BANGERTER FRAZIER
GROUP-ATTORNEYS

All attorneys licensed in Utah
*Also licensed in California, Nevada, & Washington
^Also licensed in Arizona
°Also licensed provisionally in California

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ESTATE PLANNING WORKSHEET

This form is designed to get you thinking about important considerations in creating a complete estate plan. The form is for **you**. Once your estate plan is complete, keeping this form near your estate planning documents (and updated) provides an easy method for the person that administers your estate plan with a place to start when it comes to determining assets and liabilities.

BACKGROUND INFORMATION

Full Legal Name: ________________________________ DOB: __________

Spouse's Legal Name: ____________________________ DOB: __________

Occupation: _________________ Spouse's Occupation: _______________

Address: ____

Telephone: ____________________(home) ____________________(other)

Emails: ____

St. George Office
912 W 1600 S
Suite A-200
St. George, Utah 84770

Oakland Office
1300 Clay Street
Suite 600
Oakland, California 94612

Phone (435) 628-7004
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FAMILY

List Children, Date of Birth, and City of Residence (if a child pre-deceases you, consider whether you want THEIR children to split their share)

Name	DOB	Residence
Name	DOB	Residence
Name	DOB	Residence
Name	DOB	Residence
Name	DOB	Residence

OTHER PERSONS/ENTITIES TO POTENTIALLY RECEIVE GIFTS

______________________________ ______________________________

______________________________ ______________________________

POWER OF ATTORNEY:

Please list, in order of preference, who you would like to serve as Power of Attorney in your behalf for health care related decisions and for general, financial decisions.

Health Care POA	Health Care POA – 2nd Option
General Durable POA	General Durable POA – 2nd Option

FIDUCIARIES:

Please list, in order of preference, who you would like to serve as Personal Representative of your estate. The Personal Representative (called an Executor or Administrator in other states) is the person who handles your affairs and administers your estate after your death.

____________________________	______________	________________
Name	Relation	City of Residence
____________________________	______________	________________
Name	Relation	City of Residence
____________________________	______________	________________
Name	Relation	City of Residence

If you have children under age 18, please list, in order of preference, who you would like to serve as Guardian. This person will raise and care for your children until they reach the age of 18.

____________________________	______________	________________
Name	Relation	City of Residence
____________________________	______________	________________
Name	Relation	City of Residence

SPECIAL FAMILY CONSIDERATIONS

Prior Marriages To: ____

Children with Special Needs: _______________________________________

Other Family Concerns: ____

SPECIAL ADVISORS

Tax or Business Accountant: ______________________________________

Insurance Agent (life/long-term care): _______________________________

Stock broker/Retirement Fund Admin: _______________________________

Primary Physician: ____

Attorney: ____

PROPERTY DISPOSTION

This is what you want to have happen to your possessions or property when you die. Gifts can be special (a particular item or specific piece of property or amount of money), or general (a percentage of your estate, or the remainder of your estate after special gifts).

Special Bequests: On a separate piece of paper, or elsewhere on this form, list any special gifts you would like to leave (example: art, jewelry, tools, guns, musical instruments, etc.)

General Bequests: Once special bequests are given, where do you want the remainder of your estate to go? This is also known as the "residue" or "residuary" estate.

ASSETS: (IF TOTAL VALUE IS LESS THAN $4,000,000, DO NOT FILL IN VALUES)

The point of inquiry into assets is not mere curiosity. This is important to know for the purposes of determination of tax issues and the type of estate planning that is necessary.

Item	Approx Value	Financial Institution	Payable on Death Beneficiary?
Checking			
Savings			
Other bank accounts			

Retirement Accounts			
Other Investments			
Interests in Corporations or Business Entities			
Stock			
Bonds			
Collections			
Residence (Net)			
Rental Property			
Vehicles (Net)			
Life Insurance (term/whole life)			
Burial Plans/Plots			
Inheritance			
Other			

LIABILITIES

Liability	**Amount Owed**	**Financial Institution**
First Mortgage		
2nd/3rd Mortgages		
Car Loans	**not needed for planning**	
Business Loans		

Life Insurance Loans		
Total Credit Card	**Amounts not needed – list institutions**	
Personal Loans		
Other Obligations		

MISCELLANEOUS

Do you currently have any Wills, Trusts, or Powers of Attorney in place? If so, list:

Briefly list specific concerns you may have. (Examples: Probate, taxes, a particular child, squabbling, attorney fees, Trust or Will, etc.)

Have you made any significant gifts of money or property, or are you planning to make such gifts? (These should be analyzed for tax purposes)

Are you expecting to inherit a significant amount of assets from relatives or others? (These should be analyzed for estate planning purposes)

Are you the subject of a pre-marital agreement?

To your knowledge, are you a beneficiary under any existing trust?

Burial/Cremation? Disposition? Artificial hydration/nutrition/resuscitation if in persistent vegetative state or terminally ill?

Are you owed or do you owe any significant sums other than those listed?

Questions: Use this space or additional sheets to list any questions you would like addressed: