



## ESTATE PLANNING WORKBOOK (SINGLE)

**Please complete this Workbook to the best of your ability. Your answers to the questions asked herein will allow us to provide you with the most appropriate counsel and care. If you have a question about any of the information requested, or are unsure how to answer any question asked herein, please leave it blank and we can review it with you at your appointment.**

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### A. PERSONAL INFORMATION

Nickname: \_\_\_\_\_

Full Name \_\_\_\_\_  
(print name as shown on your checks and other financial accounts)

E-mail Address \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

U.S. Citizen? Yes  No  Annual Income \_\_\_\_\_

If widowed, please list name of spouse and date of death \_\_\_\_\_

**B. FAMILY****1. CHILDREN (if applicable)**

Child's Name	Address (including zip code)	Date of Birth

If you have children, do you wish to treat all of your children equally? Yes  No

If not, why? \_\_\_\_\_

Are all of your children in good health? Yes  No

Are any of your children blind or disabled? Yes  No

Are any of your children receiving SSI or other form of government entitlement? Yes  No

If yes, how much is the child's monthly payment? \$ \_\_\_\_\_

Child is receiving: Medicaid  Medicare  Veterans Disability Benefit

Do any of your family members have any problems with:

Drug Addiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alcoholism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spendthrift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Marital Difficulty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Financial Difficulty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. **GRANDCHILDREN**

Grandchild's Name	Address (including zip code)	Date of Birth

If you have grandchildren, do you wish to treat all of your grandchildren equally?    Yes    No

If not, why? \_\_\_\_\_

Do you want to leave your grandchildren a specific bequest or percentage distribution? Yes     No   
 If so, how much do you want to leave your grandchildren? \_\_\_\_\_

Are any of your grandchildren disabled?    Yes     No

Are any of your grandchildren receiving SSI or other form of government entitlement? Yes     No

Grandchild is receiving:    Medicaid     Medicare     Veterans Disability Benefit

At what age do you want distributions to your grandchildren? \_\_\_\_\_

(You might decide to distribute funds to adult grandchildren immediately, or you may decide to hold the assets in trust for your grandchildren until they reach certain ages. For example, you may want your grandchildren to receive 1/3 of their share at age 25, 1/2 of the remaining amount at age 30 and the entire remaining amount at age 35, or any other age/ages that make sense to you.)

**3. OTHER BENEFICIARIES**

Do you want your Will to benefit anyone other than children, grandchildren, i.e., charity or other person?  
Yes  No

If yes, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

**C. FINANCIAL SUMMARY** - Please bring spreadsheet of your financial assets or fill out the information requested below and bring most recent statements, if possible.

	<u>ASSETS</u>	<u>LIABILITIES</u>
Bank Accounts	\$ _____	\$ _____
Real Estate (residence) [ <i>bring copy of deed, if possible</i> ]	\$ _____	\$ _____
Real Estate (other) [ <i>bring copies of all deeds, if possible</i> ]	\$ _____	\$ _____
Non-Retirement Investments ( <i>Brokerage Accounts, Stock, Mutual Fund, CDs, etc.</i> )	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Non-Retirement Account Annuities	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Retirement Account Assets ( <i>IRAs, 401(k), 403(b), etc.</i> )	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Business Interests [ <i>if any</i> ]	\$ _____	\$ _____
Anticipated Inheritance [ <i>if any</i> ]	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____

**D. LAST WILL AND TESTAMENT**

**DISPOSITIVE INTENTIONS - CHILDREN**

Do you wish to provide primarily for your children?      Yes       No

Do you wish to treat all of your children equally?      Yes       No

If not, why? \_\_\_\_\_

**EXECUTOR**

Whom do you want to serve as your Executor?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**TRUSTEE**

If a Trust is established whom do you want to serve as your Trustee?

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**GUARDIAN**

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_



**H. REFERRAL**

By Whom Were You Referred To This Office?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you visited our Website? Yes  No

**I. CERTIFICATION**

The undersigned hereby represents to Fendrick Morgan, LLC, that the information contained in this intake form is accurate and complete. The undersigned is aware that the law firm will rely on this information and further understands that the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:

\_\_\_\_\_