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ESTATE PLANNING WORKSHEET

This worksheet is given to all prospective clients. Please complete it to the best of your ability, and remember that all information conveyed in this worksheet is confidential. The information is designed to assist us in having a meaningful initial meeting. Not everything may be applicable to you, and we will review it together so if you have concerns or questions, or are unsure of anything, please just make a note of it!

Self: _____
First Middle Last Date of Birth

Spouse: _____
First Middle Last Date of Birth

Address: _____
House and Street City State Zip

Mailing Address: _____
(if different) House and Street City State Zip

Phone Numbers: Self - Home _____ Self- Cell: _____

Spouse - Home _____ Spouse - Cell: _____

Emails (if any) Self: _____ Spouse: _____

Preferred method of contact: Home Work Cell Email

Marital Status: Married Divorced Separated Single (including widowed)

(please mark appropriate box for client and spouse, if any) SELF SPOUSE

Do you presently have a will? Yes No Yes No

Do you presently have an individual trust? Yes No Yes No

Do you presently have a joint trust? Yes No

	SELF		SPOUSE	
Do you presently have a Power of Attorney?	Yes	No	Yes	No
Do you presently have a Health Care Proxy?	Yes	No	Yes	No

Please bring copies of any existing estate planning documents with you to our meeting.

Where there any previous marriages?	Yes	No	Yes	No
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Details: _____

Do you own a farm or business?

Are you a U.S. citizen?	Yes	No	Yes	No
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Are you a Veteran? If yes, which branch? _____	Yes	No	Yes	No
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Do you have a long-term care insurance policy?	Yes	No	Yes	No
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With which company? _____

Any serious illnesses, disabilities or health concerns?	Yes	No	Yes	No
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Any mental health illnesses or concerns?	Yes	No	Yes	No
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Any intended beneficiaries with mental health concerns?	Yes	No	Yes	No
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**CHILDREN, FAMILY, FRIENDS, CHARITIES, OTHERS WHO MAY BE RELEVANT
TO THE DISCUSSION OR PLANNING)** *attach additional sheets if necessary*

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____
Age _____

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____
Age _____

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____
Age _____

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____
Age _____

Name _____ **Relationship** _____
Address _____
Phone _____ Email _____
Age _____

INCOME INFORMATION (*attach additional sheets if necessary*)

Approximate values are acceptable to enable us to make the proper recommendations.

	SELF		SPOUSE	
Are you still working?	Yes	No	Yes	No

Employer (Self): _____

Employer (Spouse): _____

Approximate monthly income (Self): _____

Approximate monthly income (Spouse): _____

OTHER INCOME:

Social Security (Self) Monthly Amount \$ _____

Social Security (Spouse) Monthly Amount \$ _____

Pension (Self) Company: _____ Monthly Amount \$ _____

Pension (Spouse) Company: _____ Monthly Amount \$ _____

RMD (Self) Company: _____ Monthly Amount \$ _____

RMD (Spouse) Company: _____ Monthly Amount \$ _____

Other Income (Self) Describe: _____ Monthly Amount \$ _____

Other Income (Spouse) Describe: _____ Monthly Amount \$ _____

ASSET INFORMATION - DO NOT INCLUDE ACCOUNT NUMBERS

(attach additional sheets if necessary)

Please list asset information in the appropriate category below. Attach a separate page if necessary. While exact amounts are not necessary, a realistic estimate for each account is required to provide us with the information required to make the proper recommendations.

REAL ESTATE

Personal Residence Address: _____

Owned: Self only Spouse only Joint Other _____

Mortgage: Yes No Value (est.) \$ _____ Mortgage \$ _____

Vacant Land: _____

Owned: Self only Spouse only Joint Other _____

Mortgage: Yes No Value (est.) \$ _____ Mortgage \$ _____

Vacation Home: _____

Owned: Self only Spouse only Joint Other _____

Mortgage: Yes No Value (est.) \$ _____ Mortgage \$ _____

Other Real Property: _____

Owned: Self only Spouse only Joint Other _____

Mortgage: Yes No Value (est.) \$ _____ Mortgage \$ _____

BANK AND CREDIT UNION ACCOUNTS

1. Bank Name: _____ Approximate Value: \$ _____

Owned: Self only Spouse only Joint Other _____

Type of Account: Checking Savings CD Money Market

2. Bank Name: _____ Approximate Value: \$ _____

Owned: Self only Spouse only Joint Other _____

Type of Account: Checking Savings CD Money Market

3. Bank Name: _____ Approximate Value: \$ _____

Owned: Self only Spouse only Joint Other _____

Type of Account: Checking Savings CD Money Market

4. Bank Name: _____ Approximate Value: \$ _____
Owned: Self only Spouse only Joint Other _____
Type of Account: Checking Savings CD Money Market

BROKERAGE/INVESTMENT ACCOUNTS (NON-RETIREMENT MONEY ONLY)

5. Institution's Name: _____ Approximate Value: \$ _____
Owned: Self only Spouse only Joint Other _____

6. Institution's Name: _____ Approximate Value: \$ _____
Owned: Self only Spouse only Joint Other _____

7. Institution's Name: _____ Approximate Value: \$ _____
Owned: Self only Spouse only Joint Other _____

8. Institution's Name: _____ Approximate Value: \$ _____
Owned: Self only Spouse only Joint Other _____

LIFE INSURANCE

9. Company's Name: _____ Person Insured: _____
Death Benefit: \$ _____ Cash Value: \$ _____
Beneficiary/Beneficiaries: _____

10. Company's Name: _____ Person Insured: _____
Death Benefit: \$ _____ Cash Value: \$ _____
Beneficiary/Beneficiaries: _____

RETIREMENT ACCOUNTS

11. Institution's Name: _____ Approximate Value: \$ _____
Owned: Self only Spouse only Receiving Distributions? Yes No
Type of Account: IRA ROTH IRA 401(k) 403(b) Deferred Compensation
Beneficiary/Beneficiaries: _____

12. Institution's Name: _____ Approximate Value: \$ _____
Owned: Self only Spouse only Receiving Distributions? Yes No
Type of Account: IRA ROTH IRA 401(k) 403(b) Deferred Compensation
Beneficiary/Beneficiaries: _____

13. Institution's Name: _____ Approximate Value: \$ _____
Owned: Self only Spouse only Receiving Distributions? Yes No
Type of Account: IRA ROTH IRA 401(k) 403(b) Deferred Compensation
Beneficiary/Beneficiaries: _____

14. Institution's Name: _____ Approximate Value: \$ _____
Owned: Self only Spouse only Receiving Distributions? Yes No
Type of Account: IRA ROTH IRA 401(k) 403(b) Deferred Compensation
Beneficiary/Beneficiaries: _____

BUSINESS OWNERSHIP

15. Business Name _____ Owner(s): _____
Type: C Corp S Corp LLC Partnership Other
Description/details: _____

OTHER ASSETS:

APPOINTMENTS

(please include second page for spouse if applicable)

1. **Personal Representative (Executor)** ***NOTE: if not listed above, please provide legal name, address and phone number; you may name Co-Executors to serve together if you wish*

This person is responsible for offering your Will to the Surrogate's Court for probate, collecting assets, paying bills and making distributions in accordance with the provisions of your Will.

Executor: _____
Successor Executor: _____
Second Successor Executor: _____

2. **Health Care Proxy (Health Care Agent)** ***NOTE: only one Agent may be named at a time; you may have as many successors as you wish; if not listed above, please provide legal name address and phone number.*

This person makes medical decisions on your behalf if you become unable to do so.

Primary Agent: _____
Successor Agent: _____
Second Successor Agent: _____

3. **Power of Attorney Agent** ***NOTE: if not listed above, please provide legal name, address and phone number; you may name Co-Agents to serve together if you wish*

This person has authority over your finances, can be given broad powers to manage trusts, assets, beneficiary designations and gifting.

Primary Agent: _____
Successor Agent: _____
Second Successor Agent: _____

Provisions for Minors or Persons with Disabilities

1. **Guardian designation** ***NOTE: if not listed above, please provide legal name, address and phone number; you may name Co-Guardians to serve together if you wish*

This person is appointed by the Court and will have authority to assist the minor or the person with disabilities with day to day living.

Name: _____
Relationship to you: _____
Successor Guardian: _____
Relationship to you: _____

2. **Trustee** ***a Testamentary Trust comes into existence through your Will; the Trustee may be the same as the Executor but does not have to be. If not listed above, please provide legal name address and phone number. You may name co-Trustees if you wish.*

This person manages the assets that would otherwise be given to a person until a certain age or until that person is no longer disabled.

Trustee: _____
Successor Trustee: _____

OBJECTIVES FOR PLANNING

Please identify the primary objective in engaging in long term care planning (i.e., paying for care, asset preservation, providing for spouse or disabled children, etc.). There are no 'right' or 'wrong' answers, but understanding objectives will enable us to design the most suitable plan.

GENERAL QUESTIONS

NOTES AND QUESTIONS: Please note anything else which may be of importance in planning your estate, or note and questions you may have.
