



## ESTATE PLANNING WORKBOOK (MARRIED)

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.

### A. PERSONAL INFORMATION

#### SPOUSE 1

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

Email Address \_\_\_\_\_

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

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

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

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

U.S. Citizen? Yes  No  Veteran? Yes  No

#### SPOUSE 2

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

Email Address \_\_\_\_\_

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

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

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

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

U.S. Citizen? Yes  No  Veteran? Yes  No

**B. FAMILY**

**1. CHILDREN (if applicable)**

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

Does Spouse 1 have any children by a previous marriage? Yes  No   
 If so, who? \_\_\_\_\_

Does the Spouse 2 have any children by a previous marriage? Yes  No   
 If so, who? \_\_\_\_\_

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  No
- Alcoholism? Yes  No
- Spendthrift? Yes  No
- Marital Difficulty? Yes  No
- Financial Difficulty? Yes  No

2. **GRANDCHILDREN**

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

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 upon the death of either of you? 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 your spouse, children, grandchildren, i.e., charity or other person?

Yes  No

If yes, please list:

<b>Name of Beneficiary</b>	<b>Address of Beneficiary</b>	<b>Relationship</b>	<b>Dollar Amount</b>

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

	<b>ASSETS</b>			<b>LIABILITIES</b>
	Spouse 1	Spouse 2	Joint	
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>	\$ _____	\$ _____	\$ _____	\$ _____

**Personal Residence:**

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

**Addresses of real property other than personal residence:**

(1) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

(2) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

**D. LAST WILL AND TESTAMENT**

**DISPOSITIVE INTENTIONS - SPOUSE AND CHILDREN**

Do you wish to provide primarily for your spouse and secondarily 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?

**(Spouse 1)**

First Choice:    \_\_\_ Spouse    \_\_\_ Other    \_\_\_\_\_

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

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

**(Spouse 2)**

First Choice:    \_\_\_ Spouse    \_\_\_ Other    \_\_\_\_\_

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

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

**TRUSTEE**

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

**(Spouse 1)**

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

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

**(Spouse 2)**

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 \_\_\_\_\_

**E. POWER OF ATTORNEY**

Do either of you currently have a Power of Attorney? Yes  No

**(Spouse 1)**

First Choice \_\_\_\_\_  
(Name) (Address)

Second Choice \_\_\_\_\_  
(Name) (Address)

**(Spouse 2)**

First Choice \_\_\_\_\_  
(Name) (Address)

Second Choice \_\_\_\_\_  
(Name) (Address)

**F. LIVING WILL**

**(Spouse 1)**

Do you want a Living Will? Yes  No

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes  No

Do you want to donate your eyes or organs? Yes  No

Whom do you want to make your medical decisions?

First Choice \_\_\_\_\_  
(Name) (Address)

Second Choice \_\_\_\_\_  
(Name) (Address)

Do you want the person making your medical decisions to consult with any other person prior to acting?

Yes  No

If yes, with whom? \_\_\_\_\_

**(Spouse 2)**

Do you want a Living Will? Yes  No

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes  No

Do you want to donate your eyes or organs? Yes  No

Whom do you want to make your medical decisions?

First Choice \_\_\_\_\_  
(Name) (Address)

Second Choice \_\_\_\_\_  
(Name) (Address)

Do you want the person making your medical decisions to consult with any other person prior to acting?

Yes  No

If yes, with whom? \_\_\_\_\_

**G. MISCELLANEOUS**

Do you have any other legal issues which I should be aware of? Yes  No

If yes, please explain \_\_\_\_\_



**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:

\_\_\_\_\_