

# ESTATE PLANNING WORKSHEET (Marital Trust)

Date: \_\_\_\_\_

**Husband's Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS # \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Wife's Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Own/Rent? \_\_\_\_\_

Home Phone # \_\_\_\_\_

Date and place you were married? \_\_\_\_\_

**Have you had any previous marriages? If yes, complete the following:**

**Husband's** former marriage(s):

1) Name of Former Spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date Marriage Ended: \_\_\_\_\_

Divorced  Widowed  Any children with this spouse? \_\_\_\_\_ If yes, list name(s) and date of birth(s): \_\_\_\_\_

\_\_\_\_\_

2) Name of Former Spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date Marriage Ended: \_\_\_\_\_

Divorced  Widowed  Any children with this spouse? \_\_\_\_\_ If yes, list name(s) and date of birth(s): \_\_\_\_\_

\_\_\_\_\_

*If more space is needed, please use reverse side*

**Wife's former marriage(s):**

1) Name of Former Spouse: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date Marriage Ended: \_\_\_\_\_  
 Divorced  Widowed  Any children with this spouse? \_\_\_\_\_ If yes, list name(s)  
and date of birth(s): \_\_\_\_\_  
\_\_\_\_\_

2) Name of Former Spouse: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date Marriage Ended: \_\_\_\_\_  
 Divorced  Widowed  Any children with this spouse? \_\_\_\_\_ If yes, list name(s)  
and date of birth(s): \_\_\_\_\_  
\_\_\_\_\_

**LIST CHILDREN OF *THIS* MARRIAGE HERE:**

1) Name: \_\_\_\_\_ Gender: M/F DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Gender: M/F DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
3) Name: \_\_\_\_\_ Gender: M/F DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
4) Name: \_\_\_\_\_ Gender: M/F DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

**DO EITHER OF YOU HAVE ANY CHILDREN WHO ARE NOW DECEASED?** If yes, please list here:  
\_\_\_\_\_ DOB \_\_\_\_\_ DOD \_\_\_\_\_ Husband/Wife(s) child  
\_\_\_\_\_ DOB \_\_\_\_\_ DOD \_\_\_\_\_ Husband/Wife(s) child

**DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS OR CIRCUMSTANCES? Y/N**

If yes, list Child's Name here: \_\_\_\_\_  
Nature of special circumstance:  Medical  Physical  Psychological  Educational  
 Substance abuse/addiction  Not financially responsible  Other  
Please explain special need or diagnosis \_\_\_\_\_

*If more space is needed, please use reverse side*

**LIST REAL PROPERTY YOU OWN HERE:**

Address	Approximate Value
_____	_____
_____	_____
_____	_____
_____	_____

*If more space is needed, please use reverse side*

**\*\*ESTIMATED VALUE OF REAL PROPERTY: \$ \_\_\_\_\_**

**LIST ALL BANK ACCOUNTS (CHECKING, SAVINGS, CD'S):**

Name of Institution	Account Type	Approximate Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If more space is needed, please use reverse side*

**\*\*ESTIMATED VALUE OF BANK ACCOUNTS: \$ \_\_\_\_\_**

**LIST ALL STOCKS OR BONDS NOT IN A BROKERAGE ACCOUNT:**

Name of Stock	Shares	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If more space is needed, please use reverse side*

**\*\*ESTIMATED VALUE OF STOCKS/BONDS: \$ \_\_\_\_\_**

**LIST MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS:**

Name of Firm or Fund/Account	Market Value
_____	_____
_____	_____
_____	_____

*If more space is needed, please use reverse side*

**\*\*ESTIMATED VALUE OF MUTUAL FUNDS: \$ \_\_\_\_\_**

**LIST IRA ACCOUNTS & COMPANY RETIREMENT PLANS:**

Custodian of Account	Account Type (IRA, 401K, 403b)	Account Owner Husband/Wife	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If more space is needed, please use reverse side*

**\*\*ESTIMATED VALUE OF IRA's/RETIREMENT PLANS: \$ \_\_\_\_\_**

**DO YOU OWN ANY INTEREST IN A BUSINESS(ES)? IF YES, PROVIDE THE FOLLOWING INFORMATION FOR EACH BUSINESS:**

- Sole Proprietorship
- S-Corp in which State \_\_\_\_\_
- C-Corp in which State \_\_\_\_\_
- LLC organized in which State \_\_\_\_\_
- LP organized in which State \_\_\_\_\_
- LLP organized in which State \_\_\_\_\_

Which of you holds the interest: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_%      Estimated Value of your interest \$ \_\_\_\_\_

*If more space is needed, please use reverse side*

**\*\*ESTIMATED VALUE OF BUSINESS ASSETS: \$ \_\_\_\_\_**

**LIST OTHER ASSETS OF VALUE:** (Valuables such as boats, antique cars, artwork, rare and/or very expensive items, oil or mineral rights, etc.)

Item	Estimated Value
_____	_____
_____	_____
_____	_____

*If more space is needed, please use reverse side*

<b>**ESTIMATED VALUE OF OTHER ASSETS:</b>	<b>\$</b> _____
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**TOTAL OF YOUR COMBINED ASSETS** – Carry the ESTIMATED VALUES\*\* from the above boxes to the lines below to determine your TOTAL COMBINED ASSETS:

<b>REAL PROPERTY .....</b>	<b>\$</b> _____
<b>BANK ACCOUNTS, CHECKINGS, SAVINGS, CD's, etc.....</b>	<b>\$</b> _____
<b>STOCKS &amp; BONDS NOT IN A BROKERAGE.....</b>	<b>\$</b> _____
<b>MUTUAL FUNDS &amp; BROKERAGE ACCOUNTS.....</b>	<b>\$</b> _____
<b>BUSINESS ASSETS.....</b>	<b>\$</b> _____
<b>OTHER ASSETS.....</b>	<b>\$</b> _____
<b>Total of above items.....</b>	<b>\$</b> _____

<b>TOTAL ESTIMATED VALUE OF YOUR ESTATE:</b>	<b>\$</b> _____
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**WHO DO YOU TRUST?** The two of you will be acting as Primary Trustees. If one of you becomes incapacitated, then the other spouse would act as the sole/surviving Trustee. If neither of you were able to manage your financial affairs due to illness, disability or death, who would you trust to manage your financial affairs? List at least two individuals below (preferably three) to handle these affairs. **The parties you list here will become your Successor Trustees and the Executors of your Wills.**

**PRIMARY TRUSTEES/EXECUTORS/AGENTS:**

1. The two of us OR if one of us dies, the survivor of us

**SUCCESSOR TRUSTEE/EXECUTOR/AGENT:**

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY:** If you were so ill you could not make health care decisions for yourself, who would you want to make those decisions for you? (Spouse would automatically be the first agent).

- Same as Successor Trustees       Other (complete the following)

***FOR HUSBAND:***

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

***FOR WIFE:***

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**GENERAL DISTRIBUTION**

Who do you want to receive your Estate after your death:

Your Child(ren) in equal shares      **OR**       Other, Complete Instructions below

Beneficiary's Name

Relationship

Share (%)

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**At what age would you like your child(ren) to receive their share of your estate?**

1) All at once when we both die?     Yes     No

2) OR, at what age?

Other: \_\_\_\_\_

**Would you like to plan for any charitable gifting?**     Yes     No

If 'YES', please describe: \_\_\_\_\_

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**If one of your beneficiaries dies before you, whom would you give the deceased's share to?**

The beneficiary's child(ren)     the surviving beneficiaries     your children

Other: \_\_\_\_\_

**Would you like to provide for any special gifts of cash, real property, or other to an institution, or a specific person?**

If yes, please describe: \_\_\_\_\_

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**DISINHERITANCE:**

Are there any of your heirs you plan to specifically omit?  No  Yes

If yes, please name/explain: \_\_\_\_\_  
\_\_\_\_\_

**GUARDIANSHIP OF YOUR MINOR CHILDREN, if applicable:** If you have a minor child, who would you want to care for them? Your surviving spouse would be the automatic person unless he/she is not the child(ren's) legal parent.

N/A no minor children)  Same as Successor Trustees  Other

If Other, please name:

1) Guardian: \_\_\_\_\_ Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2) Guardian: \_\_\_\_\_ Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**BURIAL INSTRUCTIONS:**

***For Husband:***

Discretion of executor  Will have a letter for executor  
 Prior arrangements have been made. Please explain briefly: \_\_\_\_\_  
\_\_\_\_\_

***For Wife:***

Discretion of executor  Will have a letter for executor  
 Prior arrangements have been made. Please explain briefly: \_\_\_\_\_  
\_\_\_\_\_