

SANDIN LAW

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Estate Planning Worksheet

Completing this worksheet will assist us in designing an estate plan that meets your goals. If you have any questions when completing this worksheet, please do not hesitate to contact our office. We are happy to answer any questions you may have.

It is important that you provide all requested information which is applicable to you as we use this to base our recommendations on. All information provided is confidential. Please return the completed worksheet and copies of any requested documents to our office at least three (3) business days prior to your appointment.

Date: _____

Referred By: _____

General Information

	Husband	Wife
Full Name: (First, Middle Initial, Last)		
Also Known As:		
Date of Birth:		
Home Address:		
City, State and Zip:		
Country of Citizenship:		
Home Telephone:		
Mobile Telephone:		
Email Address:		
Occupation:		
Employer/Business Name:		
Business Address:		
City, State and Zip:		
Business Telephone:		

Preferred Method of Communication (mark all that apply)

☐ Home Address
 ☐ Home Phone
 ☐ Mobile Phone
 ☐ Business Phone
 ☐ Email

Family Information

Marriage

Date of Marriage: _____ Pre-Marital Agreement? Yes _____ No _____ Previously Married? Yes _____ No _____

Children

Child's Name (First, Middle Initial, Last)	Address	Phone Number	Birthdate	Married (yes or no)	Parent (Husband, Wife, or Joint)

Grandchildren

Grandchild's Name (First, Middle Initial, Last)	Parent	Birthdate	Married? (yes or no)

Family Information (Continued)

Parents			
Husband		Wife	
Parent's Name (First, Middle Initial, Last)	Age	Parent's Name (First, Middle Initial, Last)	Age

Husband's Siblings				
Sibling's Name (First, Middle Initial, Last)	Address	Phone Number	Birthdate	Married (yes or no)

Wife's Siblings				
Sibling's Name (First, Middle Initial, Last)	Address	Phone Number	Birthdate	Married (yes or no)

Goals and Concerns

Goals

1. Please describe your primary goal regarding your visit to our office:

2. Please describe your secondary goals:

Concerns

Please indicate whether any of the following are a concern:

<input type="checkbox"/>	Naming a guardian for minor children
<input type="checkbox"/>	Disinheriting a family member
<input type="checkbox"/>	Providing for charities at the time of your death
<input type="checkbox"/>	Planning for the transfer and survival of a family business
<input type="checkbox"/>	Avoiding or reducing your estate taxes
<input type="checkbox"/>	Avoiding probate / reducing administration costs at the time of your death
<input type="checkbox"/>	Potential creditor issues
<input type="checkbox"/>	Avoiding will contests or other disputes upon your death
<input type="checkbox"/>	Preserving the privacy of affairs
<input type="checkbox"/>	Planning for a child or grandchild with disabilities or special needs
<input type="checkbox"/>	Protecting children's inheritance from failed marriages, bankruptcy or creditors
<input type="checkbox"/>	Avoiding a conservatorship ("living probate") in case of disability
<input type="checkbox"/>	Providing for wishes concerning medical decisions upon incapacity
<input type="checkbox"/>	Health concerns (if yes, please explain):

Other Concerns:

Additional Information

Current Estate Planning Documents

Do you currently have any of the following estate planning documents:

(If yes, please provide a copy with this worksheet prior to your meeting)

Husband			Wife		
Will	Yes _____	No _____	Will	Yes _____	No _____
Trust	Yes _____	No _____	Trust	Yes _____	No _____
Power of Attorney	Yes _____	No _____	Power of Attorney	Yes _____	No _____
Health Care Directive	Yes _____	No _____	Health Care Directive	Yes _____	No _____
Are you a beneficiary of a Trust?	Yes _____	No _____	Are you a beneficiary of a Trust?	Yes _____	No _____
Do you currently possess a power of appointment?	Yes _____	No _____	Do you currently possess a power of appointment?	Yes _____	No _____

Accountant/CPA

Contact and Firm:	
Address:	
City, State and Zip:	
Telephone Number:	

Financial Advisor

Contact and Firm:	
Address:	
City, State and Zip:	
Telephone Number:	

Personal Banker

Contact and Firm:	
Address:	
City, State and Zip:	
Telephone Number:	

Stock Broker

Contact and Firm:	
Address:	
City, State and Zip:	
Telephone Number:	

Life Insurance Agent

Contact and Firm:	
Address:	
City, State and Zip:	
Telephone Number:	

Miscellaneous

Have you ever lived or acquired property in a community property state? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)	Yes _____	No _____
Have you ever made a gift to anyone which required filing a gift tax return?	Yes _____	No _____
Do you anticipate your estate growing substantially in the near future?	Yes _____	No _____

Health Care Directive Information

A health care directive allows you to appoint a person or persons (health care agent) to make health care decisions for you in the event you are unable to make them for yourself. It can also include instructions to your agent regarding your health care wishes. Your health care agent should be someone you trust and who would follow your wishes even if they conflict with their own personal wishes or beliefs.

	Husband	Wife
Who would you like to appoint as your health care agent(s)? (include relation, name, address, and phone #)		
Who would you like to appoint as your successor agent(s)? (include relation, name, address, and phone #)		
If you have named multiple people, do you want to require them to act jointly?		
Are you an organ donor?		
Would you like to include instructions regarding the disposition of your remains? If so, please explain.		

Power of Attorney Information

A power of attorney grants a person (attorney-in-fact) the power to handle your financial matters. Your attorney-in-fact should be someone you trust and who is financially knowledgeable or capable of understanding and handling your financial affairs.

	Husband	Wife
Who would you like to appoint as your attorney-in-fact? (include relation, name, and address)		
Who would you like to appoint as your successor attorney-in-fact? (include relation, name, and address)		

Personal Representative Under Last Will & Testament

A personal representative is a person who, under the supervision of a probate court, settles a decedent's financial affairs and distributes the decedent's property according to the terms of the decedent's will.

	Husband	Wife
Who would you like to appoint as your Personal Representative? (include relation and name)		
Who would you like to appoint as your successor personal representative? (include relation and name)		

Guardians

	Husband	Wife
Who would you like to appoint as your child(ren)'s guardian? (include relation and name)		
Who would you like to appoint as your child(ren)'s successor guardian? (include relation and name)		

Financial Information

SCHEDULE A – CASH AND NOTES

Cash Accounts					
Institution	Account No.	Type (Checking, Savings, C.D., Money Market)	Amount		
			Husband	Wife	Joint
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Subtotal Cash Accounts			\$	\$	\$

Digital Assets

Do you have any digital assets? Yes _____ No _____
 If yes, what digital assets do you have?
(i.e., domain names and/or cryptocurrency) _____

Loans or Notes Receivable (money owed to you)					
Obligor	Rate	Date Due	Value		
			Husband	Wife	Joint
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Subtotal Loans and Notes			\$	\$	\$

Total		
(carry over to Financial Summary on page 17)	\$	\$

Please list any government benefits you receive:
(Social Security, SSI, SSDI, Medicare, Medicaid, Food Stamps, etc.)

Financial Information (Continued)

SCHEDULE B – REAL ESTATE

For valuation purposes, use your best estimate of current total values, without regard to any mortgages that may be outstanding. Mortgage information should be described on Schedule I.

Address or Description	County & State	Ownership*	Value		
			Husband	Wife	Joint
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Total (carry over to Financial Summary on page 17)			\$	\$	\$

*If property held jointly, please indicate whether it is owned as Joint Tenants With Right of Survivorship (JTWROS) or Tenants in Common (TIN), if known.

Insurance Policies

Do you have a title insurance policy on your real estate? Yes _____ No _____

If yes, when did you acquire it? _____

If yes, what company is the policy through? _____

Do you have a home owners' insurance policy on your real estate? Yes _____ No _____

If yes, what company is the policy through? _____

Financial Information (Continued)

SCHEDULE C – SECURITIES HELD BY YOU

	Payable on Death to:	Value		
		Husband	Wife	Joint
Publicly Traded Stocks				
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Mutual Funds				
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Corporate Bonds				
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
US Government Bonds, Notes & Bills				
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Municipal Bonds				
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Other				
		\$	\$	\$
		\$	\$	\$
Total (carry over to Financial Summary on page 17)		\$	\$	\$

Attach a separate sheet, if needed

Financial Information (Continued)

SCHEDULE D – CLOSELY-HELD BUSINESS INTERESTS

Include all limited liability companies, corporations, and partnerships

Asset Type	Value		
	Husband	Wife	Joint
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total (carry over to Financial Summary on page 17)	\$	\$	\$

Please supply copies of partnership agreements, buy-sell agreements, related insurance arrangements or any other documents relevant to the business listed above

Comments:

Financial Information (Continued)

SCHEDULE E – LIFE INSURANCE

Insuring Life of Husband						
Company	Policy No.	Type*	Death Benefit	Cash Value	Owner	Primary & Contingent Beneficiaries
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
Total (carry over to Financial Summary on page 17)			\$			

Insuring Life of Wife						
Company	Policy No.	Type*	Death Benefit	Cash Value	Owner	Primary & Contingent Beneficiaries
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
Total (carry over to Financial Summary on page 17)			\$			

Insuring Life of Husband and Wife (Second-to-Die)						
Company	Policy No.	Type*	Death Benefit	Cash Value	Owner	Primary & Contingent Beneficiaries
			\$	\$		
			\$	\$		
Total (carry over to Financial Summary on page 17)			\$			

*When describing type of policy, please indicate whether term, variable life, universal life, or whole life

Financial Information (Continued)

SCHEDULE F – ANNUITIES

Husband is Annuitant					
Company	Contract No.	Current Value	Cost Basis	Owner	Primary & Contingent Beneficiaries
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
Total (carry over to Financial Summary on page 17)		\$			

Wife is Annuitant					
Company	Contract No.	Current Value	Cost Basis	Owner	Primary & Contingent Beneficiaries
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
Total (carry over to Financial Summary on page 17)		\$			

Financial Information (Continued)

SCHEDULE G – QUALIFIED RETIREMENT PLANS & IRAS

Retirement Asset		Husband		Wife	
Name of Custodian or Plan Sponsor	Account No.	Value	Primary & Contingent Beneficiaries	Value	Primary & Contingent Beneficiaries
Traditional IRAs/SEPs					
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
Roth IRAs					
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
Pension Plans					
		\$		\$	
		\$		\$	
401(k) Plans					
		\$		\$	
		\$		\$	
Profit Sharing Plans					
		\$		\$	
		\$		\$	
Other					
		\$		\$	
Total (carry over to Financial Summary on page 17)		\$		\$	

Financial Information (Continued)

SCHEDULE H – TANGIBLE PERSONAL PROPERTY

Item	Value		
	Husband	Wife	Joint
Furniture and Furnishings	\$	\$	\$
Automobile:	\$	\$	\$
Automobile:	\$	\$	\$
Automobile:	\$	\$	\$
Artwork/Art Collections	\$	\$	\$
Jewelry	\$	\$	\$
Guns	\$	\$	\$
Other:	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total (carry over to Financial Summary on page 17)	\$	\$	\$

Describe collections, antiques, guns, heirlooms, etc. that require special estate plan considerations, and give any other pertinent comments:

Financial Information (Continued)

SCHEDULE I – LIABILITIES

Liabilities	Husband	Wife	Joint
Mortgages (describe / identify property)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total (carry over to Financial Summary on page 17)	\$	\$	\$
Loans/Notes (identify creditor)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total (carry over to Financial Summary on page 17)	\$	\$	\$
Other Liabilities (describe)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total (carry over to Financial Summary on page 17)	\$	\$	\$

Financial Information (Continued)

FINANCIAL SUMMARY

Please transfer totals from schedules listed behind this summary

Assets	Husband	Wife	Joint
Cash & Notes (Schedule A)	\$	\$	\$
Real Estate (Schedule B)	\$	\$	\$
Securities (Schedule C)	\$	\$	\$
Close-held Business Interests (Schedule D)	\$	\$	\$
Life Insurance (Death Benefit) (Schedule E)	\$	\$	\$
Annuities (Schedule F)	\$	\$	\$
Qualified Retirement Plans & IRAs (Schedule G)	\$	\$	\$
Tangible Personal Property (Schedule H)	\$	\$	\$
Total	\$	\$	\$
Liabilities	Husband	Wife	Joint
Mortgages (Schedule I)	\$	\$	\$
Loans/Notes (Schedule I)	\$	\$	\$
Other Liabilities (Schedule I)	\$	\$	\$
Total	\$	\$	\$
Net Worth (assets minus liabilities)	\$	\$	\$
Combined Total	\$		