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	
gwarnock			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

	Description	*Current Value*	*Interest Rate*
1.	______________________	$______________	__________%
2.	______________________	$______________	__________%
3.	______________________	$______________	__________%
4.	______________________	$______________	__________%
5.	______________________	$______________	__________%
	Total	**$____________**	

CD's and Money Market Accounts

	Description	*Current Value*	*Interest Rate*
1.	______________________	$______________	__________%
2.	______________________	$______________	__________%
3.	______________________	$______________	__________%
4.	______________________	$______________	__________%
5.	______________________	$______________	__________%
	Total	**$____________**	

Stocks, Bonds and Mutual Funds

	Description	*Current Value*	*Interest Rate*
1.	______________________	$______________	__________%
2.	______________________	$______________	__________%
3.	______________________	$______________	__________%
4.	______________________	$______________	__________%
5.	______________________	$______________	__________%
	Total	**$______________**	

Retirement Accounts

IRA, 401-K, TSA or other Accounts

Description	*Current Value*	*Interest Rate*
1. ______________________	$______________	________%
2. ______________________	$______________	________%
3. ______________________	$______________	________%
4. ______________________	$______________	________%
5. ______________________	$______________	________%

Life Insurance/Annuities

Description	*Current Value*	*Interest Rate*
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 an advisor of REAP, LLC.

Our firm works with licensed attorneys with the state of appropriate jurisdiction for the appropriate legal and/or tax advice. These legal issues will be addressed by our attorney or tax professional.

You acknowledge that REAP, LLC and licensed counsel is offering to work for you. You understand that REAP, LLC will be collecting requisite data which will be utilized by such attorney. REAP, LLC will provide administrative and support services to the attorney choice in connection with the Trust and related documents. Your decision to utilize our attorney is exclusively your choice and should be given careful consideration. You authorize REAP, LLC and our attorney to collect any necessary data 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 it's administrative and support services. To utilize our attorney, we will authorize this 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 can also provide financial, income, and tax consulting services.

You may choose to work with any of the attorneys on our team. The fee for the legal services for a revocable living trust estate plan with our attorney is approximately $795, depending on complexity. 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, although we can and do offer other legal asset protection instruments.

The estate planning documents will be prepared by our 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, probate fees, court costs, etc. may reduce your protection from Federal and/or State taxation. REAP, LLC will assist and coordinate with you to insure the best possible compliance for any and all changes to your trust.

Attorney: ____

Client: ______________________________________ Date: ______________________

Client: ______________________________________ Date: ______________________