BLAKE&PULSIFER™ PLC

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ESTATE PLANNING WORKSHEET

Date:_____ Referred by:_____

Email:_____

I. PERSONAL INFORMATION:

Client Name:_____

Address:_____ City, State & Zip_____

E-Mail Address:_____

Home Phone:_____ Mobile:_____

Business Phone:_____ Other:_____

Date of Birth:_____ SS Number:_____

U.S. Citizen ☐ Yes ☐ No (if no, state citizenship_____)

Client Name:_____

Address:_____ City, State & Zip_____

E-Mail Address:_____

Home Phone:_____ Mobile:_____

Business Phone:_____ Other:_____

Date of Birth:_____ SS Number:_____

U.S. Citizen ☐ Yes ☐ No (if no, state citizenship_____)

Children Common to Both Clients

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Children One Client (Name of Parent: _____)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Children One Client (Name of Parent: _____)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Family Information:

Are clients legally married to one another? ☐ Yes ☐ No

Does anyone in your family suffer from addiction, mental health or any disability? Explain.

II. ASSETS:

A. Real Estate[1] (homes, vacation properties, land, farms, deeds of trust, etc.)

Property Address or Location	**Owner(s) and Title** (e.g. T/C[2], JTWROS[3], CPWROS[4], Separate Property, or Other)	**Market Value**	**Mortgages/ Liens**	**Net Value**

[1] Attach deeds, if available.
[2] "T/C" means Tenants in Common.
[3] "JTWROS" means Joint Tenancy with Right of Survivorship.
[4] "CPWROS" means Community Property with Right of Survivorship.

B. Life Insurance[5]

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

C. Non-Qualified Annuities[6] (not part of an IRA 401K or other tax deferred retirement accounts)

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

[5] Attach most recent statements and policies, if available.
[6] Attach most recent statement and contract, if available

D. Qualified Retirement Plans/IRAs[7] (IRA's, 401k's, other tax deferred retirement accounts)

Financial Institution	Type	Owner	Value	Current Beneficiary

E. Business Interests[8] (partnerships, LLC's, 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

[7] Attach most recent statements, if available

[8] Attach copies of controlling documents (i.e., Articles, Operating Agreement, Bylaws, Partnership Agreement, Buy/Sell Agreements, etc.)

F. Checking, Savings, CDs & Investments[9] (Investment Portfolio, 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's (if any)

[9] Attach most recent statements

G. Automobiles, Motorcycles, Boats, Aircraft, and RVs[10]

Description	Title	Value	Encumbrance

H. 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

[10] Attach titles, if available

I. Intangible Personal Property[11] (promissory notes, stocks and bonds in certificate form, contracts, cash, etc.)

Description	Owner(s) and Title	Value

J. Expectancies - do you expect any significant inheritances or distributions from your family or other sources?
☐ Yes ☐ No If yes, please describe below:

Description	Value

K. Income (paychecks, pensions, social security, dividends, etc.)

Source of Income	Recipient	Monthly Amount

[11] Attach copies if available.

L. Gifting

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

Have you ever filed a Federal Gift Tax Return? ☐ Yes ☐ No - if so, please attach a copy.

Have you made gifts in this tax year in excess of $15,000 to any person(s)? ☐ Yes ☐ No

If yes to any of these questions, please describe:

III. ADVISORS/PROFESSIONALS

Name	Type of Advisor (Accountant, Banker, etc.)	Email Address	Phone Number

IV. 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	Address/Phone Number
Agent		
First Alternate		
Second Alternate		

V. 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:_____
Guardian for Minor Children and Dependents		
Guardian		
First Alternate		
Second Alternate		

VI. 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:_____
Health Care Power of Attorney and Advanced Directive		
Agent		
First Alternate		
Second Alternate		

VII. FINAL DISTRIBUTION:

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

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

C. **Omitted Heirs**. Do you wish to specifically omit any family members or heirs from receiving any portion of your estate? If Yes please indicate below and why:

Name of person being omitted:	**Reason for omitting:**

VIII. REMAINS

Do you wish to be cremated?

Client Name: _____ ☐ Yes ☐ No Client Name: _____ ☐ Yes ☐ No

Do you have other wishes regarding your remains?

IX. 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 $2,000; and

3. That the combined value of all assets not included in this check list 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:_____