



# LINCOLN PARK

A S S O C I A T E S

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## **ESTATE PLANNING INFORMATION WORKSHEET**

Please review and fill in as much of the worksheet as possible. Don't worry about total accuracy of information at this stage. The information will give Lincoln Park Associates an opportunity to understand your specific needs and be able to conduct an efficient initial meeting. If you have any questions regarding the worksheet, please contact us at (202) 330-3965 or don@lincolnparkassociates.com.

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**

**ATTORNEY USE ONLY**

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

Referred by: \_\_\_\_\_

Fee: \_\_\_\_\_

Settlor(s): \_\_\_\_\_ Individual(s) \_\_\_\_\_ Joint Settlers

Type:	Simple Estate	Other _____
	A-B	Separate Share or Sprinkling until _____
	POA (with Disclaimer)	Deeds _____
	A-B-C	Notes _____
	Wills/DPAs/Other	

Case No: \_\_\_\_\_

**PERSONAL PROFILE**

Client full name: \_\_\_\_\_  
 Other names used: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Country of residence: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Social security number: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Period of residence in D.C.: \_\_\_\_\_  
 US citizen:      YES      NO

Spouse full name: \_\_\_\_\_  
 Other names used: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Country of residence: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Social security number: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Period of residence in D.C.: \_\_\_\_\_  
 US citizen:      YES      NO

Is there a prenuptial agreement or marital agreement?      YES      NO  
 Date and place of marriage: \_\_\_\_\_

**MARITAL RELATIONSHIPS**

Prior marriages of Client/Spouse

Has Client or Spouse been married before?      YES      NO  
 Number of prior marriages for Client: \_\_\_\_\_  
 Number of prior marriages for Spouse: \_\_\_\_\_

If yes, give the following information for each marriage:

Name of former spouse: \_\_\_\_\_  
 Date of marriage: \_\_\_\_\_

Was marriage ended by death or divorce: \_\_\_\_\_  
Date of death or date the divorce was final: \_\_\_\_\_

Name of former spouse: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Was marriage ended by death or divorce: \_\_\_\_\_  
Date of death or date the divorce was final: \_\_\_\_\_

CHILDREN

Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Child of: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Special needs: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Child of: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Special needs: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Child of: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Special needs: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Child of: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Special needs: \_\_\_\_\_  
\_\_\_\_\_

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

Are there any deceased children?      YES      NO  
 If so, did they leave surviving children? \_\_\_\_\_  
 Names and ages of surviving children of \_\_\_\_\_  
 deceased children: \_\_\_\_\_

**IF YOUR CHILDREN ARE MINORS**

If you have children under the age of 18, list in order of preference who would raise them. If you choose a married couple you should consider what happens should the parties divorce.

Guardian

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

Backup

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

**FINANCIAL PROFILE**

Income

	Client	Spouse	Joint
Monthly Earned Income	_____	_____	_____
Monthly Social Security income	_____	_____	_____
Monthly pension income	_____	_____	_____
Other monthly income	_____	_____	_____

List of all Real Property (e.g. land or homes)

Property: _____	FMV: _____	Owe: _____	Owned by: _____
Property: _____	FMV: _____	Owe: _____	Owned by: _____
Property: _____	FMV: _____	Owe: _____	Owned by: _____
Property: _____	FMV: _____	Owe: _____	Owned by: _____
Property: _____	FMV: _____	Owe: _____	Owned by: _____

Total Gross: \_\_\_\_\_  
 Total Net: \_\_\_\_\_

FMV = fair market value

Cash

Client

Checking: \_\_\_\_\_  
Savings: \_\_\_\_\_  
Total: \_\_\_\_\_

Spouse

Checking: \_\_\_\_\_  
Savings: \_\_\_\_\_  
Total: \_\_\_\_\_

Joint

Checking: \_\_\_\_\_  
Savings: \_\_\_\_\_  
Total: \_\_\_\_\_

Automobiles, boats, RVs, etc.

Property: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_  
Property: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_  
Property: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_  
Property: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_

Total Gross: \_\_\_\_\_  
Total Net: \_\_\_\_\_

Securities (common stock, preferred stock, corporate bonds, mutual funds)

Security: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_  
Security: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_  
Security: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_  
Security: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_

Total Gross: \_\_\_\_\_  
Total Net: \_\_\_\_\_

Retirement

Retirement or other employee benefits, including 401(k), IRA or Keogh accounts.

Type: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_  
Type: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_  
Type: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_  
Type: \_\_\_\_\_ FMV: \_\_\_\_\_ Owe: \_\_\_\_\_ Owned by: \_\_\_\_\_

Total Gross: \_\_\_\_\_  
 Total Net: \_\_\_\_\_

Life insurance which you own

Client

Face value: \_\_\_\_\_  
 Cash value: \_\_\_\_\_  
 Type (term, whole life): \_\_\_\_\_  
 Company, address, policy #: \_\_\_\_\_

Spouse

Face value: \_\_\_\_\_  
 Cash value: \_\_\_\_\_  
 Type (term, whole life): \_\_\_\_\_  
 Company, address, policy #: \_\_\_\_\_

Business Interests

Type: _____	FMV: _____	Owe: _____	Owned by: _____
Type: _____	FMV: _____	Owe: _____	Owned by: _____
Type: _____	FMV: _____	Owe: _____	Owned by: _____
Type: _____	FMV: _____	Owe: _____	Owned by: _____

Promissory Notes

Are you the holder of any promissory notes?      YES      NO \_\_\_\_\_  
 Name of payor: \_\_\_\_\_  
 Name of payee: \_\_\_\_\_  
 Current balance: \_\_\_\_\_

Trusts/Inheritance

Are you the beneficiary of any trust?      YES      NO \_\_\_\_\_  
 Name of trust: \_\_\_\_\_  
 Name of trustee: \_\_\_\_\_  
 Value (principal and income): \_\_\_\_\_

Power of Appointment

Any general power of appointments in another person's will or trust?      YES      NO \_\_\_\_\_  
 If yes, who? \_\_\_\_\_

Personal Property

List any tangible personal property of significant value (eg furniture, jewelry, etc)

Item: _____	FMV: _____	Owe: _____	Owned by: _____
Item: _____	FMV: _____	Owe: _____	Owned by: _____
Item: _____	FMV: _____	Owe: _____	Owned by: _____
Item: _____	FMV: _____	Owe: _____	Owned by: _____

Total Gross: \_\_\_\_\_

Total Net: \_\_\_\_\_

Gifts/Lawsuits/Judgements

List anticipated gifts or lawsuit judgements

Description: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Description: \_\_\_\_\_

Total Gross: \_\_\_\_\_

Other Assets

Description: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Description: \_\_\_\_\_

Total Gross: \_\_\_\_\_

Summary of Values

Real property: \_\_\_\_\_  
 Cash: \_\_\_\_\_  
 Autos: \_\_\_\_\_  
 Securities: \_\_\_\_\_  
 Retirement: \_\_\_\_\_  
 Life insurance: \_\_\_\_\_  
 Business interests: \_\_\_\_\_  
 Promissory notes: \_\_\_\_\_  
 Trusts/Inheritance: \_\_\_\_\_  
 Power of Appointments: \_\_\_\_\_  
 Personal Property: \_\_\_\_\_  
 Gifts/Judgements: \_\_\_\_\_  
 Other assets: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_  
**TOTAL GROSS ESTATE:** \_\_\_\_\_  
**TOTAL NET ESTATE:** \_\_\_\_\_

**SUCCESSOR TRUSTEES AND EXECUTORS**

After your death, who do you want to carry out your instructions for distribution of your estate and, if desired, for management of the property for your beneficiaries? A trustee manages the trust and an executor manages the will. The primary criteria for choosing a trustee is trustworthiness. This person should also be good with the management of time and money.

First successor trustee (or executor)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Second successor trustee (or executor)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Third successor trustee (or executor)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Executor same as successor trustees?       YES      NO



**POWERS OF ATTORNEY FOR LEGAL AND FINANCIAL AFFAIRS**

If you were unable to make legal or financial decisions by yourself, who would you want to make those decisions for you?

Client

Person you wish to serve as your DPA **legal and financial affairs**

Spouse is the first agent?       YES      NO      

If no, then first agent name: \_\_\_\_\_

First agent address: \_\_\_\_\_

First agent phone: \_\_\_\_\_

Second agent name: \_\_\_\_\_

Second agent address: \_\_\_\_\_

Second agent phone: \_\_\_\_\_

Third agent name: \_\_\_\_\_

Third agent address: \_\_\_\_\_

Third agent phone: \_\_\_\_\_

Spouse

Person you wish to serve as your DPA **legal and financial affairs**

Client is the first agent?       YES      NO      

If no, then first agent name: \_\_\_\_\_

First agent address: \_\_\_\_\_

First agent phone: \_\_\_\_\_

Second agent name: \_\_\_\_\_

Second agent address: \_\_\_\_\_

Second agent phone: \_\_\_\_\_

Third agent name: \_\_\_\_\_

Third agent address: \_\_\_\_\_

Third agent phone: \_\_\_\_\_

**ADVANCED HEALTH CARE DIRECTIVE**

If you were unable to make health care decisions for yourself, who would you want to make those decisions for you?

Client

Person you wish to serve as your DPA **Health**

Spouse is the first agent?       YES      NO      

If no, then first agent name: \_\_\_\_\_

First agent address: \_\_\_\_\_

First agent phone: \_\_\_\_\_

Second agent name: \_\_\_\_\_

Second agent address: \_\_\_\_\_

Second agent phone: \_\_\_\_\_

Third agent name: \_\_\_\_\_

Third agent address: \_\_\_\_\_

Third agent phone: \_\_\_\_\_

Spouse

Person you wish to serve as your DPA **Health**

Client is the first agent?       YES      NO      

If no, then first agent name: \_\_\_\_\_

First agent address: \_\_\_\_\_

First agent phone: \_\_\_\_\_

Second agent name: \_\_\_\_\_

Second agent address: \_\_\_\_\_

Second agent phone: \_\_\_\_\_

Third agent name: \_\_\_\_\_

Third agent address: \_\_\_\_\_

Third agent phone: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Disposition of Remains

Any special burial or funeral instructions for your executor?

Client

Circle one:       BURIED      CREMATED      OTHER        
Details: \_\_\_\_\_

Spouse

Circle one:       BURIED      CREMATED      OTHER        
Details: \_\_\_\_\_

Autopsy

Client

Should your agent have the authority to request an autopsy?       YES      NO      

Spouse

Should your agent have the authority to request an autopsy?       YES      NO      

End of life decisions

Do you wish to be kept on life support should you be in an irreversible coma or vegetative state?

Client

Choose one:       MAINTAIN ON LIFE SUPPORT      or      PULL PLUG      

Spouse

Choose one:       MAINTAIN ON LIFE SUPPORT      or      PULL PLUG      

Relief from pain

Do you wish the use of medications to alleviate pain and suffering even if they may hasten the moment of death?

Client

Choose one:       YES      NO      

Spouse

Choose one:       YES      NO      

Other wishes

Do you wish food and hydration to be continued if you are in an irreversible coma?

Client

Choose one:       YES      NO

Spouse

Choose one:       YES             NO      

Organ donation

Do you wish to make any anatomical donations?

Client

Choose one:       YES             NO      

Limit your donation to your family?       YES             NO      

Other Client limitations: \_\_\_\_\_

Spouse

Choose one:       YES             NO      

Limit your donation to your family?       YES             NO      

Other Spouse limitations: \_\_\_\_\_

**OTHER ITEMS TO INCLUDE OR DISCUSS**

Your estate plan should address all your hopes, fears and wishes. Please list any other items you would like covered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything unique about your situation that the attorney should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please be advised that you have none of the protections an estate plan will provide until the documents are actually signed, witnessed and notarized. Completion of this worksheet will NOT provide you with any protection.**