location of what bank? _____  |     |       |    |       |

### D. ESTATE PLANNING INFORMATION *(Attach a separate sheet of paper if more space is needed)*

1. Depending upon the design of your estate plan, you may be asked to name a Personal Representative (aka Executor), Trustee, Guardian of your kids, Agent under the Durable Power of Attorney, and Health Care Agent for the Health Care Power of Attorney. While you do not need to name those persons now, the space below has been provided for your use as you consider who might be an appropriate choice for each role (as well as alternates should your first choice be unable or unwilling to perform the responsibilities associated with each position). You should also consider whether there are any circumstances when you would not want a particular person to act on your behalf (e.g., separation, divorce, moving across country, etc.).

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2. Do you own real estate other than your primary residence? \_\_\_\_\_ If yes, please describe the property (e.g., beach house, lot, timeshare, etc.) and provide its location (county and state): \_\_\_\_\_

3. Do you own an interest in a company (including an LLC)? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please answer these additional questions:**

- a) Is that company taxed as an S-Corp? Yes \_\_\_\_\_ No \_\_\_\_\_
- b) Does the company hold any trademarks, patents, copyrights? Yes \_\_\_\_\_ No \_\_\_\_\_
- c) Does the company have any on-going licensing agreements? Yes \_\_\_\_\_ No \_\_\_\_\_
- d) Are you the sole owner of the company? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you own unique assets, such as antiques, fine jewelry, or works of art, which may require special handling or valuation? *(If yes, please attach a list and description of the items. If you have recent appraisals for any of the items listed, please bring them with you to your consultation.)* \_\_\_\_\_

5. If you have used or are currently using Assisted Reproductive Technology services (such as IVF), do you have biological material stored (e.g., eggs, sperm, embryos)? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you have any pets or animals in your care? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, do you have a plan for what happens to your pet after your death? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you own any type of firearm or accessory (ex: suppressor)? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are you currently receiving distributions from a family trust? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you anticipate receiving a sizeable inheritance within the next 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you serve as Custodian or Trustee of the assets of others? Yes \_\_\_\_\_ No \_\_\_\_\_

11. At my death, I want to make the following specific gifts (e.g., jewelry, furniture, cash, heirlooms, etc.):

Item Description

Name of Recipient

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12. At my death, I want to make the following gifts to charity:

Name of Charity

Amount of Bequest

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13. Aside from the Specific Bequests and Charitable Bequests identified above, what do you want to do with the rest of your tangible personal property (aka your “stuff”)? Below are some of the most common scenarios, but you can come up with your own:

\_\_\_\_\_ I give all my tangible personal property (not specifically bequeathed) to my surviving children.

\_\_\_\_\_ I direct my Personal Representative to sell my tangible personal property and add the proceeds of the sale to my Residuary Estate.

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

14. In the event of a family catastrophe (i.e., no children, grandchildren, or other descendants survive you), where would you like your assets to go (common options include extended family members or charity)?

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

15. Professional Contact Information

a) Financial Advisor’s Name \_\_\_\_\_

Company Name \_\_\_\_\_

Phone Number or Email Address \_\_\_\_\_

b) Accountant’s Name \_\_\_\_\_

Company Name \_\_\_\_\_

Phone Number or Email Address \_\_\_\_\_

Estate planning is an important and highly personal matter. To be successful, estate planning requires that you disclose information to the firm about your finances that you may consider to be private. PRIVETTE LEGACY PLANNING urges you to make a complete disclosure of your financial matters as a failure to do so would make it impossible for the firm to give you proper advice. PRIVETTE LEGACY PLANNING cannot be held responsible for undesired consequences caused by your failure to disclose pertinent information, and the firm reserves the right to cancel your consultation should you choose not to complete the following Asset Chart. **All information you provide is confidential and will not be shared with anyone outside of the law firm.**

**ASSET CHART**

Please note the Fair Market Value of each asset identified below. If you have multiple assets for a category, please break them down individually (*for example, if you have two checking accounts, list the two accounts separately rather than combining the balance of the two accounts into one sum*).

<u>DESCRIPTION OF ASSET</u>	<u>CURRENT VALUE</u>
1. Checking Accounts (list each account separately)	\$
2. Savings Accounts (list each account separately)	\$
3. Money Market Accounts (list each account separately)	\$

DESCRIPTION OF ASSET	CURRENT VALUE
4. Certificates of Deposit (list each CD separately)	\$
5. Treasury Bills / Notes / U.S. Savings Bonds (list all separately)	\$
6. Individual Stock Certificates and Bonds (list each company & value)	\$
7. Brokerage Accounts a. Account Balance b. Beneficiary or Transfer on Death Designation	\$
8. IRAs, 401 (k)s, and other retirement plan a. Account Balance b. <Loan Amounts, if any> c. Beneficiary or ToD Designation: _____ d. <b>Note whether this is a ROTH or Traditional retirement plan</b>	\$ < >
9. Annuities <b>Is this a qualified annuity?</b> <b>Is this a non-qualified annuity?</b>	\$
10. Pension Plans	\$
11. Health Savings Accounts a. Beneficiary Designation: _____	\$
12. Life Insurance Policies a. Policy Death Benefit b. Cash Surrender Value c. Type of Policy (Term, Whole, Universal, Group, etc.) d. Beneficiary Designation: _____	\$ \$
13. Long-Term Care Insurance ( <i>list only if there is a death benefit payout</i> )	\$
14. 529 Accounts for children/grandchildren ( <i>list only if you are the custodian of the account</i> )	\$
15. Tangible Personal Property (basic furnishings and personal belongings)	\$

DESCRIPTION OF ASSET	CURRENT VALUE
16. Household Items of Special Value (stamps, art, antiques, jewelry, etc.) – <b>APPRAISED VALUE</b>	\$
17. Real Estate – Personal Residence	
a. Value	\$
b. <Mortgage Balance, if any>	<                      >
c. <Home Equity Loan Balance, if any>	<                      >
18. Other Real Estate	
a. Value	\$
b. <Mortgage Balance>	<                      >
c. <Home Equity Loan Balance, if any>	<                      >
d. Is this used as rental property?	
19. Motor Vehicles (e.g., Cars, Boats, etc.)	
a. Value	\$
b. <Loan Balance, if any>	<                      >
20. Business Interests (e.g., family business, partnership interest, etc.)	
a. PLLC, LLC, C-Corp, Sole Proprietorship, Partnership, Other?	
b. Your ownership percentage: _____%	
c. Value of your ownership percentage	\$
d. If you do not own 100%, who are the other business owners? _____	
e. <Notes Payable>	<                      >
21. Digital Assets (virtual currency like Bitcoin, vlogs or blogs, image and multimedia files, or other digital material you own)	\$
22. Other Assets – <i>please specify (e.g., interest in family trust, promissory notes or other outstanding debts payable to you, judgments awarded to you that have not yet been paid, unexercised stock options, Timeshares transferrable airline miles, credit card points with cash value, etc.):</i>	\$
<b>GRAND TOTAL OF ASSETS</b>	\$

Additional issues you wish to discuss with the attorney:

**INITIAL CONSULTATION AGREEMENT**

By signing below, I agree to pay \$350.00 for my two-hour consultation. I understand that payment is required at the end of the consultation and that the amount is owed whether or not I retain PRIVETTE LEGACY PLANNING to handle my estate planning needs. If I do retain the services of PRIVETTE LEGACY PLANNING, however, then I understand the consultation fee will be applied toward the total cost of our estate plan if I retain the law firm's services within 14 days of my consultation.

By signing below, I affirm that I have completed this Worksheet accurately and faithfully and have provided as much information and materials as is known to me. I acknowledge it is my responsibility to return the completed Worksheet to PRIVETTE LEGACY PLANNING **at least 48 hours prior to my initial consultation.** If I am unable to return this document within the required timeframe, then I understand my appointment will be rescheduled.

By signing below, I also affirm that no attorney-client relationship is created through the consultation process. I have not yet hired PRIVETTE LEGACY PLANNING, and PRIVETTE LEGACY PLANNING has not agreed to handle my matter. I understand any attorney-client relationship will be formalized in an Engagement Agreement.

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Signature

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Date