

# ESTATE PLANNING WORKSHEET #2

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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

Client'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 & BENEFICIARIES

*(Use full legal name.)*

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

## 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
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death.	
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of disability.	
Providing for and protecting a non-family member.	
Providing for and protecting children.	
Providing for and protecting grandchildren.	
Disinheriting a family member.	
Providing for charities at the time of death.	
Planning for the transfer and survival of a family business.	
Avoiding or reducing your estate taxes.	
Avoiding probate.	
Reducing 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.	
Protecting children’s inheritance in the event of remarriage.	
Providing 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 receiving Social Security, disability, or other governmental benefits? <i>Describe:</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>		
Have 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>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children or beneficiaries have special educational, medical, or physical needs?		
Do any of your children or beneficiaries 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

<b>ASSETS</b>	<b>AMOUNT</b>
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>	_____

\* *Please indicate if any property owned is owned jointly in any way with another person.*

# 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.

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.

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?

Yes  No

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



