

ESTATE PLANNING WORKSHEET

I. FAMILY INFORMATION

Today's Date _____

HUSBAND

NAME

ADDRESS

HOME NUMBER / CELL NUMBER

EMAIL

BIRTH DATE

EMPLOYER

ADDRESS / PHONE NUMBER

CHILDREN

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

WIFE

NAME

ADDRESS

HOME NUMBER / CELL NUMBER

EMAIL

BIRTH DATE

EMPLOYER

ADDRESS / PHONE NUMBER

BIRTH DATE

PHONE NUMBER

BIRTH DATE

PHONE NUMBER

BIRTH DATE

PHONE NUMBER

BIRTH DATE

PHONE NUMBER

NAME

ADDRESS

BIRTH DATE

PHONE NUMBER

GRANDCHILDREN / OTHER DEPENDENTS

NAME

ADDRESS

BIRTH DATE

PHONE NUMBER

NAME

ADDRESS

BIRTH DATE

PHONE NUMBER

NAME

ADDRESS

BIRTH DATE

PHONE NUMBER

NAME

ADDRESS

BIRTH DATE

PHONE NUMBER

II. IMPORTANT FAMILY ADVISORS

LAWYER NAME

ADDRESS

EMAIL

PHONE NUMBER

ACCOUNTANT NAME

ADDRESS

EMAIL

PHONE NUMBER

BANK OFFICER NAME

EMAIL

ADDRESS

PHONE NUMBER

CLERGY / PASTOR NAME

EMAIL

ADDRESS

PHONE NUMBER

DOCTOR NAME

EMAIL

ADDRESS

PHONE NUMBER

INSURANCE AGENT NAME

EMAIL

ADDRESS

PHONE NUMBER

STOCKBROKER NAME

EMAIL

ADDRESS

PHONE NUMBER

III. FINANCIAL INFORMATION

ASSETS

CASH (checking and savings accounts, money market accounts, CDs, etc.):

TYPE	BANK	ACCOUNT NUMBER	BALANCE
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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REAL ESTATE (land, homes, business property, condos, co-ops, etc.):

ADDRESS	OWNERSHIP (sole, joint, etc.)	VALUE/EQUITY	MORTGAGE BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL PROPERTY (only list assets of significant value such as jewelry, antiques, artwork, collectibles, etc.):

DESCRIPTION AND VALUE

RETIREMENT PLANS (IRAs, 401Ks, pension plans, Keoghs, etc.):

TYPE	OWNER	NAME OF PLAN BENEFICIARY	CURRENT VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INVESTMENTS (stocks, bonds, mutual funds, gold, etc.):

DESCRIPTION	COMPANY	NUMBER OF SHARES	MARKET VALUE
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIPTION	COMPANY	NUMBER OF SHARES	MARKET VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE:

INSURED	COMPANY/POLICY NUMBER	BENEFICIARY	DEATH BENEFIT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEBTS OWED TO YOU:

NAME AND ADDRESS OF PERSON WHO OWES YOU	AMOUNT OWED
_____	_____
_____	_____
_____	_____

ANY ADDITIONAL ASSETS (please list as above, use additional paper if necessary):

DEBTS

TYPE	COMPANY / PERSON OWED	AMOUNT OWED	DUE	SECURED BY
Mortgages	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Installment Loans	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Education Loans	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Personal Loans	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Other Debts	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

ANY ADDITIONAL DEBTS (please list as above, use additional paper if necessary):

NET WORTH

	HUSBAND	WIFE	JOINT
ASSETS			
Cash	_____	_____	_____
Real Estate	_____	_____	_____
Personal Property	_____	_____	_____
Retirement Plans	_____	_____	_____
Investments	_____	_____	_____
Life Insurance	_____	_____	_____
Debts owed you	_____	_____	_____
Other	_____	_____	_____
Total Assets	_____	_____	_____
DEBTS			
Mortgages	_____	_____	_____
Installment Loans	_____	_____	_____
Education Loans	_____	_____	_____
Personal Loans	_____	_____	_____
Other	_____	_____	_____
Total Liabilities	_____	_____	_____
NET WORTH (Assets-Debts)	_____	_____	_____

IV. WILL INFORMATION

EXECUTOR
(Include alternates)

GUARDIAN FOR MINOR CHILDREN
(Include alternates)

MINOR BENEFICIARIES

NON-MINOR BENEFICIARIES

OTHER BENEFICIARIES

**CHARITABLE
BENEFICIARIES**

**ALTERNATE
BENEFICIARIES**

V. TRUST INFORMATION

TRUSTEE
(Include alternates)

MINOR BENEFICIARIES

**NON-MINOR
BENEFICIARIES**

OTHER BENEFICIARIES

**CHARITABLE
BENEFICIARIES**

**ALTERNATE
BENEFICIARIES**

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Notes: