



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 a Single Individual
For Use by Ahrens DeAngeli Law Group LLP

Please call us at (208) 387-0729 if you have any questions or concerns about completing this form. **If you need additional space for any question, use a separate piece of paper. As always, just do the best you can.** It is not cause for concern if there are questions you cannot answer or are unclear about. We will discuss those questions at our next meeting and help you understand your options and come to a decision that you feel good about.

1. Personal Information

Full Legal Name: _____

Name you want us to call you: _____

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

Are You A Veteran? **Yes** **No**

If widowed, was your Spouse a veteran? **Yes** **No**

Was Spouse injured in service? **Yes** **No**

Did Spouse receive a VA benefit? **Yes** **No**

If yes, Spouse's Full Legal Name: _____

Date of Birth: ____/____/____ Date of Death ____/____/____

Date of Marriage: _____ # of Years Married _____

2. Your Contact Information

Street Address: _____

City, State and Zip Code: _____

Home Phone: _____ Cell. Phone: _____

E-mail address: _____

Does anyone live with you? **Yes** **No**

If yes, who lives with you? _____

3. Income/Assets

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

Source	
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:		

4. 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: _____

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

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

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

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

7. 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: _____

8. 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: _____

9. Estate Distribution Wishes

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

Upon my death, I want to give
<input type="checkbox"/> Everything 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:

Are any of your children or grandchildren disabled? Yes No

If yes, please list their names: _____

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

Beneficiary	Item/Amount

10. Administration of Financial Matters:

If you needed assistance with making financial decisions, who would you want to make financial decisions for you? (List in order of priority).

A. Name (First M. Last): _____

Address: _____

Relationship: _____ Telephone #: _____

B. Name (First M. Last): _____

Address: _____

Relationship: _____ Telephone #: _____

C. Name (First M. Last): _____

Address: _____

Relationship: _____ Telephone #: _____

11. 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).

- 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. 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.

13. Legal Proceedings

Are you a party to any court proceeding? Yes No

If yes, please describe: _____

14. 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 Design Meeting.

The above information is true and correct to the best of my knowledge and belief.

Your signature, or the signature of your attorney-in-fact