

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 Two People)

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 much 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 1

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

B. CLIENT 2

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: Same as Client 1 _____

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

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B. CHILDREN None

1. FULL Legal Name: _____ Client 1 Client 2 Both

Mailing Address: _____

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

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

2. FULL Legal Name: _____ Client 1 Client 2 Both

Mailing Address: _____

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

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

3. FULL Legal Name: _____ Client 1 Client 2 Both

Mailing Address: _____

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

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

4. FULL Legal Name: _____ Client 1 Client 2 Both

Mailing Address: _____

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

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

5. FULL Legal Name: _____ Client 1 Client 2 Both

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. Relationship status: Married Engaged Life Partners Registered Domestic Partners

2. What year did your **current relationship status** begin? _____

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3. Do either of you have any **deceased** children? Yes No
If "Yes" are there any living descendants of a deceased child? Yes No
4. Are you a **U.S. Citizen**? Client 1 Client 2 Both
If not, do you have a permanent resident card (green card)? Client 1 Client 2 Both
5. How long have you lived in California? Client 1: _____ Client 2: _____
6. Do either of you have a **serious health issue** 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
3. Do either of you have a **safe deposit box**? No Yes, at: Bank/Branch: _____
4. Do either of you own **real property** in: (a) another state Yes No (b) another country? Yes No
5. Do either of you own a **timeshare**? Yes No
6. Do either of you own **cryptocurrency**? Yes No
7. Do either of you expect to receive an **inheritance** within the next 5 years? Yes No Not sure
8. **If married**, do you consider all your assets as community property, or some community property and some separate property? All community property Some separate property of one/both spouses

B. ASSETS

1. Bank and Credit Union Accounts

- Client 1 Client 2 Both Bank: _____ Ckg Sav CD Avg Bal: \$ _____ Business acct
- Client 1 Client 2 Both Bank: _____ Ckg Sav CD Avg Bal: \$ _____ Business acct
- Client 1 Client 2 Both Bank: _____ Ckg Sav CD Avg Bal: \$ _____ Business acct
- Client 1 Client 2 Both Bank: _____ Ckg Sav CD Avg Bal: \$ _____ Business acct
- Client 1 Client 2 Both Bank: _____ Ckg Sav CD Avg Bal: \$ _____ Business acct

Additional bank/credit union accounts listed on attached separate sheet

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2. Brokerage/Investment Accounts – NON-RETIREMENT None

Client 1 Client 2 Both Firm: _____ Advisor: _____ Avg Bal \$ _____

Client 1 Client 2 Both Firm: _____ Advisor: _____ Avg Bal \$ _____

Client 1 Client 2 Both Firm: _____ Advisor: _____ Avg Bal \$ _____

Client 1 Client 2 Both Firm: _____ Advisor: _____ Avg Bal \$ _____

Additional brokerage/investment accounts listed on attached separate sheet

3. Directly-Held Securities None

DIRECTLY HELD STOCK:

Stock in: _____ Client 1 Client 2 Both Estimated Value: \$ _____

Stock in: _____ Client 1 Client 2 Both Estimated Value: \$ _____

Stock in: _____ Client 1 Client 2 Both Estimated Value: \$ _____

*Do you have any "paper" stock certificates? Yes No Not sure

U.S. SAVINGS BONDS: Client 1 Client 2 Both Series (if known): EE I H Estimated Value: \$ _____

*Do you have any "paper" savings bonds? Yes No Not sure

Other securities (please describe): _____

Additional securities listed on attached separate sheet

4. Retirement Accounts None

Client 1 Client 2 **Account At:** _____ Contact Name: _____

Type of Account: IRA Roth IRA 401(k) Pension Other/Not Sure Approx. Bal: \$ _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

Client 1 Client 2 **Account At:** _____ Contact Name: _____

Type of Account: IRA Roth IRA 401(k) Pension Other/Not Sure Approx. Bal: \$ _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

Client 1 Client 2 **Account At:** _____ Contact Name: _____

Type of Account: IRA Roth IRA 401(k) Pension Other/Not Sure Approx. Bal: \$ _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

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Client 1 Client 2 **Account At:** _____ **Contact Name:** _____
Type of Account: IRA Roth IRA 401(k) Pension Other/Not Sure **Approx. Bal:** \$ _____
Primary Beneficiary: _____ **Contingent Beneficiary:** _____

Client 1 Client 2 **Account At:** _____ **Contact Name:** _____
Type of Account: IRA Roth IRA 401(k) Pension Other/Not Sure **Approx. Bal:** \$ _____
Primary Beneficiary: _____ **Contingent Beneficiary:** _____

Client 1 Client 2 **Account At:** _____ **Contact Name:** _____
Type of Account: IRA Roth IRA 401(k) Pension Other/Not Sure **Approx. Bal:** \$ _____
Primary Beneficiary: _____ **Contingent Beneficiary:** _____

Additional retirement accounts listed on attached separate sheet

5. Life Insurance & Annuities **None**

Client 1 Client 2 **Company:** _____ Whole Term Accidental Annuity
Primary Beneficiary: _____ **Contingent Beneficiary:** _____ **Amount:** \$ _____

Client 1 Client 2 **Company:** _____ Whole Term Accidental Annuity
Primary Beneficiary: _____ **Contingent Beneficiary:** _____ **Amount:** \$ _____

Client 1 Client 2 **Company:** _____ Whole Term Accidental Annuity
Primary Beneficiary: _____ **Contingent Beneficiary:** _____ **Amount:** \$ _____

Client 1 Client 2 **Company:** _____ Whole Term Accidental Annuity
Primary Beneficiary: _____ **Contingent Beneficiary:** _____ **Amount:** \$ _____

Additional policies listed on attached separate sheet

6. Real Property **None**

Address: _____ Client 1 Client 2 Both
Property Type: Our Home Rental Commercial Vacation Unimproved Ag/Farm
Year acquired: _____ **Ownership:** _____% **Estimated Value:** \$ _____
(total value regardless of % owned)

Address: _____ Client 1 Client 2 Both
Property Type: Our Home Rental Commercial Vacation Unimproved Ag/Farm
Year acquired: _____ **Ownership:** _____% **Estimated Value:** \$ _____
(total value regardless of % owned)

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Address: _____ Client 1 Client 2 Both

Property Type: Our Home Rental Commercial Vacation Unimproved Ag/Farm

Year acquired: _____ Ownership: _____% Estimated Value: \$ _____
(total value regardless of % owned)

Address: _____ Client 1 Client 2 Both

Property Type: Our Home Rental Commercial Vacation Unimproved Ag/Farm

Year acquired: _____ Ownership: _____% Estimated Value: \$ _____
(total value regardless of % owned)

Additional properties listed on attached separate sheet

7. Business Ownership **None**

Business Name: _____ Client 1 Client 2 Both Ownership: _____%

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

Business Name: _____ Client 1 Client 2 Both Ownership: _____%

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 either of you presently have a **Will**? Yes No Not Sure

2. Do either of you presently have a **Revocable Trust**? Yes No Not Sure

3. Do either of you presently have an **Irrevocable Trust**? Yes No Not Sure

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- 4. Have either of you made a **Power of Attorney** for finances? Yes No Not Sure
- 5. Have either of 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 signed a **prenuptial 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!