



E L D E R L A W at
A H R E N S D E A N G E L I
L A W G R O U P

****Confidential Planning Workbook****
Estate Planning for Married Couple
For Use by Ahrens DeAngeli Law Group LLP

Please call us at (208) 387-0729 if you have any questions about completing this form.

1. Husband's Personal Information

Full Legal Name: _____

Name you want us to call you: _____

Date of Birth: ____/____/____ Age: _____

Are You A Veteran? Yes No Were you injured in service? Yes No

2. Wife's Personal Information

Full Legal Name: _____

Name you want us to call you: _____

Date of Birth: ____/____/____ Age: _____

Are You A Veteran? Yes No Were you injured in service? Yes No

Date of Marriage: _____ # of Years Married _____

3. Your Contact Information

Street Address: _____

City, State and Zip Code: _____

Home Phone: _____ Cell. Phone: _____

E-mail address: _____

Does anyone live with you besides your spouse? Yes No

If yes, who lives with you? _____

4. Income/Assets

Gross Monthly Income (*Do not list interest or dividend income.*)

Source	Husband's	Wife's
Social Security:		
Pension (From Previous Employer):		
IRA Distribution:		
VA:		
Other:		
Total:		

Assets: Use your best estimate of each asset's value, assuming you could cash it in or sell it today at a fair price. Disregard what you paid for the asset.

Source	Value	Debt on Asset
Your Home		
2 nd Home/Cabin/Land		
Checking:		
Savings:		
CDs:		
Investments (stocks/bonds, etc.):		
Annuities:		
IRA/401k:		
Cash Value Life Insurance		
Prepaid Funeral Plan:		
Car 1:		
Car 2:		
Other Vehicles:		
Business Interests		
Other _____:		
Other _____:		
Other _____:		
Total:		

5. Real Estate

(Please bring a copy of the deed(s) on all real property you own to our meeting)

A. Personal Residence

Address of property: _____

Names as they appear on deed: _____

Current Value: _____ Tax-Appraised Value: _____

B. Other Real Estate/Second Homes/Cabins/Land/Rental Properties, etc.

Do you own any other property? Yes No

Is this property located in Idaho? Yes No

Address of property: _____

Names as they appear on deed: _____

Current Value: _____ Tax-Appraised Value: _____

6. Money You Owe (credit cards, outstanding medical bills, etc.)

Creditor's Name	Total Amount Owed
_____	_____
_____	_____
Total	_____

7. Money Owed to You (loans, promissory notes, mortgages, etc.)

Debtor's Name	Total Amount Owed
_____	_____
_____	_____
Total	_____

8. Gifts and Transfers Have you made any gifts or transfers to any individuals within the last sixty (60) months? Gifts and transfers include money, property or goods given away or sold for less than fair market value and include charitable contributions. *(Use additional sheet if necessary)*

Yes No **If yes, please furnish the indicated information for each gift or transfer:**

Name: _____
Month/Year: _____
Item: _____
Value: _____

Name: _____
Month/Year: _____
Item: _____
Value: _____

Name: _____
Month/Year: _____
Item: _____
Value: _____

Name: _____
Month/Year: _____
Item: _____
Value: _____

9. Your Children

Child #1 √ if deceased
 Full Legal Name: _____ Date of Birth: _____
 Whose Child Is This? Husband's Child Wife's Child Both Spouses
 Grandchildren: _____
 Address: _____
 Phone #: _____ E-mail address: _____

Child #2 √ if deceased
 Full Legal Name: _____ Date of Birth: _____
 Whose Child Is This? Husband's Child Wife's Child Both Spouses
 Grandchildren: _____
 Address: _____
 Phone #: _____ E-mail address: _____

Child #3√ if deceased

Full Legal Name: _____ Date of Birth: _____

Whose Child Is This? Husband's Child Wife's Child Both Spouses

Address: _____

Phone #: _____ E-mail address: _____

Child #4√ if deceased

Full Legal Name: _____ Date of Birth: _____

Whose Child Is This? Husband's Child Wife's Child Both Spouses

Grandchildren: _____

Address: _____

Phone #: _____ E-mail address: _____

Child #5√ if deceased

Full Legal Name: _____ Date of Birth: _____

Whose Child Is This? Husband's Child Wife's Child Both Spouses

Grandchildren: _____

Address: _____

Phone #: _____ E-mail address: _____

Are any of your children or grandchildren disabled? Yes No

If yes, please list their names: _____

10. Estate Distribution Wishes

Do you have any of the following documents?	Husband		Wife	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Care Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last Will and Testament	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Revocable Living Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HUSBAND

Upon my death, I want to give
<input type="checkbox"/> Everything to my spouse, if my spouse survives me, otherwise to my children in equal shares
OR
<input type="checkbox"/> I want to make bequests different from those above. If you check this box, please explain in writing your estate distribution wishes here:

Do you want to leave any specific money or property to any individual, or to a charity?

Beneficiary	Item/Amount

WIFE

Upon my death, I want to give
<input type="checkbox"/> Everything to my spouse, if my spouse survives me, otherwise to my children in equal shares
OR
<input type="checkbox"/> I want to make bequests different from those above. If you check this box, please explain in writing your estate distribution wishes here:

Do you want to leave any specific money or property to any individual, or to a charity?

Beneficiary	Item/Amount

11. Administration of Financial Matters:

The Plan we prepare for you requires that certain people perform certain roles for you. The role of agent under a financial power of attorney, personal representative under your will, and trustee of any trust that may be part of your planning are all financial jobs. Because they are all financial jobs, most of our clients choose the same people in the same order to serve in these roles. However, you may name different people in different order for these jobs.

We advise that you name at least one if not two alternates to your first choice, but you can name as many alternates as you wish

Husband

A. Name (First M. Last): _____

Address: _____

Relationship: _____ Telephone #: _____

B. Name (First M. Last): _____

Address: _____

Relationship: _____ Telephone #: _____

C. Name (First M. Last): _____

Address: _____

Relationship: _____ Telephone #: _____

Wife

A. Name (First M. Last): _____

Address: _____

Relationship: _____ Telephone #: _____

B. Name (First M. Last): _____

Address: _____

Relationship: _____ Telephone #: _____

C. Name (First M. Last): _____

Address: _____

Relationship: _____ Telephone #: _____

12. Health Care Decision Making

If you were in the hospital and unable to make decisions for yourself, who would you want to make medical decisions for you? (List in order of priority)

Husband

- A. Name (First M. Last): _____
Address: _____
Relationship: _____ Telephone #: _____
- B. Name (First M. Last): _____
Address: _____
Relationship: _____ Telephone #: _____
- C. Name (First M. Last): _____
Address: _____
Relationship: _____ Telephone #: _____

Wife

- A. Name (First M. Last): _____
Address: _____
Relationship: _____ Telephone #: _____
- B. Name (First M. Last): _____
Address: _____
Relationship: _____ Telephone #: _____
- C. Name (First M. Last): _____
Address: _____
Relationship: _____ Telephone #: _____

13. Advisors

	Name	Firm	Phone #
Accountant/Tax Advisor			
Financial Advisor			
Insurance Agent			

We contact our clients' professional advisors and let them know that we are working with you. We will assume that is ok with you unless you tell us otherwise.

14. Legal Proceedings

Are you a party to any court proceeding? Yes No

If yes, please describe: _____

15. Anything else you would like us to know?

Please bring copies of your most recent financial/bank statements, current estate planning documents and deeds to any real property to the meeting.