

# Estate Planning Worksheet

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The Elder Law Office of Olimpi & Kramer, LLC

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.

**The Elder Law Firm of Olimpi & Kramer, LLC**  
396 4th St., Beaver, Pennsylvania 15009  
Phone: (724) 888-2830

## Part I - Personal Information

Spouse 1/Partner 1 : Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Date of Marriage \_\_\_\_\_

Spouse 2/Partner 2: Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

### Children and Other Immediate Family Members

Name and Address	Birth Date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Advisors**

**Name and Address**

**Telephone**

Accountant \_\_\_\_\_

\_\_\_\_\_

Financial Advisor \_\_\_\_\_

\_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

\_\_\_\_\_

**Your Goals**

Please indicate your goals for your estate plan.

**Description**

**Yes**

**No**

Create a comprehensive plan to manage affairs in case of death or disability.

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Providing for and protecting a spouse/partner.

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Providing for and protecting children.

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Providing for and protecting grandchildren.

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Disinheriting a family member.

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Providing for charities at the time of death.

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Plan for the transfer and survival of a family business.

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Avoiding or reducing your estate or inheritance taxes.

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Avoiding probate.

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Maintaining privacy.

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Reduce administration costs at time of your death.

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Avoiding guardianship of your person or estate in case of a disability.

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Avoiding will contests or other disputes upon death.

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Protecting assets from lawsuits or creditors.

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Plan for a child with disabilities or special needs, such as medical or learning disabilities.

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Protecting children's inheritance from the possibility of failed marriages.

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Protect children's inheritance in the event of a surviving spouse/partner's remarriage.

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Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

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Other Goals or Concerns (Please list below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please check "Yes" or "No" for your answer)	Yes	No
Are you or your spouse/partner receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you or your spouse/partner making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married, have you and your spouse/partner signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you or your spouse/partner been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you or your spouse/partner ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you or your spouse/partner completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in a jurisdiction other than Pennsylvania during your marriage?		
Are you or your spouse/partner a beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

**Additional Information**

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**Part II - Property Information**

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

<b>Owner of Property</b>	<b>Use</b>
If married, Spouse 1's/Partner 1's name alone, with no other person	S1/P1
If married, Spouse 2's/Partner 2's name alone, with no other person	S2/P2
If married, joint ownership with spouse/partner	JS
Joint ownership with someone other than spouse (partner, child, parent, etc.)	JO
If you cannot determine how the property is owned	?

**Real Property**

**TYPE:** Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

<b>General Description and/or Address</b>	<b>Owner</b>	<b>Market Value</b>	<b>Loan Balance</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<b>Total</b>	_____	_____

**Furniture and Personal Effects**

**TYPE:** List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

<b>Type or Description</b>	<b>Owner</b>	<b>Market Value</b>
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<b>Total</b>	_____

**Automobiles, Boats, and RVs**

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

_____
_____
_____
_____



**Retirement Plans**

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Total* \_\_\_\_\_

**Business Interests**

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Total* \_\_\_\_\_

**Money Owed To You**

**TYPE:** Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**Anticipated Inheritance, Gift, or Lawsuit Judgment**

**TYPE:** Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

**Description** \_\_\_\_\_  
\_\_\_\_\_  
*Total estimated value* \_\_\_\_\_

**Other Assets**

**TYPE:** Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

**GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name and Address	Relationship
_____	_____
_____	_____

**INITIAL TRUSTEE(S):** Usually the Maker will be the Trustee of his or her own trust. Often, both spouses/partners, jointly. Allows you to continue to jointly control your assets as before.

Name and Address	Relationship
_____	_____
_____	_____

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

**FOR SPOUSE 1/PARTNER 1**

Name and Address	Relationship
_____	_____
_____	_____

**FOR SPOUSE 2/PARTNER 2**

Name and Address	Relationship
_____	_____
_____	_____

**EXECUTOR AND/OR TRUSTEE**

**AFTER DEATH:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

**FOR SPOUSE 1/PARTNER 1**

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

**FOR SPOUSE 2/PARTNER 2**

Name and Address	Relationship
_____	_____
_____	_____
_____	_____



