



law office of  
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## **ESTATE PLANNING WORKSHEET**

**ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
 US Citizen    Naturalized Citizen    Resident Alien  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Email: \_\_\_\_\_  It is okay to communicate via Email  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Status:  Married    Divorced    Widowed    Single  
Date of Marriage: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 US Citizen    Naturalized Citizen    Resident Alien  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Email: \_\_\_\_\_  It is okay to communicate via Email  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHILDREN AND/OR OTHER BENEFICIARIES**

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ADVISORS / CONTACTS

Referred to us by: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
 Financial Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Life Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Physician (Husband): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Primary Physician (Wife): \_\_\_\_\_ Phone: \_\_\_\_\_

## EXISTING ESTATE PLANNING

	<u>You</u>	<u>Spouse</u>	<u>Date Executed:</u>
Will	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Financial Power of Attorney	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Healthcare Power of Attorney	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Long-Term Care Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____

## HEALTH STATUS

Your current health status:  *Great*  *Good*  *Fair*  *Concerned*  *Problem*  
 Specify if there is a concern, condition, or problem: \_\_\_\_\_

Your spouse's current health status:  *Great*  *Good*  *Fair*  *Concerned*  *Problem*  
 Specify if there is a concern, condition, or problem: \_\_\_\_\_

## YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

### Preserve and Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death (up to 35% of your assets and life insurance benefits)
- By ensuring assets have maximum FDIC insurance protection
- By reducing estate administration costs through probate avoidance
- Avoid or limit Medicaid claims on your assets should you require long-term care
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- Ensure that your family has enough life insurance to provide a comfortable lifestyle
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, ex-spouses, creditors or the government

### **Protect Yourself and Your Spouse**

- From malpractice or other creditor claims
- From conservatorship proceedings if you or your spouse become incapacitated
- From probate delays and stress upon your death or the death of your spouse
- From hospital policies requiring life sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

### **Protect Your Children or other Beneficiaries**

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From malpractice claims (for beneficiaries in the professions)
- From other creditors' claims
- From the stress and delays of the average 6- to 9-month probate court process
- From financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- From litigation claims by disinherited heirs or other family in-fighting
- For parents only:* from relatives would be poor, abusive or even dangerous guardians or from foster care
- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- For special needs beneficiary only: from neglect in the government care system

### **Take Charge of Your Financial Future**

- Get your financial life organized
- Save for retirement using the right financial vehicles
- Ensure you are saving for your kids' or grandkids; college in the right way
- Ensure you have the right kind and amount of insurance or review what you have in place
- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- Have clarity about your life purpose, goals and dreams
- Have a plan to leave the world a better place
- Leave behind specific intellectual, spiritual, and human assets in addition to your financial assets
- For parents only:* by specifying the values, insights, stories and experiences you want to pass on to your children and how you want the money you leave behind used for your children
- For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a government-based lifestyle
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale.

## **IMPORTANT FAMILY QUESTIONS**

- YES**    **NO**   Are you making payments pursuant to a divorce or property settlement order? *Please furnish copies of these documents*
- YES**    **NO**   If married have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*
- YES**    **NO**   Do you own a business?
- YES**    **NO**   Do you own a long-term care insurance policy?
- YES**    **NO**   Do you own any property that is only in your name?
- YES**    **NO**   Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*
- YES**    **NO**   Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below*

- YES  NO Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.*
- YES  NO Have you served in any branch of the armed services or reserve? If so, please list dates and branch(es) of service. \_\_\_\_\_

Do you currently have a Personal Liability Umbrella Policy? If so, what is the coverage amount? Based on your assets is that amount still appropriate or should a larger amount now be considered?

**Additional information from above or anything else you would like to share with us**

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**INCOME/ASSET/LIABILITY INFORMATION**

Please list your income/asset/liability information in the appropriate section below.  
(Attach additional pages if necessary)

<b>INCOME</b>	<b><u>Husband</u></b>	<b><u>Wife</u></b>	<b><u>Joint</u></b>
Monthly Earned Income (wages):	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

**REAL PROPERTY**

Please list any interest in real estate including your family residence, vacation home, time-share or vacant land.  
(Please list the type of ownership – husband and wife, joint tenant, tenant in common, husband only, wife only)

<b>General Description and/or Address</b>	<b>Owner</b>	<b>Market Value</b>	<b>Equity</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

## PERSONAL PROPERTY

**Type:** List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property, including automobiles (indicate type below and give a lump sum value for miscellaneous, less valuable items).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	<i>Total</i>	_____

## BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

**TYPE:** Checking Account "CA", Saving Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRA's or 401(k)'s here. DO include 529 Plans or Other College Savings Accounts and Accounts held by your children.

Name of Institution and account numbers	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	<i>Total</i>	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

## STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

**Type:** list any and all stocks and bonds you own outside of retirement accounts.

If held in a brokerage account, lump tem together under each account. (*Indicate type below*) Do not include IRA's or 401(k)'s here

Stocks, Bonds or Investment Acct.	Type	Acct. #	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	<i>Total</i>	_____

## LIFE INSURANCE POLICIES AND ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Insurance Company	Type	Face Amount	Policy Owner	Life Insured	Current Beneficiaries	Pays Premium
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	<i>Total</i>	_____

## RETIREMENT ACCOUNTS

**Type:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(k), 403(b).

**ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Type of Plan	Plan Name	Misc. Information	Beneficiaries	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	<i>Total</i>	_____

## BUSINESS INTERESTS

**Type:** General and Limited Partnerships, Sole Proprietorships, privately owned corporations (C and S), professional corporations, Limited Liability Companies, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Business Name	Type	% Ownership	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	<i>Total</i>

## MONEY OWED TO YOU

**Type:** Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	<i>Total</i>	_____

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

**Type:** gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipated receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total estimated value \_\_\_\_\_

## OTHER ASSETS

**Type:** Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

## SUMMARY OF VALUES

ASSETS	Amount			Total
	Husband	Wife	Joint	
Real Property	_____	_____	_____	_____
Furniture & Personal Effects	_____	_____	_____	_____
Bank & Savings Accounts	_____	_____	_____	_____
Stocks & Bonds	_____	_____	_____	_____
Life Insurance & Annuities	_____	_____	_____	_____
Retirement Plans	_____	_____	_____	_____
Business Interests	_____	_____	_____	_____
Money Owed To You	_____	_____	_____	_____
Anticipated Inheritance	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____
<b>Total Financial Assets:</b>	_____	_____	_____	_____

## INTELLECTUAL ASSETS

### HUSBAND

High School     College     Graduate Degree     On the Job MBA (business owner)

### WIFE

High School     College     Graduate Degree     On the Job MBA (business owner)



**DESIGNATION INFORMATION**  
Persons to act for you if you are unable

**LONG-TERM GUARDIAN FOR MINOR CHILDREN:**

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would for the long-term.

**Name, Address and Phone Number**

**Relationship**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SHORT-TERM GUARDIAN FOR MINOR CHILDREN:**

If you have any children under the age of 18, list in order of preference who would be able to be immediately available to them (within 20-30 minutes) if you could not be located.

**Name, Address and Phone Number**

**Relationship**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**GUARDIAN FOR PETS**

**Name, Address and Phone Number**

**Relationship**

_____	_____
_____	_____

**Additional information from above or anything else you would like to share with us**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL DECISION MAKERS**

**Life Agent: If you are unable to make decisions for yourself, who would you want to make decisions for you with regard to your finances and property?**

**Name, Address and Phone Number**

**Relationship**

\_\_\_\_\_  
\_\_\_\_\_

**DEATH TRUSTEE: After both of your death, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?**

**Name, Address and Phone Number**

**Relationship**

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH CARE DECISION MAKERS**

**HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?**

**HUSBAND'S AGENT**

**Name, Address and Phone Number**

**Relationship**

\_\_\_\_\_  
\_\_\_\_\_

**Do you want to provide that your life not be unnecessarily prolonged by artificial means or measures?**

\_\_\_\_\_

**Do you want to provide that your organs and tissues should be made available for transplant purposes? Medical Purposes?**

\_\_\_\_\_

**WIFE'S AGENT**

**Name, Address and Phone Number**

**Relationship**

\_\_\_\_\_  
\_\_\_\_\_

**Do you want to provide that your life not be unnecessarily prolonged by artificial means or measures?**

\_\_\_\_\_

**Do you want to provide that your organs and tissues should be made available for transplant purposes? Medical Purposes?**

\_\_\_\_\_