

Estate Planning Worksheet
For
«Client Full Name»

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Worksheet-Estate Planning-TNC08.rtf
(3/05)

1. General Information

Client (Husband-if married)		Wife	
Name (enter exactly as you want to sign documents):		Name (enter exactly as you want to sign documents):	
Address:		Address (If Different):	
County:		County:	
Telephone (Home):		Telephone (Home):	
Telephone (Work):		Telephone (Work):	
Occupation:		Occupation:	
Birth Date:	Age:	Birth Date:	Age:

Children/Other People Who are Heirs

Name	Relationship	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check All Boxes That Apply:

(And write brief explanation on the back side of this page)

	Client	Wife
I have a prenuptial agreement (current or previous marriage).....	<input type="checkbox"/>	<input type="checkbox"/>
I am divorced.....	<input type="checkbox"/>	<input type="checkbox"/>
I have children from previous marriage.....	<input type="checkbox"/>	<input type="checkbox"/>
I have filed gift tax returns in the past.....	<input type="checkbox"/>	<input type="checkbox"/>
I have made gifts in excess of \$10,000+ in any year.....	<input type="checkbox"/>	<input type="checkbox"/>
I have made gifts and/or created trusts.....	<input type="checkbox"/>	<input type="checkbox"/>
I stand to inherit or be gifted \$10,000+ in the future.....	<input type="checkbox"/>	<input type="checkbox"/>
I am in the military.....	<input type="checkbox"/>	<input type="checkbox"/>
My children have substantial assets of their own.....	<input type="checkbox"/>	<input type="checkbox"/>
I am involved in one or more partnerships, limited liability companies, or corporations.....	<input type="checkbox"/>	<input type="checkbox"/>
Such interests are subject to a buy/sell agreement (please attach copy).....	<input type="checkbox"/>	<input type="checkbox"/>
I am retired.....	<input type="checkbox"/>	<input type="checkbox"/>
I want to treat all of my children equally.....	<input type="checkbox"/>	<input type="checkbox"/>
I have a special needs child (physical/mental handicap; on public assistance, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
I or my spouse plan to enter nursing home soon.....	<input type="checkbox"/>	<input type="checkbox"/>
I have serious health problems.....	<input type="checkbox"/>	<input type="checkbox"/>
I have a Last Will & Testament (please attach copy).....	<input type="checkbox"/>	<input type="checkbox"/>
I have a Power of Attorney (please attach copy).....	<input type="checkbox"/>	<input type="checkbox"/>
I have a Living Will and/or Health Care Power of Attorney (please attach copy).....	<input type="checkbox"/>	<input type="checkbox"/>
I have other special circumstances that need to be addressed (please write a brief explanation on back page).....	<input type="checkbox"/>	<input type="checkbox"/>

2. Last Will and Testament: A Will is a document in which you leave instructions to be carried out upon your passing. Your Will may be very general or very detailed, depending upon your wishes. If you want to include an introductory paragraph expressing a final statement (e.g., testimony of your beliefs, tribute to your spouse or children), please write one out on a separate sheet. The remainder of this section walks you through the basic provisions of a Will and prompts you for information necessary to prepare your Will.

2.1 Personal Representative: When you pass away, your estate must be administered by someone. This person may be referred to as a personal representative, executor, or administrator; they are all different names for the same thing. The personal representative is responsible for carrying out your wishes as set forth in your Last Will & Testament. If you left a parcel of real estate to John Doe, the personal representative would sign a deed transferring the land to John Doe. The personal representative also signs any checks that need to be signed (e.g., to pay bills) and does whatever else is necessary in order to carry out the provisions of your Last Will & Testament. Please list in order of priority who you want to act as your personal representative. That is, the first person you list will be the personal representative; if they cannot be your personal representative for whatever reason, the second person you list will be your personal representative, etc. We advise that you have at least two names listed.

Client	Wife
1. <input type="checkbox"/> My Spouse	1. <input type="checkbox"/> My Spouse
2. _____	2. _____
3. _____	3. _____

2.2 Guardian For Minor Children: If you and your spouse pass away leaving minor children, you will need to have someone care for and raise those children until they are adults. You may designate a guardian in your Last Will & Testament. Any child under the age of 18 will be placed in the home of the guardian until such child reaches the age of 18. Often, the trustee and the guardian are the same person (the logic being that if you trust a person with the upbringing of your child, you trust them to handle the funds of that child). Do you want the guardian to be the same as the trustee? Yes No. If no, please list in order of priority who you want to appoint as guardian (give at least two names):

Client	Wife
1. _____	1. _____
2. _____	2. _____

2.3 Trustee: A trust consists of three components: the settlor, who is the person who creates the trust; the trustee, who administers the trust, and the beneficiaries, the people who actually benefit from the trust. If you have minor children and wish to set up a trust for them, the trustee would have control over the property until the children reach the age you designate in the trust. Typically, that age is 21. Thus, if you pass away when a child of yours is 19, that child will not have a guardian (because s/he is over 18) but the trustee will retain control of that child's share of the inheritance until the child reaches age 21. Guided by your directives set forth in the trust, the trustee will use the principal and income from the trust for the benefit of your child (e.g., food, clothing, tuition, car) until the trust terminates. When the trust terminates, the property remaining in the trust will be given outright to your child. Please list in order of priority who you want to appoint as trustee (give at least two names):

Client

Wife

1. _____

1. _____

2. _____

2. _____

2.4 Specific Bequests: Do you have any specific bequests (e.g., “my wedding ring to my daughter Mandy”)?

Client

Wife

Yes No If yes, please identify the property and to whom it is to be given.

Yes No If yes, please identify the property and to whom it is to be given.

2.5 Disposition of the Residue of Your Estate: The residue of your estate is everything you own not otherwise given (via a specific bequest, designation in an insurance policy, etc.). State how you want your property to pass upon your death (e.g., everything to surviving spouse and then equally to children). If you and your spouse are completing this together, but your spouse wants a different disposition, check here and write out such disposition on the back of this page.

Everything to my spouse; if my spouse does not survive me, then everything to my children, equally. If my spouse and all of my children and grandchildren pass away before me, then I leave my property to:

Everything to my spouse; if my spouse does not survive me, then:

Everything to: _____

If you are leaving property to children, at what age do you want your children to receive their property from the trust if both of you have passed away? (e.g., age 21) _____

3. Power of Attorney: A power of attorney is a written document in which you give someone the authority to act on your behalf. Should you become incapacitated, the person you appoint (referred to as your “attorney-in-fact” but not necessarily an actual attorney) will be able to conduct your affairs, such as paying your bills, managing your business, filing tax returns, etc. Signing a power of attorney avoids the need to have a court appoint a guardian/conservator for you (which is costly) should you become incapacitated. Please list in order of priority who you wish to appoint as your attorney-in-fact (give at least one name, typically your spouse):

Client

Wife

- 1. My Spouse
- 2. _____
- 3. _____

- 1. My Spouse
- 2. _____
- 3. _____

4. Health Care Advance Directive: A health care advance directive is a document in which you give instructions about your health care, to be used in the event you cannot speak for yourself. You can give someone you name (your "agent" or "proxy") the power to make health care decisions for you. You also may give instructions about the kind of health care you do or do not want. Should you become incapacitated, the person you appoint will be able to make all health care decisions for you. The advance directive also states your desires regarding life-prolonging treatment in the event that you are being kept alive artificially. It states either that you want medical treatment no matter your condition, or specifies under what conditions you want life support systems withdrawn. Please list in order of priority who you wish to appoint as your attorney-in-fact for health care decisions (give at least one name, typically your spouse):

Client

Wife

- 1. My Spouse
- 2. _____
Address: _____

Phone: _____
- 3. Name: _____
Address: _____

Phone: _____

- 1. My Spouse
- 2. _____
Address: _____

Phone: _____
- 3. Name: _____
Address: _____

Phone: _____

I want my Advance Directive to contain language consistent with the following religious faith:

I want my Advance Directive to contain language consistent with the following religious faith:

5. Special Issues You Want to Address:

Complete the Financial Information Sections ONLY if Your Gross Estate is over \$1,500,000 OR you desire nursing home planning¹

If the combined gross estate of you and your spouse is less than \$1,500,000.00 check here AND STOP (DO NOT COMPLETE THE REST OF THIS FORM). If you desire nursing home planning, check here and complete the remainder of this form.

Family Income Data

After paying family living expenses, what is your average excess income left over at the end of each year? _____

What tax bracket are you in? _____

Business Interests

Name of Business _____ (if more than one, use a separate sheet for each business)

Business Address _____

Nature of Business Activity: _____

Form of Business Organization: Sole Proprietorship Partnership C Corporation S Corporation LLC LLP

Number of Full Time Employees: _____

What is the total balance sheet or book value of this business? _____ (please attach a current balance sheet)

What is your best estimate of the market value of this business (i.e., what would you pay for this business as a going concern)? _____

What is the average level of business indebtedness? _____

What will be the disposition of the business when you retire (e.g., sell, leave it to children, etc.)? _____

What will be the disposition of the business when you die? _____

¹Your gross estate is the total amount of all your assets, less liabilities. Include the amount of all life insurance policies that you own.

Personal Property

Property Description	(H)usband (W)ife (J)oint	Date Acquired	Purchase Price/Basis	Debt Against Property	Current Fair Market Value
1. Cash					
2. Checking					
3. Savings					
4. Other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives					
5. Household goods and furnishings, including audio, video, and computer equipment					
6. Books, pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles					
7. Furs and jewelry					
8. Firearms and sports, photographic, and other hobby equipment					

Property Description	(H)usband (W)ife (J)oint	Date Acquired	Purchase Price/Basis	Debt Against Property	Current Fair Market Value
9. Autos, trucks, trailers, and other vehicles					
10. Boats, motors, and accessories					
11. Aircraft and accessories					
12. Office equipment, furnishings, and supplies					
13. Machinery, fixtures, equipment, and supplies used in business					
14. Inventory					
15. Animals					
16. Crops – growing and harvested					
17. Farming equipment, implements, supplies, chemicals, and feed					
18. Other property of any kind not already listed					
TOTALS					

