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# ESTATE PLANNING WORKSHEET

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## PERSONAL INFORMATION

Client A 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 \_\_\_\_\_ County of Residence \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Cellular 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 \_\_\_\_\_

Client B 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 \_\_\_\_\_ County of Residence \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Cellular 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/OR GRANDCHILDREN

### Children

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Married? Y\_\_\_ N\_\_\_ If so, name of spouse: \_\_\_\_\_
2. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Married? Y\_\_\_ N\_\_\_ If so, name of spouse: \_\_\_\_\_
3. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Married? Y\_\_\_ N\_\_\_ If so, name of spouse: \_\_\_\_\_
4. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Married? Y\_\_\_ N\_\_\_ If so, name of spouse: \_\_\_\_\_
5. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Married? Y\_\_\_ N\_\_\_ If so, name of spouse: \_\_\_\_\_
6. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Married? Y\_\_\_ N\_\_\_ If so, name of spouse: \_\_\_\_\_

### Grandchildren (if any)

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
2. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
3. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
4. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
5. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
6. Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

## ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

### YOUR CONCERNS

Please rate the following as to how important they are to you:

*(H high concern, S some concerned, L low concern, N/A no concern or not applicable)*

Description	Level of Concern	
	Client A	Client B
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a conservatorship (“living probate”) in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children’s inheritance from the possibility of failed marriages.		
Protect children’s inheritance in the event of a surviving spouse’s remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

Other Concerns (Please list below):

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## IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) 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) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse) 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 any of the following states while married to each other? <i>Arizona, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the 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 RELEVANT INFORMATION

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## PROPERTY INFORMATION

### INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION CHECKLIST*

#### General Headings

This Property Information checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

#### “Owner” of Property

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:

Owner of Property	Use
If married, Client A’s name alone, with no other person	A
If married, Client B’s name alone, with no other person	B
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

**CHECKING ACCOUNTS:**

**Please provide the Local address information for each institution.**

<b>NAME AND <u>LOCAL</u> ADDRESS</b>	<b>ACCOUNT NUMBER</b>	<b>BALANCE</b>	<b>OWNER(S)</b>
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			

**SAVINGS ACCOUNTS:**

**Please provide the Local address information for each institution.**

<b>NAME AND <u>LOCAL</u> ADDRESS</b>	<b>ACCOUNT NUMBER</b>	<b>BALANCE</b>	<b>OWNER(S)</b>
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			

**MONEY MARKET ACCOUNTS:**

NAME AND LOCAL ADDRESS

ACCOUNT NUMBER

BALANCE

OWNER(S)

_____	_____	\$ _____	_____
_____			
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			

**CERTIFICATES OF DEPOSIT:**

NAME AND LOCAL ADDRESS

ACCOUNT NUMBER

BALANCE

OWNER(S)

_____	_____	\$ _____	_____
_____			
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			

**SAFE DEPOSIT BOXES:**

NAME AND LOCAL ADDRESS

BOX NUMBER

OWNER(S)

_____	_____	_____
_____		
_____		
_____		
_____	_____	_____
_____		
_____		

**TAXABLE BROKERAGE ACCOUNTS:**

**DO NOT LIST RETIREMENT ACCOUNTS HERE – PLEASE LIST THEM IN THE RETIREMENT PLAN SECTION**

Please list taxable accounts with brokerage firms that hold stock certificates, bonds, mutual funds, money market accounts and CDs for you. Please provide complete address information for the brokerage firm.

<b>NAME AND ADDRESS OF BROKERAGE</b>	<b>ACCOUNT NUMBER</b>	<b>BALANCE</b>	<b>OWNER(S)</b>
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			

**STOCKS - INDIVIDUAL SHARE CERTIFICATES:**

**DO NOT LIST STOCKS THAT ARE IN A BROKERAGE OR RETIREMENT ACCOUNT**

Please list all stock in publicly-traded corporations in which you hold the actual stock certificates (*this includes stock traded on an exchange or over the counter*).

**NOTE:** Stock owned in family or non-publicly-traded companies should be listed under the Business Interests section.

<b>NAME OF STOCK/ADDRESS FOR NOTICE</b>	<b>CERTIFICATE NUMBER</b>	<b>FAIR MARKET VALUE</b>
_____	_____	\$ _____
_____	<b>TYPE OF STOCK:</b> _____	<b>NUMBER OF SHARES:</b> _____
_____		
_____	_____	\$ _____
_____	<b>TYPE OF STOCK:</b> _____	<b>NUMBER OF SHARES:</b> _____
_____		
_____	_____	\$ _____
_____	<b>TYPE OF STOCK:</b> _____	<b>NUMBER OF SHARES:</b> _____
_____		



**DIVIDEND REINVESTMENT:**

**DO NOT LIST ACCOUNTS THAT ARE IN A BROKERAGE OR RETIREMENT ACCOUNT**

<b>COMPANY NAME AND ADDRESS</b>	<b>ACCOUNT NUMBER</b>	<b>FAIR VALUE</b>	<b>OWNER(S)</b>
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			

**MUTUAL FUNDS HELD SEPARATELY:**

**DO NOT LIST MUTUAL FUNDS THAT ARE IN BROKERAGE OR RETIREMENT ACCOUNTS**

<b>NAME OF FUND AND ADDRESS FOR NOTICE</b>	<b>ACCOUNT NUMBER</b>	<b>FAIR MARKET VALUE</b>	<b>OWNER(S)</b>
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			

**BONDS (CORPORATE AND MUNICIPAL):**

<b>NAME OF BOND AND ADDRESS FOR NOTICE</b>	<b>ACCOUNT NUMBER</b>	<b>FACE VALUE</b>	<b>OWNER(S)</b>
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			

**U.S. SAVINGS BONDS:**

<b>TYPE OF BOND</b>	<b>ISSUE DATE</b>	<b>SERIAL NUMBER</b>	<b>FACE VALUE</b>	<b>OWNER(S)</b>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**U. S. TREASURY DIRECT:**

<b>ACCOUNT NAME</b>	<b>ACCOUNT NUMBER</b>	<b>FACE VALUE</b>	<b>OWNER(S)</b>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**LIMITED PARTNERSHIPS:**

<b>PARTNERSHIP NAME AND ADDRESS</b>	<b>GENERAL PARTNER</b>	<b>LIMITED PARTNER</b>	<b>VALUE</b>	<b>OWNER(S)</b>
_____	_____ %	_____ %	\$ _____	_____
_____				
_____				
_____	_____ %	_____ %	\$ _____	_____
_____				
_____				

**GENERAL PARTNERSHIPS:**

<b>PARTNERSHIP NAME AND ADDRESS</b>	<b>GENERAL PARTNER</b>	<b>VALUE</b>	<b>OWNER(S)</b>
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			

**LIMITED LIABILITY COMPANIES:**

<b>LLC NAME AND ADDRESS</b>	<b>OWNERSHIP INTEREST</b>	<b>VALUE</b>	<b>OWNER(S)</b>
_____	_____	\$ _____	_____
_____			
_____			
_____	_____	\$ _____	_____
_____			
_____			

**CORPORATE BUSINESS INTERESTS:**

<b>COMPANY NAME AND ADDRESS</b>	<b>NUMBER OF SHARES</b>	<b>PERCENTAGE OWNERSHIP</b>	<b>BUY/SELL</b>	<b>VALUE</b>	<b>OWNER(S)</b>
_____	_____	_____ %	_____	\$ _____	_____
_____					
_____					
_____	_____	_____ %	_____	\$ _____	_____
_____					
_____					

**SOLE PROPRIETORSHIPS:**

<b>NAME OF BUSINESS</b>	<b>DESCRIPTION OF BUSINESS</b>	<b>VALUE</b>	<b>OWNER(S)</b>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**REAL PROPERTY INTERESTS:**

<b>ADDRESS AND/OR GENERAL DESCRIPTION</b>	<b>LOANS</b>	<b>FAIR MARKET</b>	<b>OWNER(S) VALUE</b>
_____	\$ _____	\$ _____	_____
_____			
_____			
_____	\$ _____	\$ _____	_____
_____			
_____			
_____	\$ _____	\$ _____	_____

**OIL AND GAS INTERESTS:**

DESCRIPTION, AND OIL/GAS LESSEE NAME AND ADDRESS	ESTIMATED VALUE	OWNER(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**MORTGAGES AND DEEDS OF TRUST:**

**DO NOT LIST MORTGAGES THAT ARE LIABILITIES; ONLY LIST MORTGAGES THAT ARE ASSETS**

NAME AND ADDRESS OF DEBTOR	DATE OF NOTE	CURRENT BALANCE OWED	OWED TO
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**LEASES:**

ADDRESS OF PROPERTY	NAME AND ADDRESS OF LESSEE	ANNUAL RENTS	OWNER(S)
_____	_____	\$ _____	_____
_____	_____		

**LIFE INSURANCE:**

**PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.**

COMPANY NAME/ADDRESS	TYPE	FACE	CASH	BENEFICIARIES	INSURED	OWNER
_____	_____	\$ _____	\$ _____	1 <sup>st</sup> _____	_____	_____
_____				2 <sup>nd</sup> _____		
_____				POLICY NUMBER: _____		
_____	_____	\$ _____	\$ _____	1 <sup>st</sup> _____	_____	_____
_____				2 <sup>nd</sup> _____		
_____				POLICY NUMBER: _____		
_____	_____	\$ _____	\$ _____	1 <sup>st</sup> _____	_____	_____
_____				2 <sup>nd</sup> _____		
_____				POLICY NUMBER: _____		

**ANNUITIES:**

**PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.**

COMPANY NAME/ ADDRESS	TYPE	ANNUITY AMOUNT	BENEFICIARIES	OWNER/ ANNUITANT
_____	_____	\$ _____	LIFETIME: _____	_____
_____			DEATH: _____	
_____			CONTRACT NUMBER: _____	
_____	_____	\$ _____	LIFETIME: _____	_____
_____			DEATH: _____	
_____			CONTRACT NUMBER: _____	

**INVESTMENT RETIREMENT ACCOUNTS (IRAS):**

**PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.**

COMPANY NAME/ADDRESS	ACCOUNT NUMBER/BENEFICIARY	VALUE	OWNER(S)
_____	_____	\$ _____	_____
_____	_____		
_____	_____		
_____	_____	\$ _____	_____
_____	_____		
_____	_____		

**QUALIFIED PLANS (PENSION PLANS):**

**PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.**

COMPANY NAME/ADDRESS	TYPE	% VESTED	DEATH BENEFICIARY	VALUE	OWNER(S)
_____	_____	_____ %	_____	\$ _____	_____
_____				Account #: _____	
_____					
_____	_____	_____ %	_____	\$ _____	_____
_____				Account #: _____	
_____					

**LAWSUIT JUDGMENTS:**

Please list all judgments where you have been awarded money damages in a court proceeding. Enter the name and address of the judgment debtor.

CASE NUMBER	COURT	JUDGMENT	JUDGMENT DEBTOR	OWNER(S)
_____	_____	\$ _____	_____	_____
STATE & COUNTY: _____				
_____	_____	\$ _____	_____	_____
STATE & COUNTY: _____				

**AUTOMOBILES, MOTORCYCLES, BOATS, RV'S, AIRPLANES, AND OTHER VEHICLES:**

DESCRIPTION (YEAR, MAKE/ MODEL)/TYPE	REGISTRATION NUMBER	MARKET VALUE	OWNER(S)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**PERSONAL PROPERTY:**

Please list the approximate value of all valuable art, jewelry, furniture, collections or other personal items with an individual value exceeding \$20,000 or for which you have an appraisal.

PROPERTY DESCRIPTION	VALUE
Husband's Personal Property _____	\$ _____
Wife's Personal Property _____	\$ _____
Both Husband's and Wife's Personal Property _____	\$ _____

**BURIAL PLOTS:**

NAME AND ADDRESS OF BURIAL PLOT LOCATION	TYPE	VALUE	OWNER(S)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**MEMBERSHIPS:**

Please list all memberships that have monetary value and permit your interest to be transferred.

<b>DESCRIPTION AND ADDRESS</b>	<b>VALUE</b>	<b>OWNER(S)</b>
_____	\$ _____	_____
_____	\$ _____	_____
_____		

**OTHER ASSETS:**

<b>DESCRIPTION</b>	<b>VALUE</b>	<b>OWNER(S)</b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____