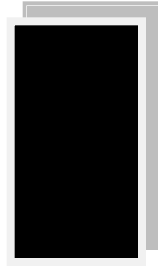


Estate Planning Worksheet



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It has been said that the primary gift a person can leave to their family and friends is a good and honorable name. Second to that is a well-constructed estate plan.

An estate plan itself is a gift to your family, not merely for the wealthy, but for each of us. It is a gift to have planned ahead for the continuity of our assets, their distribution, and the person we have entrusted to carry out our decisions when we are gone. We can also help our families through difficult times by making end of life decisions now through medical health directives.

1. FAMILY INFORMATION

Please print legibly.

Husband's Full Legal Name: _____

Other Names Used: _____

Occupation: _____

Primary Phone Number: _____

Primary Email Address: _____

Wife's Full Legal Name: _____

Other Names Used: _____

Occupation: _____

Primary Phone Number: _____

Primary Email Address: _____

Address

City

County

State

ZIP

Date and State of Marriage

Was husband previously married? Y or N

Children of previous marriage(s): _____

Was wife previously married? Y or N

Children of previous marriage(s): _____

List all Children and Grandchild. Copy Page 3 if additional space is needed.

Full Name of grand/child

Child of: _____

Date of Birth

Child's Spouse's Name, if Married

Address/phone/email of Child

List names, birthdates, and contact info for all children. Copy page 3 if necessary.

Full Name of grand/child Child of: _____ Date of Birth

Child's Spouse's Name, if Married

Address/phone/email of Child

Full Name of grand/child Child of: _____ Date of Birth

Child's Spouse's Name, if Married

Address/phone/email of Child

Full Name of grand/child Child of: _____ Date of Birth

Child's Spouse's Name, if Married

Address/phone/email of Child

Full Name of grand/child Child of: _____ Date of Birth

Child's Spouse's Name, if Married

Address/phone/email of Child

2. FINANCIAL INFORMATION SUMMARY

Use additional copies of this page if necessary.

REAL PROPERTY

1. List all real estate you own. Provide copies of deeds for all properties listed.

Address	City	County	State	ZIP
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Address	City	County	State	ZIP
---------	------	--------	-------	-----

Address	City	County	State	ZIP
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2. List any mineral (gas and oil) interests you own. Provide copies of deeds and leases for all interests listed.

Type	City	County	State
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Type	City	County	State
------	------	--------	-------

Type	City	County	State
------	------	--------	-------

Type	City	County	State
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BUSINESSES

3. List any partnerships in which you are involved.

Company	Ownership Percentage	Fair Market Value
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Company	Ownership Percentage	Fair Market Value
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4. List any sole proprietorships in which you are involved.

Business Name	Estimated Value of Business
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Business Name	Estimated Value of Business
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5. **List all shares of stock (corporate) or units (LLC) you own.**

Company	Number of Shares/Units	Fair Market Value Per Share
Company	Number of Shares/Units	Fair Market Value Per Share
Company	Number of Shares/Units	Fair Market Value Per Share

CASH, NOTES, & MORTGAGES

6. **List all checking accounts.**

Company/Bank	City, State
Last 4 digits of Account Number	Approx. Account Balance
Company/Bank	City, State
Last 4 digits of Account Number	Approx. Account Balance

7. **List all savings accounts.**

Company/Bank	City, State
Last 4 digits of Account Number	Approx. Account Balance
Company/Bank	City, State
Last 4 digits of Account Number	Approx. Account Balance

8. **List all bonds you own.**

Type	Value at Maturity
Type	Value at Maturity

QUALIFIED RETIREMENT ACCOUNTS

9. List all of your Qualified Retirement Accounts (IRAs, 401Ks, Annuities, etc.).

Company	Owner	Partial Account Number	Value
Company	Owner	Partial Account Number	Value
Company	Owner	Partial Account Number	Value
Company	Owner	Partial Account Number	Value

INSURANCE

10. List all insurance policies you have.

Company	Life Insured	Death Benefit Amount
Primary Beneficiary		Policy Number
Secondary Beneficiary		
Company	Life Insured	Death Benefit Amount
Primary Beneficiary		Policy Number
Secondary Beneficiary		

OTHER PROPERTY

11. List all vehicles you own.

Year	Make	Model
Year	Make	Model
Year	Make	Model

12. **List all valuable personally property you own (jewelry, art, lease income, etc.):**

Property Description	Estimated Value
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Property Description	Estimated Value
----------------------	-----------------

Property Description	Estimated Value
----------------------	-----------------

Property Description	Estimated Value
----------------------	-----------------

DEBT

13. **Estimate your debt from the following sources:**

Home Mortgage \$ _____

Investment Debt \$ _____

Consumer and Credit Card Loans \$ _____

Life Insurance Loans \$ _____

Other Debts \$ _____

TOTAL \$ _____

INCOME

14. **Estimate your annual income from the following sources:**

Husband's Earnings \$ _____

Wife's Earnings \$ _____

Savings and Investments Earnings \$ _____

Retirement Plan, Pensions, Etc. Distributions \$ _____

Social Security \$ _____

Other Sources \$ _____

3. FIDUCIARY NOMINATIONS

A **fiduciary** is a person or institution that has a special relationship of trust and confidence with another person. Due to this relationship, the fiduciary has a duty to treat that person with the utmost fairness in all dealings between them. These special duties are called **fiduciary duties**.

The **executor** and **trustee** have similar duties to manage and distribute the assets pursuant to the instructions in the controlling document. An **executor** has a fiduciary relationship to the estate and the beneficiaries of the estate, and as such owes them special duties. A **trustee** has a fiduciary relationship to the trust and the beneficiaries of the trust, and as such owes them special duties.

1. List the names and addresses of the individuals (i.e., spouse, sister, father, etc.) you would choose as **trustee** of your trust in the order you would like them to serve. Use additional copies if necessary.

1. _____
Name of Trustee

Address & Phone Number of Trustee

2. _____
Name of Trustee

Address & Phone Number of Trustee

3. _____
Name of Trustee

Address & Phone Number of Trustee

4. _____
Name of Trustee

Address & Phone Number of Trustee

5. _____
Name of Trustee

Address & Phone Number of Trustee

2. List the names and addresses of the individuals (i.e., spouse, brother, child, etc.) you would choose as the **executor** of your estate and the order in which they would serve.

1. _____
Name of Executor

Address and Phone Number of Executor

2. _____
Name of Executor

Address and Phone Number of Executor

3. _____
Name of Executor

Address and Phone Number of Executor

4. _____
Name of Executor

Address and Phone Number of Executor

5. _____
Name of Executor

Address and Phone Number of Executor

The **power of attorney** document grants a person nominated as **attorney in fact** the authority to make specific decisions (usually in regard to a person's financial matters) during his or her life. The **attorney in fact** owes a fiduciary duty to the person granting the power.

3. List the names and addresses of the individuals (i.e. spouse, mother, cousin, etc.) in the order you would choose them to serve as your **attorney in fact**.

1. _____
Name of Attorney in Fact

Address and Phone Number of Attorney in Fact

2. _____
Name of Attorney in Fact

Address and Phone Number of Attorney in Fact

3. _____
Name of Attorney in Fact

Address and Phone Number of Attorney in Fact

4. _____
Name of Attorney in Fact

Address and Phone Number of Attorney in Fact

5. _____
Name of Attorney in Fact

Address and Phone Number of Attorney in Fact

A person named **health care proxy** owes a special duty to the person for whom they are making medical decisions. The **health care proxy** typically only makes medical decisions when the individual is incapacitated. The **attorney in fact** and **health care proxy** can be, and often are, the same person.

4. List the names and addresses of the individuals (i.e., spouse, child, child, etc.) you would choose to serve as your **health care proxy**.

1. _____
Name of Health Care Proxy

Address and Phone Number of Health Care Proxy

2. _____
Name of Health Care Proxy

Address and Phone Number of Health Care Proxy

3. _____
Name of Health Care Proxy

Address and Phone Number of Health Care Proxy

4. _____
Name of Health Care Proxy

Address and Phone Number of Health Care Proxy

5. _____
Name of Health Care Proxy

Address and Phone Number of Health Care Proxy

Do you wish to be an organ donor? _____

Do wish to execute a do not resuscitate clause? _____

4. DISTRIBUTION OF YOUR ASSETS

1. Do you have any specific assets or monetary gifts that you wish to leave to a specific beneficiary? If so, please list these bequests with detail, describing the asset individually and setting out the specific beneficiary for each asset.

2. Except for assets listed in question #1, how would you like your assets divided (i.e. equally between my three children)?

3. Do you have any specific ideas on how you want your assets administered? For example, do you want to make certain bequests contingent on certain events, such as a beneficiary reaching a certain age?
