

LAW OFFICES OF JONATHAN M. AVEN, LTD.
ESTATE PLANNING WORKSHEET

Please complete this form and return to me before we meet.

PERSONAL INFORMATION

Name: _____

Address: _____

Home Phone Number: _____

Date of birth: _____

Social Security Number: _____

US citizen: _____

Employer: _____

Address: _____

Work telephone: _____

Position: _____

Salary: _____

Spouse's Name: _____

Date of birth: _____

Social Security Number: _____

US citizen: _____

Employer: _____

Address: _____

Work telephone: _____

Position: _____

Salary: _____

Date of marriage: _____

List all children's names, dates of birth, spouse and grandchildren:

Any family member with health condition requiring constant care: _____

Have you ever filed federal gift tax returns? _____

Who do you want to be the **guardians** for your minor children?

List name and address of 2 or 3 choices: _____

Who do you want to be the **executor** of your estate to handle all your affairs?

List name and address of 2 or 3 choices: _____

If you have a trust, whom would you like to act as **trustee**?

List name and address of 2 or 3 choices: _____

**NET WORTH
ASSETS**

<u>Description</u>	<u>Fair Market Value</u>
Cash (checking, savings, money markets)	\$ _____
Certificates of deposit	\$ _____
Brokerage accounts (_____)	\$ _____
Stocks	\$ _____
Bonds (taxable)	\$ _____
Bonds (tax-free)	\$ _____
Mutual funds	\$ _____
Annuity and life insurance cash value	\$ _____
401K, pension, profit sharing	\$ _____
IRA, Keogh, SEP	\$ _____
Business interests	\$ _____
Money owed to you	\$ _____
Home (how is title held)	\$ _____
Other real estate	\$ _____
Personal property	\$ _____
Collectibles	\$ _____
Other assets	\$ _____
Car, boat, etc.	\$ _____
TOTAL ASSETS	\$ _____

LIABILITIES

Home mortgage	\$ _____
Other loans and debts	\$ _____
Loans against insurance	\$ _____
TOTAL LIABILITIES	\$ _____

Life Insurance

<u>Company</u>	<u>Type</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OBJECTIVES:

- Do you want to avoid the **time delay** caused by probate? _____
- Do you want to avoid the **cost** of going to Probate Court? _____
- Do you want to avoid paying **federal estate taxes** upon your death? _____
- Will your family **need money** quickly upon your death? _____
- Do you want to provide **disability protection** during your lifetime? _____
- Who do you want to receive your **personal property**? _____
- How do you want the rest of your **property divided**? _____

OTHER MATTERS

Have you ever lived or owned property in a **community property** state? _____

Please list the name, address and phone numbers of any professional advisors:

- Accountant: _____
- Insurance Agent: _____
- Stock Broker: _____
- Banker: _____

Do you have any **powers of attorney**? _____
If yes, where is it located? _____
If no, do you want more information about it? _____

Do you have a **living will**? _____
If yes, where is it located? _____
If no, do you want more information about it? _____

Do you have a **health care power of attorney**? _____
If yes, where is it located? _____
If no, do you want more information about it? _____

Do you have a **will or trust** now? _____
If yes, where is it located? _____

Do you have a **safe deposit box**? _____
If yes, where is it located? _____

Do you have a **pre-marital agreement**? _____

The undersigned client states that he/she has prepared the above and has reviewed the completed form and certifies that to the best of his/her knowledge the above information is true and correct.

Client Signature: _____

Date: _____