Estate Planning Worksheet



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Estate Planning. Custom Made. Like Your Life.

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ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL. Using this organizer will help us design an estate plan that fully addresses your goals.

PLEASE RETURN THE COMPLETED WORKSHEET VIA EMAIL PRIOR TO YOUR APPOINTMENT. YOU CAN OPEN AND SAVE THIS FORM AFTER TYPING YOUR ANSWERS DIRECTLY IN IT.

**PERSONAL INFORMATION**

**Name**

(name most often used to title property and accounts)

Also Known As

(other names used to title property and accounts)

In your will or trust would you like to use your middle name, middle initial or neither?

Prefer to be called Year of Birth US Citizen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City State Zip

Home Telephone County of Residence Cell

Employer Position

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

Referral Source (e.g. “Friend – please give their name so we can thank them – or website): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILDREN AND OTHER FAMILY MEMBERS

*Use full legal name.*

**Name Male/Female Year of Birth**

**PEOPLE (FIDUCIARIES) TO ACT FOR YOU**

**GUARDIAN FOR MINOR CHILDREN under 18, if applicable:**

**Name Relationship**

Initial:

Successor:

Successor:

**PERSONAL REPRESENTATIVE OF YOUR WILL**

**The person who will follow the instructions set out in your will and will handle the probate of your will.**

**Name Relationship**

Initial:

Successor/Alternate:

Successor/Alternate:

**FINANCIAL POWER OF ATTORNEY**

**If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?**

**Name Relationship**

Initial:

Successor/Alternate:

Successor/Alternate:

**HEALTHCARE POWER OF ATTORNEY**

**If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?**

**Name Relationship**

Initial:

Successor/Alternate:

Successor/Alternate:

**HIPAA AGENT**

**Which family members or friends would you like to have access to protected healthcare information is discussed? Leave this blank if you wish to discuss it further.**

**Name Relationship**

Initial:

Successor/Alternate:

Successor/Alternate:

**SUCCESSOR TRUSTEE**

**You will typically be the initial Trustee.**

**Name Relationship**

Initial:

Successor:

Successor:

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS**

**SPECIFIC GIFTS:** List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

**Individual or Charity Amount or Property**

Important Family Questions

|  |  |  |
| --- | --- | --- |
| **(Please check “Yes” or “No” for your answer)** | **Yes** | **No** |
| Are you receiving Social Security, disability, or other governmental benefits? *Describe* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Are you making payments pursuant to a divorce or property settlement order? |  |  |
| Have you been widowed? |  |  |
| Have you ever filed federal or state gift tax returns? |  |  |
| Have you completed previous will, trust, or estate planning? |  |  |
| Are you concerned with disability planning? Has anyone close to you suffered from Alzheimer’s or dementia? |  |  |
| Are there charitable organizations you wish to make provisions for at the time of your death? *If so, please explain below*. |  |  |
| Are you currently the beneficiary of anyone else’s trust? *If so, please explain below.* |  |  |
| 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? |  |  |

SUMMARY OF ASSETS

**Assets Amount**

First Home (minus mortgage owed by you)

Other Real Estate (minus mortgages owed by you)

Furniture and Personal Effects

Automobiles, Boats and RV’s

Bank and Savings Accounts

Stocks and Bonds

Life Insurance

Annuities

Retirement Plans

PERA

Business Interests

Money owed to you

Anticipated Inheritance, etc.

Digital Assets, Domains, Licenses, Videos, Art, etc.

Crypto Currencies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Assets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Assets:**

OTHER CONCERNS AND ADDITIONAL INFORMATION