

# CONFIDENTIAL ESTATE PLANNING WORKSHEET

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**CONFIDENTIAL  
ESTATE PLANNING WORKSHEET**

**Personal Information**

Full name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Office address: \_\_\_\_\_

\_\_\_\_\_

Office telephone: \_\_\_\_\_

Name of prior spouse (if any): \_\_\_\_\_

Dependents other than children: \_\_\_\_\_

**Children**

	<b><u>Name</u></b>	<b><u>Birthdate</u></b>	<b><u>Married (Y/N)</u></b>	<b><u>No. of Children</u></b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**General Information**

Have you ever executed a community property agreement or agreement as to the status of property?

\_\_\_\_\_

Estimated size of any potential inheritance (from others):

\_\_\_\_\_

Are you a Trustee or beneficiary of any trust, or do you possess any power or beneficial interest in a trust?

\_\_\_\_\_

Do you have any power of appointment exercisable during life or at death, or have you previously exercised or released any power of appointment?

\_\_\_\_\_

Have you ever filed a gift tax return?

\_\_\_\_\_

Do you own insurance on the life of any person other than yourself?

\_\_\_\_\_

Do you own property outside the State of Washington?

\_\_\_\_\_

If so, where and what kind:

\_\_\_\_\_

Are you Custodian of a UTMA or UGMA for the benefit of a minor?

\_\_\_\_\_

**Life Insurance**

Number of policies:

\_\_\_\_\_

Total face amount:

\_\_\_\_\_

Total present cash value:

\_\_\_\_\_

Owner(s):

\_\_\_\_\_

Total loan(s):

\_\_\_\_\_

Total annual premiums:

\_\_\_\_\_

Primary beneficiary(ies):

\_\_\_\_\_

Contingent beneficiary(ies):

\_\_\_\_\_

**Retirement Benefits**

Qualified Plans (e.g., 401(k), 403(b)):

Type (pension, profit sharing, ESOP, etc.): \_\_\_\_\_

Approximate balance(s): \_\_\_\_\_

Primary beneficiary(ies): \_\_\_\_\_

Contingent beneficiary(ies): \_\_\_\_\_

Non Qualified Plans (e.g., IRA, SEP-IRA):

Approximately balance(s): \_\_\_\_\_

Primary beneficiary(ies): \_\_\_\_\_

Contingent beneficiary(ies): \_\_\_\_\_

**Last Will and Testament**

**A. Fiduciaries (Personal Representative, Trustee and Guardian):**

1. **Personal Representative:** The Personal Representative is the individual(s) or entity (i.e. bank) designated to identify and collect assets of your estate, pay claims, expenses and obligations of the estate, settle the tax liability and distribute the estate as provided in your Will.

Name of individual(s) or entity (PR) \_\_\_\_\_  
to serve as Personal Representative  
(PR) and as Successor Personal (SPR) \_\_\_\_\_  
Representative (SPR)

2. **Trustee:** The Trustee is the individual(s) or entity designated to hold, manage and distribute assets placed in any trust(s) established in your Will. The Trustee is guided by state law, and may obtain and rely on the advice of professionals regarding the management of the assets. The selection here often parallels the selection of PR(s) and SPR(s), discussed above.

Name of individual(s) or entity (TR) \_\_\_\_\_  
to serve as Trustee (TR),  
Successor Trustee (STR) of any (STR) \_\_\_\_\_  
trusts to be established and  
Children's Trust Trustee (if any) \_\_\_\_\_

3. **Guardian:** The Guardian of the person is the individual(s) who will take custody of your minor children (i.e. children under age 18) when there is no surviving parent. The Guardian's role is parental in nature, rather than financial. The Guardian and Trustee will coordinate with each other and can be the same person. You should name a successor guardian in the event the first named guardian is unable or unwilling to serve. You should also discuss this decision with the persons you choose prior to naming them in your Will.

Name of individual(s) to serve as (G) \_\_\_\_\_  
Guardian (G) or Successor Guardian (SG) (SG) \_\_\_\_\_

**B. Dispositive Provisions**

1. It is usually advisable to establish a trust in your Will to hold your estate for the benefit of your young children. The provisions of the trust generally allow the Trustee to make payments for the health, support, maintenance and education of the children. At some point, however, a child's share is usually distributed to him or her outright, and the trust terminates. The termination should be at the age or ages at which the child can be expected to manage the funds independently. For example, one-half of a child's share could be distributed to the child at age 25 with the balance distributed at age 30. If you think that the use of a trust for the children is advisable, at what age or ages should their shares be distributed to them free of trust?

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2. Do you wish to include in your Will gifts to individuals or entities (i.e., charities) other than your descendants (i.e., children, grandchildren)? \_\_\_\_\_. If yes, please list the persons and/or organizations and the amount(s) of specific bequests to each:

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3. If none of your descendants survive until the complete distribution of your estate, please name the individuals, or perhaps charitable organizations, for whom you would like to provide in such circumstance:

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**4. Special Concerns:**

Are there additional concerns or beneficiaries that haven't been discussed above?

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**OTHER DOCUMENTS**

**A. General Durable Power of Attorney**

The General Durable Power of Attorney allows you to appoint an individual(s) (i.e., "the attorney-in-fact") to make decisions and take actions regarding your property in the event you are incapacitated. The General Durable Power of Attorney is designed to preclude the need for a guardianship proceeding in the event of incapacity and becomes effective immediately or upon your disability or incompetence, as you determine appropriate.

Name of individual to serve as \_\_\_\_\_ (AIF\*) \_\_\_\_\_

attorney-in-fact(AIF) and successor  
attorney-in-fact (SAIF) (SAIF) \_\_\_\_\_

**B. Medical Power of Attorney**

The Medical Power of Attorney allows the attorney-in-fact to make decisions regarding the medical treatment and non-treatment of the principal.

Name of individual to serve as (AIF) \_\_\_\_\_  
attorney-in-fact(AIF) and successor  
attorney-in-fact (SAIF) (SAIF) \_\_\_\_\_

**C. Health Care Directive**

The Health Care Directive is a statutory form designed to provide for the termination of artificial life support systems if you are diagnosed to be in a "terminal condition" or in a "permanent unconscious condition." Would you be interested in executing such a document? Yes \_\_\_\_\_ No \_\_\_\_\_.

**Advisors (Name, address and telephone number)**

Investments: \_\_\_\_\_  
Accountant: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Other: \_\_\_\_\_

**Existing Documents**

Please provide us with copies of any existing estate planning documents, including Last Wills and Testaments, Trust Agreements, Buy/Sell Agreements, Gift Tax Returns, Powers of Attorney, Living Wills, Divorce Decrees and Property Settlement Agreements, etc.

**ASSETS AND LIABILITIES**

I. ASSETS

Cash (checking and savings accounts): \_\_\_\_\_

Short-term investments - treasury bills, certificates of deposit, etc.: \_\_\_\_\_

Publicly traded securities and bonds: \_\_\_\_\_

Annuities: \_\_\_\_\_

Closely held securities (e.g., S-CORP stock): \_\_\_\_\_

Principal Residence: \_\_\_\_\_

Vacation Home: \_\_\_\_\_

Other real estate: \_\_\_\_\_

Partnerships (and LLC's): \_\_\_\_\_

Accounts receivable: \_\_\_\_\_

Life Insurance Death Benefit: \_\_\_\_\_

Retirement benefits:

    Qualified plans (e.g., 401(k), 403(b)): \_\_\_\_\_

    Non-qualified plans (e.g., IRA, SEP-IRA): \_\_\_\_\_

Furnishings (including art work and antiques): \_\_\_\_\_

Automobiles: \_\_\_\_\_

Boats: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL ASSETS** \$

\* If controlling interest is owned in closely held corporation or partnership, give details.

II. LIABILITIES

Mortgage(s): \_\_\_\_\_

Guarantee: \_\_\_\_\_

Loans, notes, etc.: \_\_\_\_\_

Other Obligations: \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**ASSETS - LIABILITIES = NET WORTH** \$ \_\_\_\_\_