

ESTATE PLANNING WORKSHEET

Planner: _____

PERSONAL INFORMATION

Husband's Legal Name: _____

Name Husband Usually Uses to sign legal documents: _____

Wife's Legal Name: _____

Name Wife Usually Uses to sign legal documents: _____

Home Telephone: _____ County of Residence: _____

Address: _____ City: _____ State _____ Zip: _____

Husband		Wife	
Date of Birth		Date of Birth	
Social Security Number		Social Security Number	
Driver's License No.		Driver's License No.	
US Citizen?	Yes or No	US Citizen?	Yes or No
E-mail		E-mail	

Married: Date of Marriage _____ Divorced Widowed Single

CHILDREN AND/OR OTHER FAMILY MEMBERS

Use full legal names, complete addresses and dates of birth. (Use "JT" if both spouses are the parents, "H" if husband is the parent and "W" if the wife is the parent.)

Child's Full Legal Name	Address	Telephone Number	Date of Birth	JT/H/W

TRUSTEES/EXECUTORS/FINANCIAL AGENTS

Your trustees/executors/financial agents will be the people who will make choices for you after your death and if you become unable to make choices for yourself. Your spouse will usually be your first successor trustee. List at least 2 additional trustees/executors/financial agents.

NAME	ADDRESS	TELEPHONE NUMBER

HEALTH CARE AGENTS

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	ADDRESS	TELEPHONE NUMBER

GUARDIAN FOR MINOR CHILD(REN)

If you have any children under the age of 18, list in order preference who you wish to be guardian. It is usually wise to choose someone other than a Trustee/Executor for this responsibility.

Name and Address

Relationship

BENEFICIARIES

Beneficiary Name

How much (1/2, 1/3, 1/4..)

1. _____
2. _____
3. _____
4. _____
5. _____

DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES

STRUCTURED TRUST: *Structuring the trust for beneficiaries may cause the price of the trust to increase.*

Specific Distributions: (Charities or Individuals who receive gifts prior to those beneficiaries named or those you would like to receive specific property or gifts)

How and when to distribute my property after specific distributions are made: _____

REMOTE CONTINGENT BENEFICIARY

Who do you want to receive your property in the unlikely event that no one listed above is alive to receive your property? To each spouse's heirs-at-law. One-half to Husband's heirs-at-law and one-half to Wife's heirs-at-law. To the following named individuals and/or charities:

Do you possess a Power of Appointment (or the right to determine how another's property is disposed?) No Yes If yes, explain: Include a copy of the document granting the power.

REAL PROPERTY

Property Address	Homestead Property	State	Owner

PRIVATE or SMALL BUSINESS INTERESTS

Such as: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests.

Do you wish to disinherit anyone? If so, who, and what is his or her relationship to you?

Do any of your beneficiaries have special educational, medical or physical needs? On SSI, SSDI or Medicaid?

Additional Information:

Assets

Checking and Savings Accounts

<i>Description</i>	<i>Current Value</i>	<i>Interest Rate</i>
1. _____	\$ _____	_____ %
2. _____	\$ _____	_____ %
3. _____	\$ _____	_____ %
4. _____	\$ _____	_____ %
5. _____	\$ _____	_____ %
Total	\$ _____	

CD's and Money Market Accounts

<i>Description</i>	<i>Current Value</i>	<i>Interest Rate</i>
1. _____	\$ _____	_____ %
2. _____	\$ _____	_____ %
3. _____	\$ _____	_____ %
4. _____	\$ _____	_____ %
5. _____	\$ _____	_____ %
Total	\$ _____	

Stocks, Bonds and Mutual Funds

<i>Description</i>	<i>Current Value</i>	<i>Interest Rate</i>
1. _____	\$ _____	_____ %
2. _____	\$ _____	_____ %
3. _____	\$ _____	_____ %
4. _____	\$ _____	_____ %
5. _____	\$ _____	_____ %
Total	\$ _____	

Retirement Accounts

IRA, 401-K, TSA or other Accounts

<i>Description</i>	<i>Current Value</i>	<i>Interest Rate</i>
1. _____	\$ _____	_____ %
2. _____	\$ _____	_____ %
3. _____	\$ _____	_____ %
4. _____	\$ _____	_____ %
5. _____	\$ _____	_____ %

Life Insurance/Annuities

<i>Description</i>	<i>Current Value</i>	<i>Interest Rate</i>
1. _____	\$ _____	_____ %
2. _____	\$ _____	_____ %
3. _____	\$ _____	_____ %
4. _____	\$ _____	_____ %
5. _____	\$ _____	_____ %

Income Sources:

1. **Social Security:** _____
2. **Pensions:** _____
3. **Investments:** _____
4. **Rents:** _____
5. **Other:** _____



Statement of Disclosure and Compliance

By signing this document, the client(s) acknowledge that they have been informed of the following information, duties, and responsibilities of Retirement & Estate Advisors & Professionals, LLC, herein referred to as REAP, LLC. In this document, "Representative" shall mean a representative of REAP, LLC.

The representative is not an attorney or certified tax professional and has not given tax or legal advice. Any tax or legal questions should be answered by your attorney or tax professional.

You acknowledge that REAP, LLC has offered to work with an attorney selected by you. If you desire, REAP, LLC will recommend an attorney to you. You understand that REAP, LLC will be collecting data, which will be utilized by such attorney. REAP, LLC will provide administrative and support services to the attorney of your choice in connection with the Trust and related documents. Your decision to utilize the attorney is exclusively your choice and is one that should be given careful consideration. You authorize REAP, LLC and the attorney of your choice to share any collected data between them and to exchange such information as may be necessary to assist in the completion of the services and documents that you have requested. In order for REAP, LLC to work closely with the attorney, it will be necessary for you to waive the attorney-client privilege solely for the purposes of allowing REAP, LLC to provide its administrative and support services. To utilize an attorney referred to you by REAP, LLC, we will authorize such attorney to disclose to you any relationship we may have with them. If any such relationship does exist, we will waive any conflict of interest that could exist as a result of such attorney representing both you and REAP, LLC. In addition to administrative and support services, REAP, LLC will be providing financial consulting services.

You may choose to work with the attorney of your choice. As we said, we can also refer you to an attorney. The cost of the legal services for a revocable living trust estate plan with any attorney with whom we have a referral relationship is _____. Moreover, even if you decide not to proceed with planning, once you have received a Summary of the substantive terms of your estate plan, you will be required to pay one-half (1/2) of the fees for the service to cover the cost of the services performed to that point in the process. The Revocable Living Trust alone is **not** designed as a Medicaid Protection Plan.

The estate planning documents will be prepared by your attorney based upon information provided by you and you attest to its accuracy. These estate planning documents may be revoked or amended by you prior to your death or incapacity.

It is your sole responsibility to identify and transfer whatever assets you wish into the Trust. Failure to make the necessary transfers to the Trust may result in property being subject to Probate and Probate Fees may reduce your protection from Federal and/or State taxation. REAP, LLC will assist and coordinate with your attorney all changes to your Trust.

Attorney: _____

Client: _____

Date: _____

Client: _____

Date: _____
