

PLEASE READ BEFORE COMPLETING THIS WORKSHEET!

1. **DOWNLOAD** and **SAVE** to your computer or device **BEFORE** completing it.
2. Complete worksheet and **SAVE** your changes **BEFORE** sending to our office.

CONFIDENTIAL

ESTATE PLANNING WORKSHEET

(For One Person)

The purpose of this worksheet is to help both you and our attorney prepare for your upcoming consultation. Taking the time to gather these details in advance will result in a better consultation.

It is very important that an estate planner understands your present situation and your wishes for the future. A review of this information will allow your attorney to be ready to discuss specific options with you, help you accomplish future goals, and save you taxes and administrative expenses. The information you provide will remain confidential at all times.

Please send this completed worksheet back to our office at least one week prior to your appointment. We look forward to working with you.



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ESTATE PLANNING WORKSHEET
(Confidential – To Be Completed by Client)

→ → PLEASE USE BLUE OR BLACK INK ← ←

Date Completed: _____

PART 1: PERSONAL INFORMATION

A. CLIENT INFORMATION

Legal Name: _____
First Name *Middle Name* *Last Name*

First name commonly used (if other than above): _____

Title: Mr. Mrs. Ms. Mx. Dr. **Birth Date:** _____

Any previous names/AKA's: _____

Mailing address: _____

Email: _____ None Home phone: _____ None

Cell phone: _____ None Work phone: _____ None

Communication preference? Home phone Cell phone Work phone Email No preference

Employer: _____ Occupation: _____ Retired Unemployed

Marital status: Single Married (since _____) Registered Domestic Partner Widow/Widower

B. CHILDREN None

1. FULL Legal Name: _____

Mailing Address: _____

Primary Phone #: _____ Gender: Male Female Non-binary

Date of Birth: _____ # of children (*your grandchildren*): _____

2. FULL Legal Name: _____

Mailing Address: _____

Primary Phone #: _____ Gender: Male Female Non-binary

Date of Birth: _____ # of children (*your grandchildren*): _____

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3. FULL Legal Name: _____

Mailing Address: _____

Primary Phone #: _____ Gender: Male Female Non-binary

Date of Birth: _____ # of children (*your grandchildren*): _____

4. FULL Legal Name: _____

Mailing Address: _____

Primary Phone #: _____ Gender: Male Female Non-binary

Date of Birth: _____ # of children (*your grandchildren*): _____

5. FULL Legal Name: _____

Mailing Address: _____

Primary Phone #: _____ Gender: Male Female Non-binary

Date of Birth: _____ # of children (*your grandchildren*): _____

Additional children listed on attached separate sheet

C. OTHER INFORMATION

1. Do you have any **deceased** children? Yes No

If "Yes" are there any living descendants of a deceased child? Yes No

2. Are you a **U.S. Citizen**? Yes No

If "No" do you have a permanent resident card (green card)? Yes No

3. How long have you lived in California? _____

4. Do you have any **serious health issues** which may necessitate **expedited** estate planning? Yes No

If "Yes" please describe: _____

PART 2: ESTATE INFORMATION

A. GENERAL INFORMATION

1. What is the **estimated** total value of all your **assets**? Less than \$500,000 \$500,000 to \$1 million

\$1 million to \$3 million \$3 million to \$5 million \$5 million to \$10 million Over \$10 million

2. What is the **estimated** total amount of all your **debts** (e.g. loans, credit cards)? None

Less than \$500,000 \$500,000 to \$2 million \$2 million to \$5 million Over \$5 million

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3. Do you have a **safe deposit box**? No Yes, at: Bank/Branch: _____
4. Do you own any **real property** (a) in another state? Yes No (b) in another country? Yes No
5. Do you own a **timeshare**? Yes No
6. Do you own **cryptocurrency**? Yes No
7. Do you expect to receive an **inheritance** within the next 5 years? Yes No Not sure

B. ASSETS

1. Bank and Credit Union Accounts

- Bank: _____ Ckg Sav CD Avg Balance: \$ _____ Joint acct Business acct
- Bank: _____ Ckg Sav CD Avg Balance: \$ _____ Joint acct Business acct
- Bank: _____ Ckg Sav CD Avg Balance: \$ _____ Joint acct Business acct
- Bank: _____ Ckg Sav CD Avg Balance: \$ _____ Joint acct Business acct
- Bank: _____ Ckg Sav CD Avg Balance: \$ _____ Joint acct Business acct

Additional bank/credit union accounts listed on attached separate sheet

2. Brokerage/Investment Accounts – NON-RETIREMENT **None**

- Firm: _____ Advisor Name: _____ Avg Balance: \$ _____ Joint acct
- Firm: _____ Advisor Name: _____ Avg Balance: \$ _____ Joint acct
- Firm: _____ Advisor Name: _____ Avg Balance: \$ _____ Joint acct
- Firm: _____ Advisor Name: _____ Avg Balance: \$ _____ Joint acct

Additional brokerage/investment accounts listed on attached separate sheet

3. Directly-Held Securities **None**

- Stock in: _____ I have paper stock certificate(s) Estimated Value: \$ _____
- Stock in: _____ I have paper stock certificate(s) Estimated Value: \$ _____
- Stock in: _____ I have paper stock certificate(s) Estimated Value: \$ _____
- U.S. Savings Bonds- Series (if known): EE I H I have paper savings bonds Estimated Value: \$ _____
- Other securities (please describe): _____

Additional securities listed on attached separate sheet

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4. Retirement Accounts None

Account Held At: _____ **Contact Name:** _____
 IRA Roth IRA 401(k) Pension Other/Not Sure **Approximate Balance:** \$ _____
Primary Beneficiary: _____ **Contingent Beneficiary:** _____

Account Held At: _____ **Contact Name:** _____
 IRA Roth IRA 401(k) Pension Other/Not Sure **Approximate Balance:** \$ _____
Primary Beneficiary: _____ **Contingent Beneficiary:** _____

Account Held At: _____ **Contact Name:** _____
 IRA Roth IRA 401(k) Pension Other/Not Sure **Approximate Balance:** \$ _____
Primary Beneficiary: _____ **Contingent Beneficiary:** _____

Account Held At: _____ **Contact Name:** _____
 IRA Roth IRA 401(k) Pension Other/Not Sure **Approximate Balance:** \$ _____
Primary Beneficiary: _____ **Contingent Beneficiary:** _____

Additional retirement accounts listed on attached separate sheet

5. Life Insurance None

Insurance Agent: _____ **Death Benefit:** \$ _____ Whole Term Annuity
Primary Beneficiary: _____ **Contingent Beneficiary:** _____

Insurance Agent: _____ **Death Benefit:** \$ _____ Whole Term Annuity
Primary Beneficiary: _____ **Contingent Beneficiary:** _____

Additional policies listed on attached separate sheet

6. Real Property None

Address: _____ **Year acquired:** _____ **Ownership:** _____ %
 My Home Rental Commercial Vacation Unimproved Ag/Farm **Estimated Value:** \$ _____
(total value regardless of % owned)

Address: _____ **Year acquired:** _____ **Ownership:** _____ %
 My Home Rental Commercial Vacation Unimproved Ag/Farm **Estimated Value:** \$ _____
(total value regardless of % owned)

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Address: _____ Year acquired: _____ Ownership: _____%
 My Home Rental Commercial Vacation Unimproved Ag/Farm Estimated Value: \$ _____
(total value regardless of % owned)

Address: _____ Year acquired: _____ Ownership: _____%
 My Home Rental Commercial Vacation Unimproved Ag/Farm Estimated Value: \$ _____
(total value regardless of % owned)

Additional properties listed on attached separate sheet

7. Business Ownership **None**

Business Name: _____ Sole Owner Part Owner: _____%
 Sole Proprietorship LLC C-Corp S-Corp Partnership Estimated Value: \$ _____
(total value regardless of % owned)

Business Name: _____ Sole Owner Part Owner: _____%
 Sole Proprietorship LLC C-Corp S-Corp Partnership Estimated Value: \$ _____
(total value regardless of % owned)

Additional businesses listed on attached separate sheet

8. Loans Receivable (money you've loaned to others) **None**

Borrower: _____ Current Balance: \$ _____
Borrower: _____ Current Balance: \$ _____
Borrower: _____ Current Balance: \$ _____

Additional loans receivable listed on attached separate sheet

9. Tangible Personal Property

What is your **best guess** of the value of all your tangible personal property combined? (e.g.: cars, boats, tools, equipment, sporting goods, clothing, jewelry, artwork, collections, household furnishings, etc.)

Less than \$50,000 \$50,000 to \$100,000 \$100,000 to \$250,000 Over \$250,000

Do you own any **firearms**? Yes No Do you own a **mobile home**? Yes No

Do you have any personal belongings you'd like to **specifically gift** to someone? Yes No Maybe

C. CURRENT LEGAL DOCUMENTS

1. Do you presently have a **Will**? Yes No Not Sure
2. Do you presently have a **Revocable Trust**? Yes No Not Sure
3. Do you presently have an **Irrevocable Trust**? Yes No Not Sure

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4. Have you made a **Power of Attorney** for finances? Yes No Not Sure
5. Have you made an **Advance Health Care Directive**? Yes No Not Sure
6. If you answered “Yes” to 1-5 above, do you have the **original** signed documents? Yes No
7. If married, have you entered into a **prenuptial or separate property agreement**? Yes No
8. Name of your **accountant/CPA**: _____ None
9. Name of your **business attorney**: _____ None

PART 3: SPECIAL CONSIDERATIONS

A. PRIMARY GOALS

What are your **primary goals** for estate planning? **CHECK** all that apply.

- Avoid Probate Avoid Estate Tax Guardianship of Minor Children Pet Provisions
- Protect Children’s Inheritance Prevent Family Disputes Specific Disinheritance
- Update Existing Estate Plan Charitable Gifting Business Succession Planning
- Peace of Mind Other: _____

B. OTHER CONSIDERATIONS

1. Do any of your intended beneficiaries have a **disability** which qualifies that person for resource-based government benefits such as Social Security Income (“SSI”) or Medi-Cal? Yes No Not sure
2. Are you interested in appointing a **licensed professional fiduciary** to serve as your Executor, Trustee, Power of Attorney, etc.? Yes No Not sure/Need more info
3. Please list any specific questions or concerns to be discussed: _____

****KINDLY RETURN YOUR COMPLETED WORKSHEET AT LEAST 1 WEEK BEFORE YOUR APPOINTMENT****

If you currently have a Trust:

Please send copies of all Trust documents (including any amendments) along with this worksheet.

THANK YOU!