

“CONFIDENTIAL”

ESTATE PLANNING WORKSHEET

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____

WORK: _____

CELL: _____

DOB: _____

MARITAL STATUS: _____

SPOUSE NAME: _____

DOB: _____

NAME OF CHILDREN AND OTHER DEPENDENTS:

<u>NAME</u>	<u>DOB</u>	<u>REL</u>	<u>SPECIAL NEEDS</u>
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<u>ADDRESS</u>

OTHER PERSONS OR ORGANIZATIONS (IF ANY) YOU WOULD LIKE TO SHARE IN YOUR ESTATE:

ASSETS

1. **REAL ESTATE** **COST** **VALUE** **DEBT**

HOME: _____

OTHER: _____

2. **BANK ACCOUNTS**

BANK **ACCOUNT #** **TYPE OF ACCOUNT** **BALANCE**

3. **BROKERAGE ACCOUNTS**

BROKER **ACCOUNT #** **TYPE OF ACCOUNT** **BALANCE**

4. **STOCKS AND BONDS NOT HELD IN BROKERAGE ACCOUNT:**

COMPANY **CERT. #** **# OF SHARES/FACE VALUE** **WORTH**

5. LIFE INSURANCE

COMPANY FACE VALUE CASH SURRENDER VALUE

6. CLOSELY HELD BUSINESS INTEREST (Name of Organization, type (corp. partnership, llc))

7. HIGH-VALUE PERSONAL PROPERTY (over \$2,000)

MOTOR VEHICLES

MAKE

MODEL

YEAR

RECREATIONAL EQUIPMENT (boats, aircraft)

JEWELRY

ARTWORK

OTHER

8. OTHER ASSETS (DESCRIBE BY TYPE AND LOCATION)

9. DEBTS OTHER THAN MORTGAGES

CREDITOR

ACCT. #

AMOUNT

ESTATE PLAN

NAME TWO PEOPLE, IN ORDER OF PREFERENCE, WHO YOU WOULD

LIKE TO ADMINISTER YOUR ESTATE

1. _____

2. _____

NAME TWO PEOPLE YOU WOULD WANT TO ADMINISTER YOUR ASSETS HELD IN TRUST IF YOU WERE UNABLE TO DO SO.

NAME

ADDRESS

1. _____

2. _____

NAME TWO PEOPLE WHO YOU WOULD WANT TO TAKE CARE OF ALL OF YOUR OTHER AFFIARS IF YOU WERE UNABLE TO DO SO.

NAME

ADDRESS

1. _____

2. _____

NAME A PERSON WHO YOU WOULD WANT TO ACT AS GUARDIAN FOR YOUR MINOR CHILDREN IF IT BECAME NECESSARY.

NAME

ADDRESS

Business Planning

LLC:

LLC Name: _____

Tradename(s): _____

State of Formation (if not Utah): _____

Date of Formation: **Upon Filing** **Other:** _____

Registered Agent: _____

Registered Office: _____

Principal Business Address: _____

Business Telephone: _____

Business Fax: _____

Business Email: _____

Duration: Perpetual Other: _____

Will management of LLC be vested in manager or managers? _____

If not, explain: _____

Members (names and addresses):

Managers (titles and names):

Title

Name

Title

Name

Title

Name

Title

Name

Title

Name

Title

Name

Managers (names and addresses):

Other: _____

Corporations

Corporate Name: _____

Tradenname(s): _____

State of Incorporation (if not Utah) _____

Date of Incorporation: _____

Business Address: _____

Within City Limits? Yes No

Business Telephone: _____ **Business Fax:** _____

Business Email: _____

Number of Authorized Shares: _____

Registered Agent: _____

Registered Address: _____

Shareholders (names and addresses):

Directors (names and addresses):

Officers (names and addresses):

President: _____

CEO: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Other: _____

Annual Meetings will be held: _____

Corporate Book Color (black, brown, burgundy): _____

Shares Color (blue, brown, green): _____

Shares will be signed by President and: _____

Sub S Election? _____

Other: _____

Shareholder Information: Required for federal and state tax purposes

Shareholder Legal Name

DOB

SSN

Residence

Spouse Legal Name (if any)

DOB

SSN

Shareholder Legal Name

DOB

SSN

Residence

Spouse Legal Name

(if any)

DOB

SSN

Shareholder Legal Name

DOB

SSN

Residence

Spouse Legal Name (if any)

DOB

SSN

Shareholder Legal Name

DOB

SSN

Residence

Spouse Legal Name (if any)

DOB

SSN

Current/Former Business Info:

Business Name

Month/Year Business Started

EIN

UBI

Close this UBI? Yes No

If yes, date: _____

Former Business Name

Month/Year Business Started

EIN

UBI

New Corporation:

Business Category: Wholesale Retail Manufacturing Services

Principal Products or Services: _____

Business Bank: _____

Do Owners want optional L&I coverage for themselves? _____

(Note: This coverage is generally inexpensive and is recommended for owners if there is any risk of business-related injury.)

Estimated Gross Income First Year: _____ Estimated # Employees: _____

Employees other than owner? Yes No

If Employees: Number: _____ # under 16: _____

Describe in detail the activities of employees:

3-Month Estimate

Employees Hours

Worked
