

# CONFIDENTIAL PLANNING WORKSHEET

for Gruber Law Office

This worksheet will provide and organize some important information to help your attorney recommend a plan that suits your individual situation and wishes for the future. Please print out and complete

Date: \_\_\_\_\_

**Full legal name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Address** \_\_\_\_\_ **County** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please circle your preference for Gruber Law Office to contact you: *Home # Work # Cell # Any #*

**Employer** \_\_\_\_\_ **Profession/Trade (before retirement if now retired)** \_\_\_\_\_

**Work location (town & state):** \_\_\_\_\_

**U. S. Citizen ?**  Yes  No **Marital status:**  Single  Married  Widowed  Divorced

If married, date of marriage: \_\_\_\_\_ Do you have a prenuptial agreement?  Yes  No

**Spouse/Partner full legal name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Profession (before retirement if now retired)** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Spouse U.S. Citizen?**  Yes  No

**Are you or your spouse a veteran?**  Yes  No **Have you ever filed a gift tax return ?**  Yes  No

**Describe your health:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Have you worked with us before?**  Yes  No **If yes, when and for what purpose?** \_\_\_\_\_

**Referred to us by:** \_\_\_\_\_

**What is your primary motivation for considering estate planning: (select one or more)**

- Making sure your property goes to whom you want
- Guardianship for Minor Children
- Concerns about Potential Nursing Home Expenses or outliving your money
- Avoiding Probate Court
- Federal Estate Tax Planning (for estates to be over about \$3 million)
- Business or Farm Planning
- Other: \_\_\_\_\_

**How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc. ?**

\_\_\_\_\_

## FAMILY INFORMATION

### CHILDREN (or other beneficiaries, noting relationship to you, if any)

	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>	<u>Child 4</u>
Whose child? (Joint, yours, or spouse's?)				
Full Name				
Date of Birth				
Deceased? Date of Death?				
Address				
Best phone number Alt. phone number (Type: Home, cell, work?)				
Social Security Number				
Single/married/divorced/widowed? Spouse Name? Wed Date?				
Please list the names and ages or birth dates of grandchildren (May enter first name only unless last name is different from your child's last name)	Name (Date of Birth or Age) 1. _____ _____ 2. _____ _____ 3. _____ _____	Name (Date of Birth or Age) 1. _____ _____ 2. _____ _____ 3. _____ _____	Name (Date of Birth or Age) 1. _____ _____ 2. _____ _____ 3. _____ _____	Name (Date of Birth or Age) 1. _____ _____ 2. _____ _____ 3. _____ _____
Other/Note:				

**\*\*Please note with \* any who may be special needs, dependent on government aid, or financially irresponsible\*\***

At our appointment, we will discuss individuals to appoint who would serve as primary and alternates in various capacities if you are unable to do so, such as Executor, Trustee, Guardian of children and/or pets; Power of Attorney for health and property, etc. These should be people you trust to carry out your wishes. (If married, most persons select their spouse as first choice). Alternates could be family members and/or close friends, or a professional or corporate fiduciary.

Please list below any person or organization (other than your children) whom you might consider serving in one of these roles. Add additional sheets as needed. Decisions as to who will serve in which roles will be made at your appointment.

**(If you are married and all information on this worksheet is identical for you and your spouse/partner, fill out one worksheet only. If information for each spouse/partner differs, each of you should complete this portion of the worksheet.)**

<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Relationship to you</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

If you are considering a professional or corporate fiduciary serving in one of these roles, please list below:

1. _____	_____
Name	Address
2. _____	_____
Name	Address

If there are any charities that you are considering donating to upon your death, please list below:

1. _____	_____	_____
Name	Address	Specific purpose to be used for
2. _____	_____	_____
Name	Address	Specific purpose to be used for