PROBATE PLANNING WORKSHEET

Please Print

DATE/	/	
Full Legal Name:		
Date of Death:		
Age: Birthdate:/ So	ocial Security Number:	
Driver's License No.:	State:	
E-mail Address:	cell phone:	
Marital Status:Married,Single,Divor	ced,Widowed	
Home Address:		
Home City/ST/Zip:		
Home County:		
Home Phone:		
Fax for Confidential Info:		
Occupation:		
Full Name of Children and Mailing Addresses: 1.	Marital Status Birthdate /	'
Spouse:	/	
2.	/	
	SSN:	
Spouse:	/	

3.			/	
		SS	N:	
	Spouse:		/ /	
4.				
		SS	N:	
	Spouse:		/ /	
Do you	u presently have a:			
Saf	fety Deposit Box	Yes/No	where located	
Irre	evocable Living Trust:	Yes/No	Date of Document:	
Liv	ving Trust?	Yes/No	Date of Document:	
Irre	evocable Life Insurance Trust?	Yes/No	Date of Document:	
Wi	111?	Yes/No	Date of Document:	
Po	wer of Attorney?*	Yes/No	Date of Document:	
	alth Care Power of Attorney Living Will)?	Yes/No	Date of Document:	
(*I	nclude those for USDA or other gover	rnment progra	ms or purposes.)	
Ple	ease provide copies of the above doc	uments so the	e attorney may review them.	
Have y	you ever filed a Federal Gift Tax Retu	rn?		
Wł	nen and why?			

Have you made any substantial gifts (over \$13,000 in value) to anyone other than your spouse of a charity?
If yes, please indicate to whom, when, and what was the property given:
(Continue on back or additional sheets, if necessary.)
Please list the names and addresses of your Key Advisors (i.e., who advises you concerning property, investing, business, and taxes):
CPA:
Personal Bank & Banker:
Financial Advisor:
Insurance Agent:
Other:
Other:

ASSETS

Ownership and your best estimate of Fair Market Value. You might have already prepared a current balance sheet for a financial planner, bank, etc., in which case, you could be less detailed on this page and attach a copy of that balance sheet.

Real Estate (address):	Joint	Husband/Single	Wife
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
(Please bring a document (deed, abstract, et estate.)	\$c.) showing lega	\$ al description of each t	\$ tract of real
Mineral Interests: Yes If Yes, please provide mineral deed.	No		
Automobiles (Year, Make & Model):	Joint	Husband/Single	Wife
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
(Please bring a copy of all vehicle titles.)	\$	<u> </u>	\$
Savings and Checking Accounts:	Joint	Husband/Single	Wife
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
(Attach additional page, if necessary.)	\$	\$	\$
Notes Held by You (money owed to you by others):	Joint	Husband/Single	Wife
	\$	\$	\$
	\$	\$	\$

	\$	\$	\$
(Attach additional page, if necessary.)	\$	\$	\$
Certificates of Deposit (CDs):	Joint	Husband/Single	Wife
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Mutual Funds/Money Market/Stocks/ Bonds:	Joint	Husband/Single	Wife
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
(Attach additional page, if necessary.)	\$	\$	\$
Valuable Personal Property (farm equipment, jewelry, collections, tools, etc.:	Joint	Husband/Single	Wife
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
(Attach additional page, if necessary.)	\$	\$	\$
Other Miscellaneous Contents of Home:	Joint	Husband/Single	Wife
	\$	\$	\$
	\$	\$	\$

		S	\$	\$
		S	\$	\$
	Life Inst	URANCE		
Insurance Co. Insured	Policy Owner	<u>Beneficiary</u>	Death Benefit	<u>Cash Value</u>
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Pension/Profit Sharing/401k/403b			Beneficiary	Value \$
Attach additional page, if necess				\$ \$ n Description.
Indi	VIDUAL R ETIRI	EMENT ACCO	UNTS	
	VIDUAL RETIRI Owner		UNTS Beneficiary	Value
				Value \$
				Value \$\$
Indi				Value \$\$ \$\$

OTHER ASSETS

Describe the Asset:	Owne	er	Value
			\$
			\$
			\$
			\$
(Attach additional page, if necessary.)			
LIST	OF LIABILITIES		
Home Mortgage:	Joint	Husband/S	ingle Wife
\$	\$	\$	\$
Mortgage Holder:			
Account No.:			
Address:			
Telephone:			
Other Mortgage:	\$	\$	\$
Notes (secured by:):	\$	\$	\$
Loans Against Life Insurance:	\$	\$	\$
Other Obligations (credit cards, charge Accounts, car loans, automatic withdrawls,	etc): \$	\$	\$
	\$	\$	_
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	\$	\$	_ \$
	\$	\$	\$