

# ESTATE PLANNING REVIEW WORKSHEET

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Using this organizer will assist in designing estate plan documents which meet your goals.

**ALL INFORMATION WHICH YOU PROVIDE IS PRIVILEGED AND STRICTLY CONFIDENTIAL.**

The appointment is scheduled for: \_\_\_\_\_

Day & Time is: \_\_\_\_\_

Please bring this Organizer with as much completed as possible. However, please don't worry if you are unable to fill it out entirely.

Also, please bring any prior wills, powers of attorney, health care directives, or trusts that you have signed in the past, if any.

## **BUCKLEY LAW**

*For the things that matter.*

LEGACY PLANNING...ASSET PROTECTION...WEALTH PRESERVATION...SINCE 1991

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**Part I**  
**PERSONAL INFORMATION**

**Client #1**

Full Name: \_\_\_\_\_  
  FIRST  MIDDLE  LAST

Are you a U.S. Citizen? \_\_\_Y\_\_\_N      If No, Country of Citizenship: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security No. \_\_\_\_\_ (at least last 4 #s)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

County (e.g. El Paso, Douglas): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ [ ] It is okay for you to contact me via my email

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Retired from: \_\_\_\_\_

Did you serve in any Armed Forces, Coast Guard, or US Public Health Service (either Active, NG or Reserve)? \_\_\_Y\_\_\_N

If yes, please list military branch of service, service dates, and final rank/grade: \_\_\_\_\_

Are you retired military? Retired federal civil service? \_\_\_Y\_\_\_N If yes, please list military branch or govt. agency, service dates, and final rank/grade: \_\_\_\_\_

Your prior marriages and divorces (or date of spouse's death):

1. Prior spouse name: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Dissolution Date: \_\_\_\_\_ County & State: \_\_\_\_\_

2. Prior spouse name: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Dissolution Date: \_\_\_\_\_ County & State: \_\_\_\_\_

Upon your death, do you want to be cremated or buried? Cremation  Burial  Other: \_\_\_\_\_

## Client #2 (Spouse or Partner)

Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Are you a U.S. Citizen? \_\_\_Y\_\_\_N If No, Country of Citizenship: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security No. \_\_\_\_\_ (at least last 4 digits)

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ [ ] It is okay for you to contact me via my email

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Retired from: \_\_\_\_\_ Position: \_\_\_\_\_

Did you serve in any Armed Forces, Coast Guard, or US Public Health Service (either Active, NG or Reserve)? \_\_\_Y\_\_\_N

If yes, please list military branch of service, service dates, and final rank/grade: \_\_\_\_\_

Are you retired military or federal civil service? \_\_\_Y\_\_\_N If yes, please list military branch or govt. agency, service dates, and final rank/grade: \_\_\_\_\_

Date of current marriage: \_\_\_\_\_

Your prior marriages and divorces (or date of spouse's death):

1. Prior spouse name: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Dissolution Date: \_\_\_\_\_ County & State: \_\_\_\_\_

2. Prior spouse name: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Dissolution Date: \_\_\_\_\_ County & State: \_\_\_\_\_

Upon your death, do you want to be cremated or buried? Cremation  Burial  Other: \_\_\_\_\_

**Children**

Please use full legal name of every child, biological or adopted, alive or deceased. In "Parent" column, please notate "B" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent.

<b>Full Legal Name, address and telephone number</b>	<b>Birth Date</b>	<b>Parent</b>	<b><u>M</u>(ale) or <u>F</u>(emale)</b>

**Questions About Your Children or Other Beneficiaries:**

1. Do any of your children or beneficiaries receive governmental support of benefits because of a disability or handicap?

Y  N Please describe: \_\_\_\_\_

2. Do any of your children or beneficiaries have special educational, medical, or physical needs?

Y  N Please describe: \_\_\_\_\_

3. Do you have child or beneficiary with a learning disability?

Y  N Please describe: \_\_\_\_\_

4. Are any of your children or beneficiaries institutionalized?

Y  N Please describe: \_\_\_\_\_

5. Are any of the above children deceased, adopted or that you want to disinherit?

Y  N Please list: \_\_\_\_\_

6. Any deceased children that left children of their own?

Y  N Please list: \_\_\_\_\_

Do any of your children or beneficiaries have any other special needs or circumstances that are of concern to you? If yes, please describe \_\_\_\_\_

\_\_\_\_\_

**Other Dependents**

Do you or your spouse have anyone who depends on either of you for all or part of their support?

Y  N if yes, please list: \_\_\_\_\_

\_\_\_\_\_

**Part II**  
**ASSET INFORMATION**

**Bank Accounts**

Please indicate using the following abbreviations: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM".

Institution	Type	Owner	Amount

Note: If an account is in your name but for the benefit of a minor, please indicate and give minor's name.

**Real Property**

Any interest in real estate including your family residence, vacation home, rental properties, timeshare, vacant land, etc. If possible, please furnish a copy of the deed for each piece of real estate.

General Description and Address	Owner	Market Value	Loan Balance

**Personal Effects**

List separately any personal items (such as jewelry, collections, antiques, furs, firearms, etc.) where its individual value exceeds \$50k.

Type or Description	Owner	Approximate Market Value

**Special Motorized Asset**

Please list any RV, Airplane, or any Auto worth more than \$100k.

Description	Owner	Market Value	Loan Balance

**Stocks, Bonds and Investment Accounts**

Please list any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.

<b>Holder</b>	<b>Type</b>	<b>Owner</b>	<b>Amount</b>

**Retirement Plans**

Please indicate using specifics with abbreviations; i.e. IRA, IRA ROTH, SEP, 401(k), 403 (b), etc.

<b>Plan Name</b>	<b>Type</b>	<b>Owner</b>	<b>POD/TOD beneficiary</b>	<b>Amount</b>

**Life Insurance Policies and Annuities**

Term, whole life, split dollar, group life, annuity.

<b>Company</b>	<b>Type</b>	<b>Insured</b>	<b>Beneficiary</b>	<b>Death Benefit</b>

**Business Interests**

General and Limited Partnerships, Sole Proprietorships, Limited Liability Companies, privately-owned corporations, professional corporations, oil interests, farm interests, and ranch interests. Additional Information: Give a description of the interest, who holds the interest, your ownership in the interest, and the estimated value of the interest.

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**Money Owed To You**

Promissory notes or other moneys payable to you.

Name of Debtor	Relationship	Owed to	Date of Note	Date of Maturity	Current Balance

**Gifts, Inheritances, or Lawsuit Judgements**

Gifts or inheritances that you are expecting to receive within the next year or so; or moneys that you anticipate receiving through a judgement in a lawsuit. Please list the values in your descriptions below:

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**Beneficial Interest in Someone Else's Trust or Will**

Are you receiving funds from someone else's trust or will? If yes, please list the values in your descriptions below:

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**Other Assets**

Any property that you possess which does not fit into any of the listed categories.

Type or Description	Owner	Approximate Value

**Monthly Income**

<b><u>Income Source:</u></b>	<b><u>Client #1</u></b>	<b><u>Client #2</u></b>	<b><u>Joint</u></b>
Monthly Income from Labor			
Monthly Income from Social Security			
Monthly Income from other retirement			
Monthly Income from rental properties			

**Your Advisors**

Please list the names, addresses, and phone numbers of your current Key Advisors:

<b>Advisor Name with designation (CPA, FP, etc.)</b>	<b>Agency</b>	<b>Address &amp; Phone Number</b>

**Any additional information, questions or concerns:**

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