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ESTATE PLANNING WORKSHEET

Circle One: Will or Trust

Date _____ Primary Phone: _____ Other Phone: _____

First Name

Middle Initial

Last Name

A/K/A

Date of Birth

Social Security Number

Spouse's First Name

Middle Initial

Last Name

A/K/A

Date of Birth

Social Security Number

Street

City

State

Zip

County

Marital Status ☐ Married ☐ Divorced
 ☐ Separated ☐ Single (including widowed)

E-mail Address _____

Spouse's E-mail Address _____

What is your primary motivation for considering estate planning? *(Select one or more)*

- ☐ Probate Avoidance ☐ Federal Estate Tax Planning
☐ Business or Farm Planning ☐ Guardianship for Minor Children
☐ Other: _____

How did you hear about our firm? _____

Are you a Veteran? _____

CHILDREN OR OTHER BENEFICIARIES

Name	Relationship	Age	Child of Husband, Wife, OR Both?

	<u>Client</u>				<u>Spouse</u>			
Do you presently have a will?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you presently have a trust?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are any of your children or other beneficiaries disabled/Special Needs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you own a business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you entered into an agreement w/ your spouse(i.e. pre-nuptial agreement)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you work with a Financial Advisor? Advisor Name _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Asset	Client	Spouse	Joint	Location/Company/Description
Bank Account	\$	\$	\$	
Bank Account	\$	\$	\$	
Bank Account	\$	\$	\$	
Bank Account	\$	\$	\$	
Retirement (Work)	\$	\$	\$	
Retirement (Work)	\$	\$	\$	
Retirement (Personal)	\$	\$	\$	
Retirement (Personal)	\$	\$	\$	
Retirement (Personal)	\$	\$	\$	
Investment (non IRA)	\$	\$	\$	
Investment (non IRA)	\$	\$	\$	
Investment (non IRA)	\$	\$	\$	
Investment (non IRA)	\$	\$	\$	
Real Estate	\$	\$	\$	
Real Estate	\$	\$	\$	
Real Estate	\$	\$	\$	
Business	\$	\$	\$	
Business	\$	\$	\$	
Life Insurance (Work)	\$	\$	\$	
Life Insurance (Personal)	\$	\$	\$	
Life Insurance (Personal)	\$	\$	\$	
Life Insurance (Personal)	\$	\$	\$	
Employer/Retired From				
Job Title				
Income	\$	\$		

APPOINTMENTS

(You CAN name more than one person to serve jointly in each position – we assume spouse is 1st unless you specify otherwise)

Nomination for Personal Representative of your Estate/Trustee of your Trust – Short-term

(Individual(s)/Company responsible for managing your assets/settling your estate after you die)

1 st Choice	
Alternate	
2 nd Alternate	

*To serve with reasonable compensation? Yes _____ No _____

Nomination for Agent for Financial Decisions

(An Agent handles your financial affairs if you become incapacitated)

	Client	Spouse
1 st Choice		
Alternate		
2 nd Alternate		

Nomination for Agent for Medical Decisions

(An Agent makes medical decisions for you if you are unable to make them for yourself)

	Client	Spouse
1 st Choice		
Alternate		
2 nd Alternate		

Nomination for Guardian of your Minor/Disabled Child (if applicable)

(Individual(s) responsible for raising your children after you are deceased)

1 st Choice	
Alternate	
2 nd Alternate	

Nomination for Trustee for Minors/Disabled Beneficiaries (if applicable) – Long-term

(Individual(s)/Company responsible for managing funds long-term for your beneficiaries until you believe they are capable of managing them on their own, if applicable)

1 st Choice	
Alternate	
2 nd Alternate	

*To serve with reasonable compensation? Yes _____ No _____

PLAN OF DISTRIBUTION

Who are the Beneficiaries of your Estate?						
Name	Age	Relationship	Percentage (or specific amount)	Outright? (all at once upon your death)	O R	Held in Trust? (Distributed gradually; See options below)

If a beneficiary you've named dies before you, should his or her share go to

_____ His or her child(ren) if he/she have any **OR**

_____ To the other beneficiaries who do survive? **OR**

_____ Other (explain) _____

AGE/TIME/MANNER OF DISTRIBUTION FOR FUNDS HELD IN TRUST (if applicable)

AGE(S) YOU WANT THE BENEFICIARIES TO RECEIVE THE MONEY: All at age _____ OR
1/2 at age _____ 1/2 at age _____ OR
1/3 at age _____ 1/3 at age _____ 1/3 at age _____
Other _____

Principal and/or income for health, education,
maintenance and support prior to age(s) above? ☐ Yes ☐ No

Other stipulations? _____

SPECIFIC GIFTS (OTHER THAN PERSONAL PROPERTY)

Specific Assets, Accounts, Amount of money, or percentages of your Trust/Estate that you want left directly to individuals &/or charities? Include Alternates for each. Use back/attach separate sheet if necessary.

PERSONAL PROPERTY

Do you want most/all of your personal effects (household items, clothing, etc.) to be distributed the same way as above? If NO, specify how you want these items distributed. You will be able to list specific items to specific individuals on a separate list at any time in the future.

BACK-UP DISTRIBUTION PLAN

If you die, leaving no spouse, children, or grandchildren, (or none of the beneficiaries indicated above survive you) how do you want your estate distributed?

ADDITIONAL PLANNING/INTERESTS (OPTIONAL)

	YES		NO
Are you interested in obtaining a quote for life insurance?			
Are you interested in obtaining a quote for long-term care (nursing home) insurance?			
Are you interested in a complimentary financial plan/portfolio review w/ an advisor?			
Are you interested in a referral to an accountant?			
Are you interested in a referral to a real estate agent regarding buying or selling real estate?			
Are you interested in obtaining information about pre-planning funeral arrangements?			
Are you interested in receiving our Monthly Estate Planning/Real Estate Newsletter via e-mail/US Mail?			
Would you like to receive PDF copies of your signed documents via e-mail?			
Would you be willing to do a Google Review or Facebook Review of our business after your plan is complete?			
If you have an Advisor, do you consent to us communicating with him/her and sending him/her a copy of your signed documents via e-mail?			

What is your preferred method of contact for the above interests (if any)?

Phone _____ E-Mail _____ US Mail _____

If any of the above questions are answered "YES"

We hereby consent to Trust & Will Center's disclosure of our contact information consistent with our wishes as expressed above.

Date _____

Client Signature

Spouse's Signature