



PEARSON BOLLMAN LAW

ESTATE PLANNING WORKSHEET

Pearson Bollman Law helps families plan for life, deal with death, preserve wealth, and protect inheritances. Our clients engage us when planning for the two most important aspects of their lives:

Everything they own and everyone they love.

Thank you for choosing Pearson Bollman Law.

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE COMPLETE AS MUCH OF THE WORKSHEET AS POSSIBLE PRIOR TO YOUR APPOINTMENT.

PEARSON BOLLMAN LAW

1415 28th STREET | SUITE 160 | WEST DES MOINES, IA 50266

P: 515-727-0986 | F: 866-836-7223

www.pearsonbollmanlaw.com

PERSONAL INFORMATION

Client's Legal Name _____

(name most often used to title property and accounts)

Also Known As _____

(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

County of Residence _____ Cell Phone _____ Home Phone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ ☐ It is okay to communicate with me via my E-mail address.

☐ Divorced ☐ Widowed ☐ Single

CHILDREN AND/OR OTHER FAMILY MEMBERS

Use full legal name:

Name	Gender	Birth date	Parent or Relationship
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• _____

Address & Phone #: _____

Name	Gender	Birth date	Parent or Relationship
------	--------	------------	------------------------

• _____

Address & Phone #: _____

Name	Gender	Birth date	Parent or Relationship
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• _____

Address & Phone #: _____

Name	Gender	Birth date	Parent or Relationship
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ADVISORS

<i>Name</i>	<i>Telephone</i>
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

YOUR CONCERNS

Please rate the following as to how important they are to you:

(*H* high concern, *S* some concern, *L* low concern, *N/A* no concern or not applicable)

Description	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	_____
Providing for and protecting children.	_____
Providing for and protecting grandchildren.	_____
Disinheriting a family member.	_____
Providing for charities at the time of death.	_____
Plan for the transfer and survival of a family business.	_____
Avoiding or reducing your estate taxes.	_____
Avoiding probate.	_____
Reduce administration costs at time of your death.	_____
Avoiding a conservatorship (“living probate”) in case of a disability.	_____
Avoiding will contests or other disputes upon death.	_____
Protecting assets from lawsuits or creditors.	_____
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	_____
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	_____
Protecting children’s inheritance from the possibility of failed marriages.	_____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____

Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

(Please check “Yes” or “No” for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else’s trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

[illegible]

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING

The Property Information Checklist

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings, you may own more property than can be listed on this checklist. If so, attach **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If own property in your name only	I
Joint Tenancy with someone, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

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If possible, please provide copies of deeds and timeshare ownership information.

FURNITURE AND PERSONAL EFFECTS

AUTOMOBILES, BOATS AND RVs

BANK ACCOUNTS

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

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, 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. If available, please provide copies of corporate documents (e.g., Bylaws, Operating Agreement, Stock Certificates).

MONEY OWED TO YOU

Total _____

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 JUDGEMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate 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*		
	Client	Other's	Total Value
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

**Values for property owned with other put your percentage in client's column and other's percentage in other's column.*

DESIGN INFORMATION

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself,
who would you want to make those decisions for you?

CLIENT'S FINANCIAL AGENT

Name, Address and Phone	Relationship	Instructions or Guidelines
First: _____ _____	_____ _____	_____ _____
Successor: _____ _____	_____ _____	_____ _____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____

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?

CLIENT'S HEALTH CARE AGENT

Name, Address and Phone	Relationship	Instructions or Guidelines
First: _____ _____	_____ _____	_____ _____
Successor: _____ _____	_____ _____	_____ _____

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preferences who you wish to be guardian:

Name and Address	Relationship
_____ _____	_____ _____