

ESTATE PLANNING WORKSHEET

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I. PERSONAL INFORMATION

Legal Name: _____

Home Address: _____

Home Telephone: _____

Cellphone: _____

Birthdate: _____

Social Security#: _____

E-mail address: _____

It is okay to communicate with me via my E-mail address Yes No

If Married, Date of Marriage: _____

Have you been married before? Yes No

If so, please list other spouses: _____

SPOUSE

Legal Name: _____

Home Address: _____

Home Telephone: _____

Cellphone: _____

Birthdate: _____

Social Security#: _____

E-mail address: _____

It is okay to communicate with me via my E-mail address ___Yes ___No

If Married, Date of Marriage: _____

Have you been married before? ___Yes ___No

If so, please list other spouses: _____

II. CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. In the Parent section please use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

| | Name | Birth date | Parent |
|----|-------------|-------------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

III. INFORMATION FOR ESTATE PLANNING

PERSONS TO ACT FOR YOU:

(Please list in order of preference for each topic)

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

| | Name | Address | Relationship |
|----|-------|---------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

INITIAL TRUSTEE(S) of trust set up for minor children (under age 18):

1. _____
2. _____

EXECUTOR: After your death, who do you want to carry out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

1. _____
2. _____

POWER OF ATTORNEY:

If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

1. _____
2. _____

If you were unable to make healthcare decisions for yourself, who would you want to make those decisions for you?

1. _____
2. _____

PERSONS TO ACT FOR SPOUSE IF DIFFERENT FROM ABOVE:

(Please list in order of preference for each topic)

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

| | Name | Address | Relationship |
|----|-------|---------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

INITIAL TRUSTEE(S) of trust set up for minor children (under age 18):

1. _____
2. _____

EXECUTOR: After your death, who do you want to carry out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

1. _____
2. _____

POWER OF ATTORNEY:

If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

1. _____
2. _____

If you were unable to make healthcare decisions for yourself, who would you want to make those decisions for you?

1. _____
2. _____

IV. ASSET QUESTIONS

(Please answer yes or no for each person indicated)

| | You | Spouse |
|--------------------------------------|-----|--------|
| Do you own your home? | | |
| Is there a mortgage on the home? | | |
| Do you have life insurance? | | |
| Do you have a 401K? | | |
| Do you own a business? | | |
| Is any of our property in a Trust? | | |
| Do you own separate property? | | |
| Do you have a matrimonial agreement? | | |
| Do you have a will? | | |
| Do you have a Power of Attorney? | | |
| Do you have a Living Will? | | |

Additional Comments: _____

V. BENEFICIARIES

Please list the names, addresses and specific property of those who are to be granted specific legacies from your estate. If more space is needed, please feel free to add additional pages.

| | Name | Address | Property |
|----|-------|---------|----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Please list the names and addresses of those who are to be the PRIMARY beneficiaries of your estate.

| | Name | Address |
|----|-------|---------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Please provide the name, address, and relationship of those whom you would leave your estate (final takers or alternative takers) in case all your primary beneficiaries predecease you.

| | Name | Address | Relationship |
|----|-------|---------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

If you wish to make any charitable or other special gifts, please indicate the charity and the amount you wish to donate.

| | Name | Address | Amount |
|----|-------|---------|--------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Are there any further notes or rights you would like conveyed in your will?
