



MOLLOY LAW, LLC

ESTATE PLANNING WORKSHEET

Please complete this worksheet as fully as possible. Providing the requested information will give the attorney much of what is needed to advise you properly about your estate planning options. This is basic personal information that you should know or to which you should have access.

PART 1: GENERAL INFORMATION

YOU	SPOUSE
What is your legal name? _____ First Middle Last	What is your spouse's legal name? _____ First Middle Last
How do you want your name to appear on legal documents? _____	How do you want your name to appear on legal documents? _____
DOB: _____ U.S. Citizen? __ Yes __ No	DOB: _____ U.S. Citizen? __ Yes __ No
SSN: _____	SSN: _____
Home Address: _____ Street	_____ City State Zip
County where you reside: _____	Home Phone #: _____
Work Phone #: _____	Work Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Email Address: _____	Email Address: _____
May we email your drafts to you? __ Yes __ No	

CHILDREN	
Full Name: _____ DOB: _____ Gender: __ Marital Status: _____ Born of: __ Current Marriage __ Previous Relationship If from previous relationship, whose? _____ Is child adopted? __ Yes __ No Who adopted? __ You __ Spouse __ Both	Full Name: _____ DOB: _____ Gender: __ Marital Status: _____ Born of: __ Current Marriage __ Previous Relationship If from previous relationship, whose? _____ Is child adopted? __ Yes __ No Who adopted? __ You __ Spouse __ Both
Full Name: _____ DOB: _____ Gender: __ Marital Status: _____ Born of: __ Current Marriage __ Previous Relationship If from previous relationship, whose? _____ Is child adopted? __ Yes __ No Who adopted? __ You __ Spouse __ Both	Full Name: _____ DOB: _____ Gender: __ Marital Status: _____ Born of: __ Current Marriage __ Previous Relationship If from previous relationship, whose? _____ Is child adopted? __ Yes __ No Who adopted? __ You __ Spouse __ Both

PART II: LAST WILL & TESTAMENT OR REVOCABLE TRUST

A Last Will and Testament sets out your desires for the distribution of your estate upon your death and appoints a Personal Representative (also known as an “Executor”) to handle the administration of your estate. If you have minor children, you should appoint a Guardian to look after your children and a Trustee/Custodian to look after the assets you leave your children, if both you and your spouse are deceased.

PERSONAL REPRESENTATIVE (EXECUTOR)

(Administers your estate)

YOUR WILL	SPOUSE'S WILL
Primary (Full Name): _____ Relationship to you: _____ Address: _____ _____	Primary (Full Name): _____ Relationship to you: _____ Address: _____ _____
1st Alternate(Full Name): _____ Relationship to you: _____ Address: _____ _____	1st Alternate(Full Name): _____ Relationship to you: _____ Address: _____ _____
2nd Alternate(Full Name): _____ Relationship to you: _____ Address: _____ _____	2nd Alternate(Full Name): _____ Relationship to you: _____ Address: _____ _____

TRUSTEE/CUSTODIAN

(Holds, invests, and distributes trust funds for minor beneficiary)

YOUR WILL	SPOUSE'S WILL
Primary (Full Name): _____ Relationship to you: _____	Primary (Full Name): _____ Relationship to you: _____
1st Alternate(Full Name): _____ Relationship to you: _____	1st Alternate(Full Name): _____ Relationship to you: _____
2nd Alternate(Full Name): _____ Relationship to you: _____	2nd Alternate(Full Name): _____ Relationship to you: _____

GUARDIAN

(Has custody and control of minor children if you and your spouse are both deceased)

YOUR WILL	SPOUSE'S WILL
Primary (Full Name): _____ Relationship to you: _____	Primary (Full Name): _____ Relationship to you: _____
1st Alternate(Full Name): _____ Relationship to you: _____	1st Alternate(Full Name): _____ Relationship to you: _____
2nd Alternate(Full Name): _____ Relationship to you: _____	2nd Alternate(Full Name): _____ Relationship to you: _____

DISTRIBUTION TO MINOR BENEFICIARY

If you have a minor beneficiary, at what age do you want your minor beneficiary to be able to control their assets?

SPECIAL NEEDS

Do you, your spouse, or any of your beneficiaries have special needs and/or receive Disability or any other governmental benefits? If so, please explain:

DISPOSITION OF BODY

Please provide any specific instructions regarding disposition of your body (cremation, burial, etc.) if you wish to include that information in your Will:

MISCELLANEOUS INFORMATION

Are either you or your spouse currently a beneficiary of a trust? If so, please explain:

Will either you or your spouse inherit assets which should be taken into account when making your estate plan? If so, please explain:

Are you or your spouse making payments pursuant to a divorce or property settlement order?

If married, do you and your spouse have a pre-or-post marriage contract?

Have you, or your spouse, ever been widowed?

PART III: HEALTH CARE POWER OF ATTORNEY, LIVING WILL, & HIPAA AUTHORIZATION

A Health Care Power of Attorney authorizes a person to make health care decisions for you if you are unable to make the decisions for yourself. Your health care agent can be anyone you choose: perhaps your spouse, adult child, or a friend.

A Living Will allows you to state your wishes for end-of-life medical care in the event you are unable to express them.

A HIPAA Authorization will be automatically prepared in conjunction with your Health Care Power of Attorney. This document gives your Health Care Agent the authority to obtain your medical information.

HEALTH CARE AGENT

YOU	SPOUSE
Primary (Full Name): _____	Primary (Full Name): _____
Relationship to you: _____	Relationship to you: _____
Address: _____ _____	Address: _____ _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
1st Alternate(Full Name): _____	1st Alternate(Full Name): _____
Relationship to you: _____	Relationship to you: _____

Address: _____ _____	Address: _____ _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
2nd Alternate(Full Name): _____	2nd Alternate(Full Name): _____
Relationship to you: _____	Relationship to you: _____
Address: _____ _____	Address: _____ _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____

HEALTH INFORMATION

YOU	SPOUSE
Do you wish for your primary physician to be listed on your health care documents?	Do you wish for your primary physician to be listed on your health care documents?
<i>If so, please provide the following information:</i>	<i>If so, please provide the following information:</i>
Name and Practice: _____	Name and Practice: _____
Telephone Number: _____	Telephone Number: _____
Address: _____ _____	Address: _____ _____

PART IV: DURABLE FINANCIAL POWER OF ATTORNEY

A durable Financial Power of Attorney appoints someone as your agent to handle your business and financial affairs. The authority granted under a Durable Power of Attorney terminates upon your death.

AGENT (ATTORNEY-IN-FACT)

YOU	SPOUSE
Primary (Full Name): _____ Relationship to you: _____ City, State: _____	Primary (Full Name): _____ Relationship to you: _____ City, State: _____
1st Alternate (Full Name): _____ Relationship to you: _____ City, State: _____	1st Alternate (Full Name): _____ Relationship to you: _____ City, State: _____
2nd Alternate (Full Name): _____ Relationship to you: _____ City, State: _____	2nd Alternate (Full Name): _____ Relationship to you: _____ City, State: _____

Is there anything else you need to discuss with your attorney?

PART V: ASSET & LIABILITY ASSESSMENT

It is important to determine the approximate net value of your estate in order to determine if you need to do additional planning. Please list each asset and advise which assets are in your name solely, in your spouse's name solely, or in both your and your spouse's names, jointly. *Values need only be approximate.*

NON-RETIREMENT ASSETS	YOU	SPOUSE	JOINT
<u>Checking & Savings</u> 1. 2. 3. 4. 5.			
<u>Money Market Funds</u> 1. 2.			

3. 4. 5.			
<u>CDs</u> 1. 2. 3. 4. 5.			
<u>Investment Accounts</u> 1. 2. 3. 4. 5.			
<u>Individually Held Stocks & Bonds</u> 1. 2. 3. 4. 5.			
<u>Annuities</u> 1. 2. 3.			
<u>Personal Residence</u>			
<u>Other Real Estate</u> 1. 2. 3.			
<u>Life Insurance</u> 1. 2. 3. 4. 5.			
<u>Business Interests</u> (Corp. or Partnerships)			

1. 2. 3. 4. 5.			
<u>Collectibles & Other Assets</u> <u>(Tangible Personal Property)</u> 1. 2. 3. 4. 5.			
<u>Other (Including cash value on</u> <u>another life)</u>			
TOTAL NON-RETIREMENT ASSETS			

RETIREMENT ASSETS	YOU	SPOUSE	JOINT
<u>IRA'S</u> 1. 2.			
<u>401(k)</u> 1. 2.			
<u>403(b)</u> 1. 2.			
<u>Pension</u> 1. 2.			
<u>Profit Sharing</u> 1. 2.			
<u>Non-Qualified Plan</u> 1. 2.			
TOTAL RETIREMENT ASSETS			

LONG-TERM DEBT	YOU	SPOUSE	JOINT
<u>Real Estate Mortgage</u>			
<u>Other Long Term Debt</u>			
TOTAL LONG-TERM DEBT			