

# ESTATE PLANNING WORKSHEET #1

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*Conrad Trosch & Kemmy, P.A.*

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.  
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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# PERSONAL INFORMATION

Husband's Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Date of Marriage \_\_\_\_\_

Wife's Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

## CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent.)

Name	Birth date	Parent or Relationship
1. _____	_____	_____
Comments: _____		
2. _____	_____	_____
Comments: _____		
3. _____	_____	_____
Comments: _____		
4. _____	_____	_____
Comments: _____		
5. _____	_____	_____
Comments: _____		
6. _____	_____	_____
Comments: _____		

# ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

## YOUR CONCERNS

Please rate the following as to how important they are to you:  
*(H: high concern, S: some concerned, L: low concern, N/A: no concern or not applicable)*

Description	Level of Concern	
	Husband	Wife
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a conservatorship (“living probate”) in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children’s inheritance from the possibility of failed marriages.		
Protect children’s inheritance in the event of a surviving spouse’s remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

## IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

### ADDITIONAL RELEVANT INFORMATION

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## SUMMARY OF VALUES

ASSETS	Amount		
	Husband	Wife	Joint
Real Property			
Address:			
Address:			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
<b>Total Assets:</b>			

# DESIGN INFORMATION

## PERSONS TO ACT FOR YOU:

**GUARDIAN(S) FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference, who you wish to be guardian.

Name and Address	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

**INITIAL TRUSTEE(S), in order of preference, of trust set up for minor children (under age 18):**

Name and Address	Relationship
1. _____	_____
2. _____	_____

**EXECUTOR:** After your death, who do you want to carry out your instructions, manage your property, and distribute property to your beneficiaries? List in order of preference.

### FOR HUSBAND

Name and Address	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

### FOR WIFE

Name and Address	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? List in order of preference. Page 6

**HUSBAND'S AGENT**

Name	Relationship	Instructions or Guidelines
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**WIFE'S AGENT**

Name	Relationship	Instructions or Guidelines
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Husband:  Yes  No

Wife: Yes  No

Gifting Power Details: \_\_\_\_\_  
\_\_\_\_\_

**LIVING WILL:** Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? \_\_\_\_\_

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? List in order of preference/

**HUSBAND'S AGENT**

Name and Address	Relationship	Best Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**WIFE'S AGENT**

Name and Address	Relationship	Best Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS**

- FOR HUSBAND:**  Spouse, then children equally.  Children  
 Spouse, then to residuary estate.  To be distributed as a part of the residuary estate.  
 Spouse, then other named individuals.  Other named individuals. List on next line.
- 

- FOR WIFE:**  Spouse, then children equally.  Children  
 Spouse, then to residuary estate.  To be distributed as a part of the residuary estate.  
 Spouse, then other named individuals.  Other named individuals. List on next line.
- 

**SPECIFIC GIFTS:** List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.  
 Indicate whether these gifts are to be made even if the other spouse is alive.

**FOR HUSBAND:**

Individual or Charity	Amount or Property	Contingent on Wife predeceasing?
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**FOR WIFE:**

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?
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**DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE**

**DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**

**DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

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**OTHER ITEMS TO INCLUDE OR DISCUSS:** Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

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