

ESTATE PLANNING WORKSHEET

Information provided is held in strict confidence and is used for the sole purpose of analyzing your estate planning needs and preparing your estate planning documents. You confirm that all information provided is true and accurate to the best of your knowledge.



GONZALEZ, SHENKMAN & BUCKSTEIN PL

ATTORNEYS AT LAW

1035 South State Road 7, Suite 312, Wellington, FL 33414

Tel.: (561) 227-1575 Fax: (561) 227-1574

www.gsblawfirm.com

GENERAL INFORMATION

Full Name	Full Name
Address:	Address:
How would you like to be referred to in legal documents?	How would you like to be referred to in legal documents?
Date of Birth:	Date of Birth:
Home Phone No.:	Home Phone No.:
Email Address:	Email Address

Would you like draft documents emailed to you? Yes No

	CLIENT		SPOUSE	
Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Will? <i>(If so, provide copy)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Revocable Trust? <i>(If so, provide copy)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a beneficiary of a trust? <i>(If so, provide copy)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a party to a Marital Agreement? <i>(If so, provide</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a disabled child or beneficiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have pets that require long-term care, e.g., horses or birds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own any Class III Firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No				

YOUR CHILDREN

Full Name of Child	Birth Date	Address and Phone (If different from Client)	Related to: (Circle)	Disinherit ? (Circle)
			H W	Y N
			H W	Y N
			H W	Y N
			H W	Y N
			H W	Y N

YOUR ASSETS

- Estate planning sometimes involves the rearranging of asset ownership.
- It is important for us to know what you own, including the form of ownership and approximate values.
- Feel free to use the back of this page if you run out of room.

Type of Asset	How Titled Joint (J), Husband (H), Wife	Approximate Fair Market Value
Primary residence: Mortgage <input type="checkbox"/> Yes, balance due: \$ _____ <input type="checkbox"/> No		
Other real property: State: _____ Investment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bank Accounts Bank: _____ Bank: _____		
Stocks and Bonds:		
Interest in Closely-Held Companies: "S" Corporation _____ (Y/N); LLC _____ (Y/N) Other: _____		
Annuities		
IRAs/Retirement plans:		
Life Insurance		
Other: (e.g., notes receivable, jewelry, collectibles, etc.)		

Indicate on a scale of 1 to 5 which of the following are MOST important to you, with 5 being the most important and 1 being the least important:

Avoid cost and delay of probate administration at death	1	2	3	4	5
Avoid cost and delay of legal guardianship upon incapacity	1	2	3	4	5
Protect assets from your potential creditors	1	2	3	4	5
Avoid loss of assets to pay for nursing home/long-term care	1	2	3	4	5
Protect child's inheritance from divorce and other creditors	1	2	3	4	5
Estate Tax/Income Tax savings	1	2	3	4	5
Other: _____	1	2	3	4	5

LIST OF ADVISORS

Sometimes we need to work with your other advisors to coordinate the proper titling of your assets or to consult on tax or other matters. Kindly list your other advisors below:

CPA: _____

Financial Advisor: _____

Banker: _____

Insurance Agent: _____

Other: _____