



Somers Tambl yn King PLLC

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CLIENT ESTATE PLANNING
INFORMATION WORKSHEET

A. PERSONAL Spouse/Partner Spouse/Partner
1. Name
2. Other Names
3. Addresses
a. Home
b. Mailing
4. Telephone
a. Home
b. Work
5. Email Address
6. Birthdate
7. SSN
8. Marriage Date
9. Place of Marriage
10. Citizenship
B. PRIOR MARRIAGES (If applicable)
1. Former Spouse
2. Terminated by Death/Divorce on
3. Obligations to or from Former spouse
4. Child Support
5. Separate Maintenance

In the event of divorce, please provide a copy of the Decree of Dissolution and any related Agreements

C. CHILDREN (Please indicate if child of prior marriage)

1. Living Children

a. Name	_____	_____
Birth Date	_____	_____
b. Name	_____	_____
Birth Date	_____	_____
c. Name	_____	_____
Birth Date	_____	_____
d. Name	_____	_____
Birth Date	_____	_____

2. Deceased Children of Husband / Partner (Do you have any deceased children, with surviving children; if so, please list.)

3. Deceased Children of Wife / Partner (Do you have any deceased children, with surviving children; if so, please list.)

D. DEPENDENTS

E. INTERSPOUSAL AGREEMENTS

1. Have you ever executed a Community Property Agreement? _____
2. Have you ever executed any other agreements between spouses regarding your property? _____

Please furnish a copy of any agreements.

F. TRUSTS

- 1. Does any member of your family receive income from any trust? _____
If yes, who created the trust? _____
- 2. Have either of you ever created a trust, except as part of a Will? _____
If yes, give details. _____
- 3. Does any family member expect to be named a beneficiary or remainderman of a trust? _____
If yes, please describe: _____

*Please furnish copies of all instruments relating to the trusts,
as well as a current list of assets and statement of income, if available.*

G. INSURANCE

- 1. Do either of you have any life insurance policies in existence? _____
- 2. If so, please provide information on the attached worksheet regarding each.

H. JOINT TENANCY ASSETS

- 1. Do you own any real or personal property as joint tenants with each other or any third parties? _____
- 2. If so, please describe: _____

I. RETIREMENT BENEFITS

- 1. Have either of you participated in a retirement plan? _____
- 2. If so, please provide information on the attached worksheet regarding each plan.

J. GIFTS AND/OR INHERITANCES

- 1. Are either of you or your children likely to receive any gifts or inheritances? _____
- 2. Do either or both of you intend to make regular gifts to any person? _____
- 3. If yes, please describe. _____

K. PLANNING OBJECTIVES AND PRIORITIES

Please describe any significant planning objectives or priorities you may have.

L. ASSET SCHEDULE

Please provide the approximate current value of each asset:

- 1. Real Property \$ _____
- 2. Stocks and Bonds \$ _____
- 3. Checking/Savings \$ _____
- 4. Life Insurance \$ _____
- 5. Miscellaneous Property
(including furniture,
Furnishings, antiques,
Automobiles, boats,
Collectibles, etc.) \$ _____
- 6. Retirement Programs \$ _____

- Subtotal \$ _____
- Less Liabilities \$ _____
- Net Worth (Approximate) \$ _____

M. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY

- 1. Personal Representative(s) (Administers will during probate)
 - 1st Choice: _____
 - 2nd Choice: _____

- 2. Trustee(s) (Manages any trusts in your will for the benefit of beneficiaries)
 - 1st Choice: _____
 - 2nd Choice: _____

- 3. Guardian(s) of Minor(s) (Raises children who are not yet age 18)
 - 1st Choice: _____
 - 2nd Choice: _____

- 4. Distribution of Trust Estate for Children (if applicable)
 - a. Age for Distribution
 - (1) First Portion _____
 - (2) Second Portion _____
 - (3) Third Portion _____

- 5. Specific Bequests _____

6. Funeral/Burial Arrangements _____

Note: We do not commonly recommend that this provision be included in the Will because the contents of the Will are not always known to the person in charge at the time the arrangements are being made. It is suggested that if the client has specific wishes, that they be made known to the persons who would be in charge at the time of his or her death and/or sign a separate document describing the arrangements and designating who is in charge of making those arrangements. This is particularly essential where there is family estrangement or other conflicts between family members and significant others.

7. Other Specific provisions or information to be included in Will, such as operation or provision for family business, etc.

N. DURABLE POWER OF ATTORNEY

A Durable Power of Attorney is a document that is either effective upon signing or can become effective upon the proven incompetency of an individual to handle his or her own affairs. The value of this document is that it would hopefully avoid the necessity of a guardianship in the event of incompetency.

1. Have either of you executed a power of attorney? _____ If yes, please provide a copy.
2. Effective on signing or incapacity? _____

O. DIRECTIVE TO PHYSICIANS (LIVING WILL)

The purpose of the Directive to Physicians is to make known the desire of the person signing the document of his wish not to have his life “artificially prolonged” in the case of any injury, disease, or terminal condition.

Do you wish to discuss this document? Yes _____ No _____

P. ORGAN DONOR INFORMATION

Do you wish to discuss organ donation at death? Yes _____ No _____

Q. PREPARATION OF WORKSHEET

Who prepared this worksheet? _____

INSURANCE BENEFITS WORKSHEET

Name of Insured _____

Company Name _____ Policy Number _____

Agent _____

Policy Type (Whole Life, Term, etc.) _____

Death Benefit _____ Cash Value _____

Current Primary Beneficiaries _____

Current Contingent Beneficiaries _____

Name of Insured _____

Company Name _____ Policy Number _____

Agent _____

Policy Type (Whole Life, Term, etc.) _____

Death Benefit _____ Cash Value _____

Current Primary Beneficiaries _____

Current Contingent Beneficiaries _____

Name of Insured _____

Company Name _____ Policy Number _____

Agent _____

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Agent _____

Policy Type (Whole Life, Term, etc.) _____

Death Benefit _____ Cash Value _____

Current Primary Beneficiaries _____

Current Contingent Beneficiaries _____

RETIREMENT BENEFITS WORKSHEET

Plan Participant _____

Company Name _____ Account Number _____

Agent or Broker _____

Account Type (IRA, Roth IRA, 401(k), 403(b), etc.) _____

Current Account Value _____

Current Primary Beneficiaries _____

Current Contingent Beneficiaries _____

Plan Participant _____

Company Name _____ Account Number _____

Agent or Broker _____

Account Type (IRA, Roth IRA, 401(k), 403(b), etc.) _____

Current Account Value _____

Current Primary Beneficiaries _____

Current Contingent Beneficiaries _____

Plan Participant _____

Company Name _____ Account Number _____

Agent or Broker _____

Account Type (IRA, Roth IRA, 401(k), 403(b), etc.) _____

Current Account Value _____

Current Primary Beneficiaries _____

Current Contingent Beneficiaries _____

Plan Participant _____
Company Name _____ Account Number _____
Agent or Broker _____
Account Type (IRA, Roth IRA, 401(k), 403(b), etc.) _____
Current Account Value _____
Current Primary Beneficiaries _____
Current Contingent Beneficiaries _____

Plan Participant _____
Company Name _____ Account Number _____
Agent or Broker _____
Account Type (IRA, Roth IRA, 401(k), 403(b), etc.) _____
Current Account Value _____
Current Primary Beneficiaries _____
Current Contingent Beneficiaries _____

Plan Participant _____
Company Name _____ Account Number _____
Agent or Broker _____
Account Type (IRA, Roth IRA, 401(k), 403(b), etc.) _____
Current Account Value _____
Current Primary Beneficiaries _____
Current Contingent Beneficiaries _____