

PERSONAL ESTATE PLANNING WORKSHEET

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

PERSONAL AND FAMILY INFORMATION

Date of Birth _____ Social Security Number _____

Marital Status: Single Married Domestic Partners / Civil Union
 Widowed Divorced Legally Separated

Partner's Name _____

Partner's Date of Birth _____ Social Security Number _____

If you have a prenuptial agreement or a separation agreement, please bring a copy of the agreement to the attorney's office.

Are you a U.S. Citizen? Yes No

If not a U.S. Citizen, other citizenship: _____

Is your partner a U.S. Citizen? Yes No

If not a U.S. Citizen, other citizenship: _____

Children *(Please specify if a child is adopted, from a prior marriage, or deceased.)*

(1) Child _____ Date of Birth _____

Child's Spouse _____

Child's Children _____

PERSONAL AND FAMILY INFORMATION (CONTINUED)

(2) Child _____ Date of Birth _____

Child's Partner _____

Child's Children _____

(3) Child _____ Date of Birth _____

Child's Partner _____

Child's Children _____

(4) Child _____ Date of Birth _____

Child's Partner _____

Child's Children _____

Add more lines or attach more sheets in necessary.

FINANCIAL INFORMATION (ATTACH MORE SHEETS AS NECESSARY)

Bank Accounts *(Checking, Savings, Money Markets, CD, etc.)*

Bank Account Name	Address	Value	How Owned (Individually, partner, joint tenancy, tenancy in common, etc.)

Real Estate

Location (Please list principal residence in first box)	Date of Purchase	Value	Mortgage	How Owned (Individually, partner, joint tenancy, tenancy in common, etc.)

Please bring copies of deeds to your attorney's office.

FINANCIAL INFORMATION (CONTINUED)

Investment Assets (Stocks, Bonds, Mutual Funds, etc.)

Company / Fund	Date of Purchase	Value	Number of Shares	How Owned (Individually, partner, joint tenancy, tenancy in common, etc.)

Closely Held Stock and Business Interests

Investment	Owner (You, partner, trust, etc.)	Form of Organization	Value	Percent of Ownership

Please bring copies of partnership agreements, stockholder agreements, appraisals, etc., to your attorney's office.

Retirement Assets (IRAs, 401(k)s, Pensions, Profit Sharing, etc.)

Investment	Owner (You, partner, trust, etc.)	Form of Organization	Value	Percent of Ownership

FINANCIAL INFORMATION (CONTINUED)

Life Insurance Policies

Company	Owner	Insured	Face Value	Cash Value	Loans Against	Beneficiaries (primary and contingent)

Tangible Personal Property (Cars, Jewelry, Art, Collections, Household Furnishings, etc.)

Property	Owner	Value	Insurance

Please bring copies of appraisals to your attorney's office.

Other Assets

Description	Owner	Value	Notes

FINANCIAL INFORMATION (CONTINUED)

Future or Contingent Income or Assets

I (or my partner) am a beneficiary of a bequest.

Name of testator _____ Approximate Value _____

I (or my partner) am a beneficiary of a trust fund.

Name of testator _____ Approximate Value _____

I (or my partner) am a beneficiary of another income or assets.

Description and value _____

Please bring copies of wills or trust documents to your attorney's office.

Liabilities

Creditor	Type (credit card, car loan, etc.)	Liability Holder	Amount Owed	Payment Due Date

ESTATE PLANNING OBJECTIVES

Please bring copies of current estate planning documents (wills, trusts, durable powers of attorney, living wills, health-care proxies/ durable powers of attorney for health care, etc.) with you to your attorney's office.

Some Questions to Consider

- What should happen to your estate when you pass away?
 - Do you wish to provide for your partner, children, grandchildren, friends?
 - Do you wish to provide for charities?
 - How do you wish to provide for people; outright or through trusts?
 - Are there particular items of personal property you wish to give to specific individuals?
 - If no beneficiaries survive you, how do you want your estate distributed?
 - Do you wish to disinherit anyone?
- Whom do you wish to oversee the distribution of your estate when you pass away? This may include collecting assets, paying debts, filing tax returns and completing necessary paperwork, hiring an attorney, and making sure your estate is distributed in accordance with your wishes.
 - Whom do you wish to name as your executor or personal representative of your will?

Executor: _____

Alternative Executor: _____

- If you have a trust, whom do you wish to name as trustee?

Trustee: _____

Alternative Trustee: _____

- If you have minor children, whom do you wish to name as their guardian?

Guardian: _____

Alternative Guardian: _____

ESTATE PLANNING OBJECTIVES (CONTINUED)

Please bring copies of current estate planning documents (wills, trusts, durable powers of attorney, living wills, health-care proxies/durable powers of attorney for health care, etc.) with you to your attorney's office.

Additional Questions to Consider

- *What are your preferred funeral and burial/cremation instructions?*

- *Whom can make medical decisions if you become incapacitated? You can name a health-care agent or attorney in-fact under a health-care proxy or durable power of attorney for health care.*

Health-care agent or attorney-in-fact: _____

Alternative health-care agent or attorney-in-fact: _____

- *What are your wishes regarding the receipt of life-sustaining treatment in the event of an incurable condition?*

- *Whom do you wish to name as your attorney-in-fact under a durable power of attorney for finances? This person can make financial decisions for you in you become incapacitated.*

Attorney-in-fact: _____

Alternative attorney-in-fact: _____

ESTATE PLANNING OBJECTIVES (CONTINUED)

Sample Bequest Language for a Gift to Fenway Health

“I give the sum of _____ dollars (\$ _____) to Fenway Community Health Center, Inc., of Boston, Massachusetts, for general purpose and use.”

“I give _____ percent (% _____) of the residue of my estate to the Fenway Community Health Center, Inc., of Boston, Massachusetts, for general purpose and use.”

Should you wish to include Fenway Health in your will or trust, please note that our legal name is Fenway Community Health Center, Inc. Your attorney may want to know the organization’s Tax ID: 042-510-564

The Fenway Health Development Office is prohibited from giving legal or financial advice, and nothing provided by this organizer should be interpreted as such. The Fenway Health Development Office encourages you to consult with your own advisor before creating an estate plan or deciding whether to create a planned gift for Fenway Health.
