

## Your estate plan: forming your legacy wishes

This worksheet will help you begin designing your estate plan wishes.

Please know that all information provided is strictly confidential.

Once you have completed this worksheet, please return it to our office prior to your initial appointment.

### What is an estate plan?

The term “estate plan” refers to the set of legal documents that anticipate and arrange for the handling of your assets during incapacity and after your death. Your estate is the net worth of your assets including bank accounts, real property, life insurance, and more.

### What if I have questions about this worksheet?

We are always available to help you, so please feel free to call or email us. Additionally, more information regarding estate plan documents has been posted on our website.

### What is the process of creating an estate plan?

The process begins when you complete this worksheet and attend your initial appointment. There is no cost for attending the initial appointment. At that meeting we will listen to your goals and wishes so we can present you with options and costs. If you choose to engage us we will schedule an appointment to review and sign documents that we draft for you. If you have a Revocable Living Trust-based estate plan, then we will also help you with connecting assets to the new Trust. Finally, we will organize and deliver your estate planning documents to you during your final appointment. The amount of time to complete this process will vary, and we will go at your pace.

We can be reached at  
**(503) 485-7224**  
from 8:00 am to 5:00 pm Monday  
through Thursday, and from 8:00  
am to 3:00 pm on Friday.

During summer we close at  
12:00 pm on Friday.

<http://www.collier-law.com/>

*The information you provide to us is confidential. We will not share it with others unless we have your consent. We recommend that you not return this information by email*

*If we form an attorney-client relationship with you, we may need to coordinate your estate plan goals with the help of your trusted advisors.*

**PLEASE TELL US MORE ABOUT YOU**

Your full legal name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Can we contact you via email? \_\_\_\_\_ Email address: \_\_\_\_\_

**Your home** Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mailing** Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Employer** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you a US Citizen?  No  Yes (birth)  Naturalized  Lawful Permanent Resident

Marital status:  Married  Single  Divorced  Legally Separated  Widowed  
 Life Partners

**RELIGIOUS AFFILIATION**

If you are not religiously affiliated with a particular organization or faith, please write "none."

Religious Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

## YOUR SPOUSE OR SIGNIFICANT OTHER (IF APPLICABLE)

Full legal name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Telephone: \_\_\_\_\_

Can we contact you via email? \_\_\_\_\_ Email address: \_\_\_\_\_

**Employer** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you a US Citizen?  No  Yes (birth)  Naturalized  Lawful Permanent Resident

## RELIGIOUS AFFILIATION

If you are not religiously affiliated with a particular organization or faith, please write "none".

Religious Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

## YOUR ADVISORS

Your primary care physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your spouse's physician:  
(if applicable) \_\_\_\_\_ Telephone: \_\_\_\_\_

Accountant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Financial advisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Life insurance agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

CHILDREN

Please list all of your children including those who are now deceased, and any children from a prior marriage.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child of \_\_\_\_\_  Child of Present Relationship  Deceased

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child of \_\_\_\_\_  Child of Present Relationship  Deceased

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child of \_\_\_\_\_  Child of Present Relationship  Deceased

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child of \_\_\_\_\_  Child of Present Relationship  Deceased

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child of \_\_\_\_\_  Child of Present Relationship  Deceased

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child of \_\_\_\_\_  Child of Present Relationship  Deceased

**IMPORTANT FAMILY MEMBERS OR FRIENDS FOR MEDICAL DECISIONS UNDER YOUR ADVANCE DIRECTIVE**

Please list any family members or friends who may assist with making medical decisions on your behalf if you are unable to make medical decisions on your own:

**First:**  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**Second:**  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**Third:**  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**IMPORTANT FAMILY MEMBERS OR FRIENDS FOR FINANCIAL DECISIONS UNDER YOUR DURABLE POWER OF ATTORNEY**

Please list any family members or friends who may assist with financial decisions on your behalf if you are unable to make financial decisions on your own:

**First:**  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Second:**  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Third:**  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**FAMILY MEMBERS OR FRIENDS WHO HAVE AUTHORITY TO SPEAK WITH YOUR DOCTORS OR MEDICAL PROVIDERS UNDER YOUR HIPAA RELEASE**

Please list any family members or friends who you would like to have the ability to be able to *spea*  
*with your doctors or medical providers:*

Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____

**TRUSTED FAMILY MEMBERS OR FRIENDS WHO WILL SERVE AS YOUR PERSONAL REPRESENTATIVE UNDER YOUR WILL OR TRUSTEE UNDER YOUR TRUST**

Please list any family members or friends who will serve as your Personal Representative under your Will or Trustee under your Trust. In many states, this Personal Representative is referred to as an “Executor.”

Your Personal Representative *will work with the Probate Court to settle your affairs* after you pass away.

<b>First:</b> Name: _____	Telephone Number: _____
<b>Second:</b> Name: _____	Telephone Number: _____
<b>Third:</b> Name: _____	Telephone Number: _____

**PET INFORMATION**

Please list any pets, including their name, species, and who may look after them upon your passing.

Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Future  
Guardian: \_\_\_\_\_  
Additional  
Information: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Future  
Guardian: \_\_\_\_\_  
Additional  
Information: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Future  
Guardian: \_\_\_\_\_  
Additional  
Information: \_\_\_\_\_

**YOUR GOALS AND CONCERNS**

Please rate the following by checking the appropriate box corresponding to your level of concern.

low HIGH

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Providing for and protecting a spouse.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Providing for and protecting children.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Providing for and protecting grandchildren.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Disinheriting a family member.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Providing for charities at the time of death.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Plan for the transfer and survival of a family business.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoiding or reducing your estate taxes.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoiding probate.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Reduce administration costs at time of your death.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoiding a conservatorship (“living probate”) in case of a disability.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoiding will contests or other disputes upon death.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Protecting assets from lawsuits or creditors.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Plan for a child with disabilities or special needs, such as medical or learning disabilities.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Protecting children’s inheritance from the possibility of failed marriages.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Protect children’s inheritance in the event of a surviving spouse’s remarriage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide that your death shall not be unnecessarily prolonged by artificial means or measures.  |

Other: \_\_\_\_\_



**IMPORTANT FAMILY QUESTIONS**

Please check “Yes” or “No” for your answer in response to each of the following questions.

	√ Yes	X No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>If so, please describe:</i>		<input type="checkbox"/>
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>If yes, please provide a copy</i>		<input type="checkbox"/>
If married, have you and your spouse signed a pre- or post-marriage contract? <i>If yes, please provide a copy.</i>		<input type="checkbox"/>
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please provide a copy</i>		<input type="checkbox"/>
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please provide copies of these returns.</i>		<input type="checkbox"/>
Have (you or your spouse) completed previous will, trust, or estate planning documents? <i>Please provide copies of these documents.</i>		<input type="checkbox"/>
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain.</i>		<input type="checkbox"/>
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain.</i>		<input type="checkbox"/>
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		<input type="checkbox"/>
Are you (or your spouse) currently the beneficiary of anyone else’s trust? <i>If so, please explain:</i>		<input type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?		<input type="checkbox"/>
Do any of your children receive governmental support or benefits?		<input type="checkbox"/>
Do you provide primary or other major financial support to adult children or others?		<input type="checkbox"/>

**SUMMARY OF ASSET VALUES**

	Amount/Value in Dollars		
	You	Spouse	Total Value
Real property (homes, land)			0.00
Furniture & personal effects			0.00
Automobiles, boats, RVs			0.00
Bank accounts			0.00
Stocks, bonds, and securities			0.00
Life insurance			0.00
Annuities			0.00
Retirement plans			0.00
Business interests			0.00
Money owed to you			0.00
Anticipated inheritance, etc.			0.00
Other assets			0.00
<b>Total Asset Values</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

( for each jointly owned asset: enter ½ of the value in each spouse's column )

**HAVE YOU WORKED WITH OTHER ESTATE PLANNING ATTORNEYS?**

Firm/attorney name: \_\_\_\_\_

Which estate plan documents do you currently have?

Will     
  Trust     
  Durable Power of Attorney     
  Advance Directive

**ADDITIONAL RELEVANT INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_