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CONFIDENTIAL ESTATE PLANNING WORKSHEET

Date Completed: _____

Biographical Information

Full Legal Name: _____

Age: _____ DOB: _____

Address: _____

Employer: _____

Position: _____

Phone Numbers: Cell _____ Work _____

Email address: _____

Relatives

Spouse

Full Legal Name: _____

Age: _____ DOB: _____

Address: _____

Child

Full Legal Name: _____

Age: _____ DOB: _____

Address: _____

Children (if any): _____

Child

Full Legal Name: _____

Age: _____ DOB: _____

Address: _____

Children (if any): _____

Child

Full Legal Name: _____

Age: _____ DOB: _____

Address: _____

Children (if any): _____

Child

Full Legal Name: _____

Age: _____ DOB: _____

Address: _____

Children (if any): _____

Child

Full Legal Name: _____

Age: _____ DOB: _____

Address: _____

Children (if any): _____

Guardian for Minor Children

List up to three candidates to serve as guardian for your minor children (if applicable):

1. _____

2. _____

3. _____

Personal Representatives

List up to four candidates to manage your estate after you pass. This person will be in charge of managing your assets and debts and making disbursements to your heirs under you will.

1. _____

2. _____

3. _____

4. _____

Trustee

List up to four candidates to manage your estate and testamentary trust after you pass. This person would manage trusts for any minors, persons of an age you specify, or incapacitated persons, such as those with special needs.

1. _____
2. _____
3. _____
4. _____

Primary Beneficiaries

List percentages and names for primary beneficiaries.

	Percentage	Name
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Contingent Beneficiaries

Would you like a deceased beneficiary's share to go to his or her own children?

Yes No

Should a deceased beneficiary with no children have his or her share divided among the remaining beneficiaries?

Yes No

Powers of Attorney – Financial

List potential candidates to manage your property and finances if you are unable to act on your behalf:

1. _____
2. _____
3. _____
4. _____

Powers of Attorney – Medical and Mental Health

List potential candidates to make your medical decisions if you are unable to communicate:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Miscellaneous Questions:

- 1. Do you provide financial support to anyone other than yourself (relative or nonrelative)?

- 2. Do you wish to make any specific gifts of property or money to any charities, friends, or other relatives in your Will?

- 3. Do you expect to receive any gifts or inheritances in the future? Any idea as to value and nature (personal property, land, etc.) of same?

- 4. Have you or your spouse made any gifts in excess of \$15,000 to any person in any one year? If so, was a gift tax return filed?

- 5. Are you a beneficiary or the holder of a power of appointment under any trust, or do you expect to become a beneficiary of any trust?
