



332 N. Broadmore Way, Ste. 102
 Nampa, Idaho 83687
 208-475-2200
 Fax 208-475-2201
 www.morrowfischer.com

ESTATE PLANNING WORKSHEET

DATE: _____

1. HUSBAND (Full Legal Name)	Date of Birth	Social Security Number	U.S. Citizen? (Y/N)

Have you ever executed a will or trust? _____ If so, please provide a copy.

2. WIFE (Full Legal Name)	Date of Birth	Social Security Number	U.S. Citizen? (Y/N)

Have you ever executed a will or trust? _____ If so, please provide a copy.

3. ADDRESS (Street, City, State, Zip Code)

4. HOME PHONE	WORK PHONE	FAX	CELLULAR	E-MAIL ADDRESS

5. CHILDREN* FULL LEGAL NAME	From previous marriage? (Y/N)	DATE OF BIRTH	ADDRESS & PHONE

**Please also provide the full legal names, addresses, and relationship to you of any other heirs or charities to whom you intend to leave a portion of your estate.*

6. YOUR ADVISORS	NAME	COMPANY	CITY
Accountant			
Financial/Investment Advisor			
Insurance Agent			

7. PERSONAL REPRESENTATIVES: List the names (and addresses if not already provided) of the person(s) that you desire to appoint as the personal representative(s) in charge of administering your estate after you have passed away.

	NAME	ADDRESS
Primary (Spouse/Other)		
First Alternate(s)		
Second Alternate(s)		

8. GUARDIANS: If you have minor children, please list the names and addresses of the person(s) that you desire to appoint to be the legal guardian(s) of said minor children in the event that both parents pass away.

	NAME	ADDRESS
Primary Guardian		
First Alternate(s)		
Second Alternate(s)		

9. MARITAL AGREEMENTS: Please indicate if you have executed any of the following documents and, if so, please provide a copy.

- Pre-Nuptial or Post-Nuptial Agreement? Yes No
- Agreement to Execute Wills? Yes No
- Community Property or other marital property agreement? Yes No

10. FINANCIAL POWERS OF ATTORNEY (Incapacitation Planning):

a. Have you ever given anyone power of attorney over your financial affairs? Yes No
If so, please provide a copy.

b. Please provide the name and address (if not already provided) of any person(s) that you wish to give power of attorney over your financial affairs while you are living:

	NAME	ADDRESS
Primary (Spouse/Other)		
First Alternate(s)		
Second Alternate(s)		

11. HEALTH CARE POWER OF ATTORNEY AND LIVING WILL:

- a. Have you executed a health care power of attorney (appointing an agent to make health care decisions for you if you are unable to do so) and a living will (expressing your wishes regarding artificial life support)? Yes No If so, please provide copies.
- b. Please provide the name address, and phone number (if not already provided) of any person (no co-agents) that you wish to give health care power of attorney to:

NAME	ADDRESS	PHONE
Primary (Spouse/Other)		
First Alternate		
Second Alternate		

12. BURIAL INSTRUCTIONS:

13. ANATOMICAL DONOR? _____ Yes _____ No

14. YOUR ASSETS:

a. Checking Accounts

Description (bank, branch, account #)	Owner	Avg. balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

b. Savings Accounts and Certificates of Deposit

Description (bank, branch, account #)	Owner	Avg. balance
_____	_____	\$ _____

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

c. Stocks, Bonds, Mutual Funds, Investment Accounts - Please provide current account statements.

Description (name of institution, account # if any)	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Retirement Plans (IRAs, 401Ks, Pensions, Profit Sharing, etc.) - Please provide current account statements.

Description (plan custodian, account #)	Owner	Death Beneficiaries	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

e. Annuities - Please provide policy or policy statement.

Description (company, policy #)	Owner	Death Beneficiaries	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

f. Life Insurance - Please provide policy or policy statement.

Description (company, policy #)	Owner	Death Beneficiaries	Face Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

g. Real Property - Please provide copies of deeds.

Description (location, acreage, etc.)	Owner	Fair Market Value	Debt Balance
<i>Your residence</i> _____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

h. Business Interests (Interests, such as stock, in closely held corporations, limited liability companies (LLCs), partnerships, or sole proprietorships)

Description (name and type of business)	Owners	Value of Your Interest
_____	_____	\$ _____
_____	_____	\$ _____

i. Receivables (If anyone is indebted to you, please provide a copy of any contract, promissory note, or other instrument evidencing that debt and indicate the outstanding balance below)

Debtor	Security	Outstanding balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

j. Personal Possessions

Do you own any uniquely valuable antiques, collections or works of art? Yes No

Do you own any gold or silver bullion? Yes No

If so, please identify the items or collections below and provide an estimation of their values.

Item/Collection	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____ \$ _____
_____ \$ _____

What would you estimate is the total value of your remaining personal possessions not listed above (household furniture, appliances, vehicles, boats, ATVs, campers, motor homes, jewelry, and other tangible personal property items? \$ _____

k. Other Assets

Do you have an ownership interest in any other assets not listed above? Yes No

If so, please list below:

Asset Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____