



2177 EAST WARNER ROAD, STE. 107  
TEMPE, ARIZONA 85284  
(480) 838-3000 | BLAKEPULSIFER.COM

## ESTATE PLANNING WORKSHEET

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

### I. PERSONAL INFORMATION:

Client Name:	_____		
Address:	_____		
E-Mail Address:	_____		
Home Phone:	_____	Mobile:	_____
Business Phone:	_____	Other:	_____
Date of Birth:	_____	S/S Number:	_____
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if no, state citizenship	_____

Client Name:	_____		
Address:	_____		
E-Mail Address:	_____		
Home Phone:	_____	Mobile:	_____
Business Phone:	_____	Other:	_____
Date of Birth:	_____	S/S Number:	_____
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if no, state citizenship	_____

### Children Common to Both Clients

Name:	_____	Age:	_____
Name:	_____	Age:	_____
Name:	_____	Age:	_____
Name:	_____	Age:	_____
Name:	_____	Age:	_____
Name:	_____	Age:	_____

Children of One Client (Name of Parent: _____ )	
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Children of One Client (Name of Parent: _____ )	
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

**Additional family information, if necessary:**

**II. ASSETS:**

**A. Real Estate<sup>1</sup>** (homes, vacation properties, land, farms, deeds of trust, etc.)

Property Address or Location	Owner(s) and Title (e.g. T/C <sup>2</sup> , JTWROS <sup>3</sup> , CPWROS <sup>4</sup> , separate property, or other)	Market Value	Mortgages/ Liens	Net Value

<sup>1</sup> Attach deeds, if available.

<sup>2</sup> "T/C" means Tenants in Common.

<sup>3</sup> "JTWROS" means Joint Tenancy with Right of Survivorship.

<sup>4</sup> "CPWROS" means Community Property with Right of Survivorship.

**B. Life Insurance<sup>5</sup>**

<b>Insurer/ Company</b>	<b>Owner/ Insured</b>	<b>Type of Insurance (term, whole, universal, etc.)</b>	<b>Beneficiary</b>	<b>Death Benefit</b>	<b>Cash Value</b>

<sup>5</sup> Attach most recent statements and policies, if available.

**C. Non-Qualified Annuities<sup>6</sup>** (not part of an IRA, 401K, or other tax-deferred retirement accounts)

<b>Issuing Company</b>	<b>Owner/ Annuitant</b>	<b>Type of Annuity (immediate, deferred, fixed, variable)</b>	<b>Beneficiary</b>	<b>Tax Basis</b>	<b>Death Benefit</b>	<b>Cash Value</b>

<sup>6</sup> Attach most recent statements and contracts, if available.

**D. Qualified Retirement Plans/IRAs<sup>7</sup>** (IRAs, 401Ks, other tax-deferred retirement accounts)

Type	Financial Institution	Owner	Value	Beneficiary

<sup>7</sup> Attach most recent statements.

**E. Business Interests<sup>8</sup>** (partnerships, LLCs, corporations, and other business interests)

Name of Business	Type (C-Corp, S-Corp, LLC, etc.)	Owner(s) and Title	Percent Owned	Value of Interest Owned

<sup>8</sup> Attach copies of controlling documents (i.e., Articles, Operating Agreement, Bylaws, Partnership Agreement, Buy/Sell Agreement, etc.).

**F. Checking, Savings & CDs<sup>9</sup>**

Name of Bank or Financial Institution	Type of Account	Owner(s) and Title (joint, sole, joint with third party)	Value	Beneficiaries or POD/TOD (if any)

<sup>9</sup> Attach most recent statements.

**G. Investment Accounts<sup>10</sup>** (investment portfolio, brokerage accounts mutual funds and other after-tax accounts)

Name of Bank or Financial Institution	Type of Account	Owner(s) and Title (joint, sole, joint with third party)	Value	Beneficiaries or POD/TOD (if any)

<sup>10</sup> Attach most recent statements.

**H. Automobiles, Motorcycles, Boats, Aircraft, and RVs<sup>11</sup>**

Description	Title	Value	Encumbrance

<sup>11</sup> Attach titles, if available.

**I. Tangible Personal Property**

**Collectibles** (art, goldware, coins, antiques, memorabilia, etc. having a significant value to a third party)

**Heirlooms** (personal property having sentimental or historical significance - with or without value)

**Other Tangible Personal Property** (loose stones, precious metals, tools, fire arms, musical instruments, etc.)

Description	Value (if any)

**J. Intangible Personal Property**<sup>12</sup> (promissory notes, stocks and bonds in certificate form, contracts, cash, etc.)

Description	Owner(s) and Title	Value

<sup>12</sup> Attach copies if available.

**K. Expectancies** - do you expect any significant inheritances or distributions from your family or other sources?

- No     Yes

If yes, please describe below:

Description	Value

**L. Income** (paychecks, pensions, social security, dividends, etc.)

Source of Income	Recipient	Monthly Amount

**M. Gifting**

Do you make regular gifts to any person or charity?  No  Yes

Have you ever filed a Federal gift tax return?  No  Yes – if so, please attach a copy.

Have you made gifts in this tax year in excess of \$14,000 to any person?  No  Yes

If you answered yes to any of these questions, please describe:



**O. Advisors/Professionals**

1. Accountants:

Name	Address	Phone Number

2. Bankers/Trust Officers:

Name	Address	Phone Number

3. Insurance Advisors:

Name	Address	Phone Number

4. Investment Advisors/Brokers:

Name	Address	Phone Number

5. Other Advisors/Professionals:

Name	Address	Phone Number

### III. FINANCIAL AGENTS:

Please list the person(s) you wish to nominate to manage your financial affairs. The question you should ask yourself is "Who do I want to manage my finances if I cannot do it myself?" You should also consider alternates in the event the first person you nominate is unable to act:

	Agent Name	Relationship
Agent		
First Alternate		
Second Alternate		

### IV. GUARDIAN:

Please list the person(s) you wish to nominate as Guardian for any minor children or incapacitated dependents. The Guardian will care for any minors and/or incapacitated persons that you are responsible for at the time of your death or incapacity. You may wish to name alternates in the event the first person you nominate is unable to act:

Client Name:	Client Name:
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Guardian for Minor Children and Dependents		
Guardian		
First Alternate		
Second Alternate		

### V. HEALTH CARE AGENTS:

Please list the person(s) you wish to nominate to make health care decisions for you in the event of your incapacity. The question you should ask yourself is "If I cannot make or communicate my own medical decisions, who do I want to make them for me?" These Agents may be different from your Financial Agents.

Client Name:	Client Name:
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Health Care Power of Attorney and Advanced Directive:		
Agent		
First Alternate		
Second Alternate		

## VI. FINAL DISTRIBUTION:

A. Please describe generally how you want your estate distributed after your death:

B. Do you wish to delay distribution of any amounts to your children or other persons until they have reached a specific age or ages, or place other restrictions on distributions?     No     Yes

If yes, please explain:

C. Do you intend to make any specific monetary gifts to any person or charity?     No     Yes    If yes, please describe:

**D. Contingent Beneficiaries.** In the event all of the beneficiaries that you name to receive your estate predecease you, how do you want your estate distributed (i.e., to your immediate family, such as parents, siblings, etc., friends, or charitable organizations)?

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**E. Omitted Heirs.** Do you wish to omit any family members or heirs from receiving any portion of your estate?  No  Yes  
If yes, please indicate below:

Client Name:		Client Name:	

## VII. MISCELLANEOUS

Do you wish to be cremated?

Client Name: \_\_\_\_\_  Yes  No    Client Name: \_\_\_\_\_  Yes  No

Do you have other wishes regarding your remains?

Client Name: \_\_\_\_\_  Yes  No

If yes, please describe:

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Client Name: \_\_\_\_\_  Yes  No

If yes, please describe:

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**VIII. OTHER:**

Is there anything else you want us to address in your Estate Plan?  Yes  No If yes, please describe:

**The undersigned has provided the foregoing information and represents and warrants as follows:**

1. That such information is true and correct in all material respects;
  
2. That the above-described assets comprise all of the assets owned by the undersigned, either jointly or individually, having a value of more than \$5,000; and
  
3. That the combined value of all assets not included on this worksheet is less than \$75,000.

The undersigned further acknowledges that Blake & Pulsifer, PLC will rely on the information provided herein and upon the representations and warranties set forth above in designing, drafting, and implementing the undersigned's estate, succession or business plan, as the case may be.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Clear All Fields

Email