

Estate Planning Worksheet

1. PERSONAL DATA

YOUR NAME (1): _____

ADDRESS: _____

BIRTH DATE: ___/___/___ CITIZENSHIP: US___ OTHER (SPECIFY) _____

HOME PHONE: _____ WORK PHONE _____

EMAIL: _____

YOUR NAME (2): _____

ADDRESS: _____

BIRTH DATE: ___/___/___ CITIZENSHIP: US___ OTHER (SPECIFY) _____

HOME PHONE: _____ WORK PHONE _____

EMAIL: _____

2. FAMILY DATA

MARITAL STATUS: (S)INGLE (M)ARRIED (D)IVORCED (W)IDOWED (O)THER

CHILDREN AND OTHER DEPENDENTS:

	NAME	RELATIONSHIP	BIRTH DATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

3. ASSET INFORMATION

A. ARE YOUR TOTAL ASSETS (OF ALL KIND - PERSONAL, REAL, INSURANCE, RETIREMENT PLANS OR JOINT) IN EXCESS OF \$ 700,000? (Y)ES (N)O.

IF YES, PLEASE ASK FOR AN ASSET SHEET.

B. DO YOU OWN REAL ESTATE OUTSIDE OF MASSACHUSETTS ? (Y)ES (N)O

C. HAVE YOU EVER LIVED OR OWNED REAL ESTATE IN () ARIZONA, () CALIFORNIA, IDAHO (), LOUISIANA (), NEVADA (), NEW MEXICO (), OR () WASHINGTON?

D. DO YOU HAVE A HOMESTEAD DECLARATION (IF YOUR DOMICILE IS IN MASSACHUSETTS)? N /A (Y) ES (N)O

SPECIFIC BEQUESTS OR LEGACIES

PLEASE LIST BELOW ANY SPECIFIC BEQUESTS OF PERSONAL PROPERTY OR LEGACIES (SPECIFIC DOLLAR AMOUNT) PAYABLE TO AN INDIVIDUAL OR INSTITUTION.

NOTE: A STANDARD CLAUSE IN OUR WILLS ALLOWS PERSONAL PROPERTY TO BE GIVEN TO SPECIFIC INDIVIDUALS IN A MEMORANDUM. ANY BEQUEST OF VALUABLE PERSONAL PROPERTY SHOULD BE INCLUDED IN YOUR WILL.

4. FIDUCIARY NOMINATIONS

PERSONAL REPRESENTATIVE (INDIVIDUAL OR FINANCIAL INSTITUTION TO CARRY OUT YOUR WILL)	YOU	SPOUSE
(ONE OR MORE)	NAME CITY/STATE	NAME CITY/STATE
ALTERNATE	NAME CITY/STATE	NAME CITY/STATE
HEALTH CARE AGENT (INDIVIDUAL TO MAKE HEALTH DECISIONS FOR YOU IN THE EVENT OF YOUR INCAPACITY)		
ONE ONLY	NAME CITY/STATE	NAME CITY/STATE
ALTERNATE	NAME CITY/STATE	NAME CITY/STATE
POWER OF ATTORNEY (INDIVIDUAL TO MAKE FINANCIAL DECISIONS FOR YOU IN THE EVENT OF YOUR INCAPACITY)		
(ONE OR MORE)	NAME CITY/STATE	NAME CITY/STATE
ALTERNATE	NAME CITY/STATE	NAME CITY/STATE
GUARDIAN OF MINORS (INDIVIDUAL TO SERVE AS GUARDIAN OF YOUR CHILDREN AFTER YOUR DEATH)		
(ONE OR MORE)	NAME CITY/STATE	NAME CITY/STATE

ALTERNATE	NAME CITY/STATE	NAME CITY/STATE
STANDBY GUARDIAN OF MINORS (INDIVIDUAL TO SERVE AS GUARDIAN OF YOUR CHILDREN IN THE EVENT OF INCAPACITY)		
(ONE OR MORE)	NAME CITY/STATE	NAME CITY/STATE
ALTERNATE	NAME CITY/STATE	NAME CITY/STATE
TRUSTEE (IF ONE) (INDIVIDUAL OR FINANCIAL INSTITUTION TO CARRY OUT YOUR TRUST)		
(ONE OR MORE)	NAME CITY/STATE	NAME CITY/STATE
ALTERNATE	NAME CITY/STATE	NAME CITY/STATE

NOTE: MORE THAN ONE ALTERNATE CAN BE NOMINATED. PLEASE LIST ADDITIONAL ALTERNATES ON A SEPARATE SHEET OF PAPER.

5. PROVISIONS FOR MINOR CHILDREN

IF YOUR PROPERTY IS TO BE HELD FOR THE BENEFIT OF CHILDREN AFTER AGE 18, IT SHOULD BE HELD BY A TRUSTEE IN EITHER A TESTAMENTARY TRUST (ONE CREATED IN YOUR WILL) OR A LIVING TRUST. THE TRUST CAN LIMIT THE CHILDREN'S' ACCESS TO THE PROPERTY, SET THE TERMS OF WHAT MAY BE PAID TO THEM AND WHEN. YOU MAY OUTLINE YOUR WISHES BELOW.

6. **BRIEFLY DESCRIBED HOW YOU WOULD LIKE YOUR ESTATES TO BE DESTRIIBUTED.**

7. **YOUR PROFESSIONAL ADVISORS**

PLEASE INDICATE ANY PERSON WHO ADVISES YOU IN THE FOLLOWING CATEGORIES:

NAME & FIRM	ADDRESS	TELEPHONE
ACCOUNTANT		
ATTORNEY		
INSURANCE AGENT		

(YOUR PROFESSIONAL ADVISORS CONTINUED)

FINANCIAL PLANNER		
TRUST OFFICER		
STOCKBROKER		
OTHER		

8. LEGAL PLAN (IF APPLICABLE)

AARP ARAG HYATT LEGAL HYATT LEGAL (WILL ONLY)

CASE # _____ MEMBER # (OR LAST FOUR DIGITS OF SSN)

SIGNATURE LEGAL CARE