



## ESTATE PLANNING WORKSHEET

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This organizer will assist us in designing an estate plan that meets your goals.  
Please return the completed worksheet to our office at least a week before your appointment.

### **PLEASE READ BEFORE COMPLETING THIS FORM!!**

This is a fillable PDF which means that you can type directly into the form and choose from predetermined fields. You may also print the form and complete it by hand. Please follow the instructions below based on how you will complete the form.

#### **IF COMPLETING THE FORM ON A COMPUTER:**

**NOTE:** You must complete the form in one session, or leave the form open on your computer in-between sessions. You cannot save the form and have it 'save' your data.

- Complete the form to the best of your abilities
- Scroll back to the cover page (this page)
- Click on 'Submit by Email' button at the top of the page.
- Follow directions. Form will be submitted to our office.

If you would like a hardcopy, or would like to send a hardcopy, please click on the 'Print Form'. For mailing, use the address at the bottom of this page.

#### **IF COMPLETING BY HAND:**

- Click on 'PRINT FORM' button at the top of the page.
- Complete the form to the best of your abilities.

From here you can either: fax, mail or send the form via email as an attachment.

**Fax:** 571-532-5490

#### **Mailing Address:**

8280 Willow Oaks Corporate Drive  
Suite 600  
Fairfax, VA 22031

**Email Address** [jennifer@jenniferporterlaw.com](mailto:jennifer@jenniferporterlaw.com)

***All information provided is strictly confidential.***

## BASIC INFORMATION

Preferred Mode of Contact from our office ☐ Email ☐ Phone ☐ HomeAddress

Client #1's Legal Name   
(name most often used to title property and accounts)

Also Known As   
(other names used to title property and accounts)

Prefer to be called  Birth date

Home Address  City  State  Zip

Home Phone  Mobile Phone  Business Phone

Email  SS#  US Citizen? ☐ Yes ☐ No

Employer  Position

Business Address  City  State  Zip

Marital Status: ☐ Married Date  ☐ Never Married ☐ Life Partner ☐ Divorced ☐ Widowed

Client #2's Legal Name   
(name most often used to title property and accounts)

Also Known As   
(other names used to title property and accounts)

Prefer to be called  Birth date

Home Address  City  State  Zip

Home Phone  Mobile Phone  Business Phone

E-mail  SS#  U.S. Citizen?  
☐ Yes or ☐ No

Employer  Position

Business Address  City  State  Zip

## BENEFICIARIES

Identify all potential individual beneficiaries of your estate. Children and grandchildren are most common, but you may have other individuals in your life who you may wish to be a beneficiary of your estate. Please provide their full legal names, last known city, and date of birth. Use additional pages if necessary.

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Beneficiary 1    Full Legal Name:

Relationship to Client:     Location (city, state):     Date of Birth:

☐ Married    ☐ Divorced    ☐ Single                      Special Needs:    ☐ Medical    ☐ Educational    ☐ Financial

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Beneficiary 2    Full Legal Name:

Relationship to Client:     Location (city, state):     Date of Birth:

☐ Married    ☐ Divorced    ☐ Single                      Special Needs:    ☐ Medical    ☐ Educational    ☐ Financial

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Beneficiary 3    Full Legal Name:

Relationship to Client:     Location (city, state):     Date of Birth:

☐ Married    ☐ Divorced    ☐ Single                      Special Needs:    ☐ Medical    ☐ Educational    ☐ Financial

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Beneficiary 4    Full Legal Name:

Relationship to Client:     Location (city, state):     Date of Birth:

☐ Married    ☐ Divorced    ☐ Single                      Special Needs:    ☐ Medical    ☐ Educational    ☐ Financial

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Beneficiary 5    Full Legal Name:

Relationship to Client:     Location (city, state):     Date of Birth:

☐ Married    ☐ Divorced    ☐ Single                      Special Needs:    ☐ Medical    ☐ Educational    ☐ Financial

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Beneficiary 6    Full Legal Name:

Relationship to Client:     Location (city, state):     Date of Birth:

☐ Married    ☐ Divorced    ☐ Single                      Special Needs:    ☐ Medical    ☐ Educational    ☐ Financial

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Do you have biological children or family members that are not listed here (disinherited)?    ☐ Yes    ☐ No

Are you concerned with any of your beneficiaries' ability to get along with one another?    ☐ Yes    ☐ No

## CHARITABLE BENEFICIARIES

Some of our client's desire to direct a portion of their estate toward charities or other non-profit organizations. Whether it is your church, college, club or favorite philanthropy, you may wish to do the same. Take a moment to consider whether you might include a charity in your bequests and write their information below for further discussion with your attorney.

### Name of the Charity or Non-Profit Organization

1.	<input type="text"/>	2.	<input type="text"/>
3.	<input type="text"/>	4.	<input type="text"/>

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## ADVISORS

Your advisors play a key role in your comprehensive estate plan. We can coordinate with them as much or as little as you prefer.

Tax Advisor (CPA, EA)	<input type="text"/>	Phone:	<input type="text"/>
Life Insurance Agent	<input type="text"/>	Phone:	<input type="text"/>
Financial Advisor	<input type="text"/>	Phone:	<input type="text"/>
Stock Broker	<input type="text"/>	Phone:	<input type="text"/>
Banker	<input type="text"/>	Phone:	<input type="text"/>
Family Attorney	<input type="text"/>	Phone:	<input type="text"/>

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## IMPORTANT FAMILY QUESTIONS

Please choose yes or no to the following common estate planning questions. If you choose 'Yes' to any of the following statements, please attach a copy of the document related to the question.

Are you (or your spouse/partner) receiving Social Security, disability, or other governmental benefits?	<input type="text"/>
Are you (or your spouse/partner) making payments pursuant to a divorce or property settlement order?	<input type="text"/>
Have you (or your spouse/partner) ever filed federal or state gift tax returns?	<input type="text"/>
Have (you or your spouse/partner) completed previous will, trust, or estate planning?	<input type="text"/>
Are you (or your spouse/partner) currently the beneficiary of anyone else's trust?	<input type="text"/>

## CONCERNS

Please rate the following in importance to you by choosing or writing (**High, Some or No Concern**) as it applies to you at this time.

### Tax Concerns

**Estate Taxes.** We've heard that estate taxes can be as high as 50% of the value of my assets. We'd like to know how to reduce or eliminate an estate tax liability I might have.

**Capital Gains Taxes.** We have an asset that we're thinking about selling and we'd like to know how we might reduce or eliminate any capital gains taxes that we might owe.

**Income Taxes.** We have significant income from investment assets and we'd like to know if there is any way to reduce or eliminate the amount of income taxes we pay.

**Interest Expense.** We pay quite a bit of interest on business and/or personal loans or lines of credit and would like to know if we could reduce the amount of interest we pay.

**Taxes on Retirement Plans.** We have a large IRA and or 401K. We know these assets will be subject to both income tax and estate tax at death. We would like to know how to reduce the 70-90% tax burden on these accounts

### Family Concerns

**Custodian of Minor Children.** We're concerned that, if either of us were to die, our children will be placed in the custody of someone other than whom we select.

**Beneficiaries' Creditors.** We're concerned that our children or other beneficiaries will lose any family wealth we might leave to them to their creditors, lawsuits, or divorcing spouses.

**Fiscal Immaturity.** We're concerned that our children or other beneficiaries will lose any family wealth we might leave to them due to their mismanagement of the money.

**Children-In-Law.** We're concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance we might leave to our children.

**Mismanagement.** We're concerned that the person(s) in charge of managing our children's or grandchildren's inheritance might squander or mismanage the funds.

**Grandchildren's Education.** We're concerned that our children might not provide for our grandchildren's education which is very important to us.

**Risk of Making Beneficiary Ineligible for Governmental Benefits.** We have a beneficiary whom we'd like to benefit in our estate planning who is currently receiving governmental benefits. We are concerned about loss of eligibility if they inherit assets.

**Spousal Control of My Assets if I Pass First.** We would like to know that when one of us passes, our assets are available to the other, but that upon the survivor's death, the assets pass to our children or other beneficiaries. We would not, for example, want our assets to pass to a future spouse or to any other individual who might influence a spouse/partner.

**Family Disputes.** We are concerned about our beneficiaries commencing lawsuits against each other because they feel that they've received less than they should have received.

**Hard-to-Divide Assets.** Our assets are comprised significantly because one or more assets are not easily divisible (such as an operating business) and we're concerned that disputes will arise relating to how the assets might be divided.

**Values & Virtues.** We're concerned that the inheritance we leave to our beneficiaries might prevent them from being productive citizens and would like to take the necessary steps to prevent that from happening.

**Planning for Parents.** We're concerned that our parents will need financial assistance if we were to die prematurely.

## Disability Concerns

**Guardianship.** We're concerned that if we were to become disabled, a guardian would be required so that someone would have the legal ability to make health care and financial decisions for me.

**HIPAA.** Our current planning does not reflect the HIPAA privacy rules, and we're concerned that if something happened to either of us, health care personnel might not disclose information about us to our loved ones.

**Disability of Single, Adult Children.** We're concerned that if a single, adult child of ours becomes disabled, that we would not have the legal ability to make decisions for that child or be informed about that child's health situation due to HIPAA privacy rules.

**Independence.** We're concerned that a long-term disability or the challenges of aging will create an unnecessary burden on our family and/or friends.

## Creditor Concerns

**Frivolous Lawsuits.** We're concerned about our assets being taken through frivolous lawsuits.

**Nursing Home.** We're concerned about our assets being lost to the nursing home.

**Creditors of Jointly Owned Property.** We have property owned as joint tenants with someone other than each other and we're concerned that a creditor of that other person could take the entire property.

## Post-Death Concerns

**Probate.** We're concerned about the unnecessary delays and costs that each of our estates will incur if our assets pass via a probate proceeding.

**Liability of Executor.** We're concerned that the person we've named as one of our executors might be sued by an heir because the Executor did not understand what duties were required of them and what liability they take on for serving as executor.

**Fire Sale.** We're concerned about our assets having to be sold in a "fire sale" to pay estate taxes or to pay debts that we owe.

**Privacy.** We're concerned that personal matters involving family or finance will become public knowledge.

## Business Concerns

**Validity of Corporate Shield.** We own a corporation or limited liability company and we're concerned that our personal assets may still be exposed to liabilities of the company because we've not held company meetings annually, kept minutes, elected officers, etc.

**Employee Lawsuits.** We're concerned that employees might sue because of an out-of-date or nonexistent employee agreements.

**Business Succession Plan #1.** We're concerned that our company might falter if either were to die unexpectedly because we don't currently have a business succession plan.

**Business Succession Plan #2.** We're concerned that we may pay too much tax when we ultimately sell or transfer ownership of the company.

**Out-of-Date Buy-Sell Agreement.** We have a buy-sell agreement with the other owners of the company in which we're involved but we have no idea if it's up-to-date or if the company will have to funds to buy out our interest if either of us were to die.

**Pension Alternatives #1.** We're concerned that the company's retirement or pension plan(s) may not be structured to maximize benefits for me and/or my employees.

**Pension Alternatives #2.** We're concerned that the company's current pension plan does not produce competitive returns or is administered at less than acceptable standards.

Financial Concerns

**Standard of Living.** We're concerned that either of us might not be able to maintain our current standard of living during retirement.

**Exhaustion of Assets During Disability.** We're concerned our assets might be completely consumed to pay for our care in the event of a disability.

**Investment Allocation #1.** We're concerned that our investment portfolio may not have an overall design or strategy to support our goals.

**Investment Allocation #2.** We're concerned that our portfolio might experience an unanticipated loss or volatility that would potentially affect our goals.

**Investment Allocation #3.** We're concerned that our portfolio might not include strategies that would potentially increase our rate-of-return.

**Fees and Commissions #1.** We're concerned that we do not understand the fees or commissions charged for investment or insurance programs.

**Fees and Commissions #2.** We are concerned that we are being overcharged for the financial services or products we own or are recommended to purchase.

**Fees and Commissions #3.** We are concerned that financial services or products are recommended with less than total objectivity.

**Financial Review.** We're concerned that our financial advisor may not monitor or review our investments and insurance for timely recommendations to support our goals.

**Communication.** We are concerned that our financial advisor doesn't keep us informed on a regular basis.

Giving Concerns

**Loss of Privacy.** We're concerned that giving to an organization either now or in the future may compromise our privacy.

**Support.** We're concerned that those individuals or organizations that currently rely on our financial support will also require this in the future and/or after our deaths.

**Strategic Giving.** We're concerned that we may not be aware of all of the possible ways we can financially support our favorite charities without placing our family at an economic disadvantage.

**Final Distributions.** We're concerned that too much money at either of our deaths will go to the government rather than family or charity.

Spiritual/Personal Values and Concerns

**Legacy.** We're concerned about the legacy we leave behind for our family both financially and spiritually. Our goal is make each of our leaving as positive and helpful to our family as we can.

**Faith and Medical.** We're interested in learning more about faith-specific medical directives.

**Memorials.** We would like to leave thoughts and guidelines for how our family and friends can observe each of our passings.

Please list below any specific instructions (including disposition of remains, specific medical instructions during pregnancy, etc), and any other concern you may have.

## APPOINTMENTS - PEOPLE WHO ACT ON YOUR BEHALF

If you were unable to make decisions for yourself, who would you want to make those decisions for you? Though the people who fill these 'appointments' are called different names in their different roles, they are people that you trust will act or speak on your behalf to protect you, your choices, your family and your estate.

**Guardians - Who do you nominate to serve as **guardian** for your minor children (if any)?**

Please provide full legal name, phone number and address.

	Client 1	Client 2
InitialChoice	<input type="text"/>	<input type="text"/>
Back up #1	<input type="text"/>	<input type="text"/>
Back up #2	<input type="text"/>	<input type="text"/>

**General Power of Attorney - Who would you choose to handle your financial matters? Please provide full legal name, phone number, and address.**

	Client 1	Client 2
InitialChoice	<input type="text"/>	<input type="text"/>
Back up #1	<input type="text"/>	<input type="text"/>
Back up #2	<input type="text"/>	<input type="text"/>

**Healthcare Power of Attorney - Who would you choose to make healthcare decisions for you? Please provide full legal name, phone number and address.**

	Client 1	Client 2
InitialChoice	<input type="text"/>	<input type="text"/>
Back up #1	<input type="text"/>	<input type="text"/>
Back up #2	<input type="text"/>	<input type="text"/>

**Sucessor Trustees and Will Executors - Who would you choose to administer and distribute your estate? Please provide full legal name, phone number and adreess.**

	Client 1	Client 2
InitialChoice	<input type="text"/>	<input type="text"/>
Back up #1	<input type="text"/>	<input type="text"/>
Back up #2	<input type="text"/>	<input type="text"/>



## ASSET INVENTORY

Please share with us the ownership, value and nature of ALL your assets in the table below. Ownership, value and nature affect your potential tax liability and transfer capability. Choose from the drop-down windows and enter extra data where needed. (Approximate current values as necessary.)

**ALL ASSETS SHOULD BE ACCOUNTED FOR INDIVIDUALLY.** (For example: If you have 3 savings accounts, enter one per line.)

[illegible]

# YOUR GOALS AND OBJECTIVES

It is important that your attorney understand what prompted you to schedule this appointment. What is more important to you? What concerns raise above the others? Try not to focus on the need for a tool (trust, will, etc.) but rather the outcomes and goals to be achieved.

GOALS	CONSEQUENCES IF GOAL ISN'T ACCOMPLISHED
1. <div></div>	1. <div></div>
2. <div></div>	2. <div></div>
3. <div></div>	3. <div></div>
4. <div></div>	4. <div></div>
5. <div></div>	<div></div>

## PRIVACY STATEMENT

In the course of providing our clients with income tax, estate tax, gift tax, business planning and financial advice, we receive private, non-public information. We collect this information directly from you and from other service providers, when authorized by you to do so. It is our policy that any information, particularly financial information and sensitive personal information provided by you or your agents to us for purposes of our business relationships, is to be disclosed only under the following conditions:

**Our Staff.** Employees of our office may need such information to conduct or conclude a transaction for which you have engaged our services. Access to client information is strictly limited to the specific items needed to perform the services you may require.

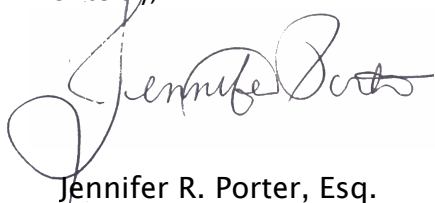
**Outside Service Contractors.** In the course of providing services that you request, an outside service might be used to evaluate your financial, insurance, investing, or tax options. We insist that any such information needed by outside firms for business purposes must be considered confidential. We notify those outside sources that this business policy must be honored and such service providers are responsible for honoring Federal Trade Commission regulations.

**Others, by Client Request.** If you ask us to work with one of your advisors, you must expect us to share pertinent information to complete the tasks you require of us.

**Security.** We maintain physical, electronic and procedural guidelines and safeguards that comply with federal regulations to guard clients' private, personal information (in fact, **all** information you give us is handled in such a manner.)

New provisions from the Federal Trade Commission require us to notify you that this is our policy and that you have the right to keep non -public, personal information private by notifying us that this is your request. Regardless of the FTC requirements and even if you never request us to keep your non -public personal information private, we will do so, under the conditions listed above. This has always been our policy, not only in respect to Federal Trade commission requirements, but also to comply with our moral and ethical responsibilities to you. If you have any questions, whatsoever, please do not hesitate to call me or our Director of Client Services.

Sincerely,



Jennifer R. Porter, Esq.

## ACKNOWLEDGEMENT OF PRIVACY STATEMENT

I have read and understand the explanation titled "Privacy Policy" regarding non -public personal information I may supply and the federal trade commission regulations. By signing this acknowledgement, you agree to the terms stated. You may notify us at any time that you do not want us to disclose your personal information to particular financial advisors or helpers, even though you have previously given us permission to do so. If so, please let us know in writing, and we will honor your request.

Client 1 - Signature

Client 2 - Signature