

# Fledgling Plan Worksheet

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Fields and Dennis, LLP  
Estate and Trust Planning

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

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR  
NEXT APPOINTMENT VIA MAIL OR FAX.

**Part I  
Personal Information**

Client's Full 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 \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

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

**Parents, Children and Other Family Members Relevant to Fledgling Plan**

*Use full legal name:*

| Name            | Birth date | Relationship |
|-----------------|------------|--------------|
| _____           | _____      | _____        |
| Comments: _____ | _____      | _____        |
| _____           | _____      | _____        |
| Comments: _____ | _____      | _____        |
| _____           | _____      | _____        |
| Comments: _____ | _____      | _____        |

**Advisors**

| Name                       | Telephone |
|----------------------------|-----------|
| Personal Attorney _____    | _____     |
| Accountant _____           | _____     |
| Financial Advisor _____    | _____     |
| Life Insurance Agent _____ | _____     |

**Part II**

**Property Information**

**Instructions for Completing the Property Information checklist:**

**General Headings**

This *Property Information* checklist is to help you list all the property you own and what it is worth. You probably won't own property under all the headings; if not, just leave those blank.

**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 using the following abbreviations:

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

**Real Property**

**TYPE:** List any Real Estate or Property addresses which is deeded in your name, either solely or jointly:

|       | Owner        | Market Value |
|-------|--------------|--------------|
| _____ | _____        | _____        |
|       | <i>Total</i> | _____        |

**Furniture and Personal Effects**

**TYPE:** List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

| Type or Description                                   | Owner        | Market Value |
|---|--------------|--------------|
| Miscellaneous Furniture and Household Effects (Total) | _____        | _____        |
| _____   | _____        | _____        |
| _____   | _____        | _____        |
|   | <i>Total</i> | _____        |

**Automobiles, Boats, and RVs**

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

\_\_\_\_\_

\_\_\_\_\_

**Bank Accounts**

**TYPE:** Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*). Do not include IRAs or 401(k)s here

| Name of Institution and account number | Type  | Owner        | Amount |
|--|-------|--------------|--------|
| _____                                  | _____ | _____        | _____  |
| _____                                  | _____ | _____        | _____  |
| _____                                  | _____ | _____        | _____  |
|  |       | <i>Total</i> | _____  |

Note: If Account is in your name (or your spouse’s name) for the benefit of a minor, please specify and give minor’s name.

| Name of Device/Website | Username | Password |
|------------------------|----------|----------|
| _____                  | _____    | _____    |
| _____                  | _____    | _____    |
| _____                  | _____    | _____    |
| _____                  | _____    | _____    |
| _____                  | _____    | _____    |
| _____                  | _____    | _____    |

**Stocks and Bonds**

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

| Stocks, Bonds or Investment Accounts | Type  | Acct. Number | Owner | Amount |
|--------------------------------------|-------|--------------|-------|--------|
| _____                                | _____ | _____        | _____ | _____  |
| _____                                | _____ | _____        | _____ | _____  |
| _____                                | _____ | _____        | _____ | _____  |
| <i>Total</i>                         |       |              |       | _____  |

**Life Insurance Policies and Annuities**

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

|              |  |  |  |       |
|--------------|--|--|--|-------|
| _____        |  |  |  |       |
| _____        |  |  |  |       |
| _____        |  |  |  |       |
| <i>Total</i> |  |  |  | _____ |

**Retirement Plans**

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

|              |  |  |  |       |
|--------------|--|--|--|-------|
| _____        |  |  |  |       |
| _____        |  |  |  |       |
| _____        |  |  |  |       |
| <i>Total</i> |  |  |  | _____ |

**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.

|       |
|-------|
| _____ |
| _____ |

**Total** \_\_\_\_\_

**Anticipated Inheritance, Gift, or Lawsuit Judgment**

**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 |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Total** \_\_\_\_\_

**Summary of Values**

| Assets                         | Amount* |         | Total Value |
|--------------------------------|---------|---------|-------------|
|                                | Client  | Other's |             |
| Furniture and Personal Effects | _____   | _____   | _____       |
| Real Estate                    | _____   | _____   | _____       |
| 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                   | _____   | _____   | _____       |
| <b>Total Assets:</b>           | _____   | _____   | _____       |

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

**Part III**  
**Design Information**

**PERSONS TO ACT FOR YOU:**

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

| Name and Address | Relationship |
|------------------|--------------|
| _____            | _____        |
| _____            | _____        |

**INITIAL TRUSTEE(S):** Usually you will be the Trustee of your own trust. Allows you to control all of your assets as before.

| Name and Address | Relationship |
|------------------|--------------|
| _____            | _____        |
| _____            | _____        |

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

| Name and Address | Relationship |
|------------------|--------------|
| _____            | _____        |

**DEATH TRUSTEE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

| Name and Address | Relationship |
|------------------|--------------|
| _____            | _____        |
| _____            | _____        |

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

| Name  | Relationship | Instructions or Guidelines |
|-------|--------------|----------------------------|
| _____ | _____        | _____                      |
| _____ | _____        | _____                      |

**WILL:** Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? \_\_\_\_ Do you want to provide that your organs and tissues should be made available for transplant purposes? \_\_\_\_\_

**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?

| Name  | Relationship | Instructions or Guidelines |
|-------|--------------|----------------------------|
| _____ | _____        | _____                      |
| _____ | _____        | _____                      |

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?  Yes  No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?  Yes  No Page 6

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS**

**USE OF PERSONAL PROPERTY MEMORANDUM:** Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later?  Yes  No

Any property not listed on the memorandum should be distributed to:

- Children equally.  To the balance of the trust.
- Other named individuals. List on next line.

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**SPECIFIC GIFTS:** List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

**Individual or Charity**

**Amount or Property**

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## DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH

- DIVIDE EQUALLY BETWEEN MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

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**REMOTE CONTINGENT BENEFICIARY:** Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To my heirs-at-law.
- To the following named individuals and/or charities:

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**OTHER ITEMS TO INCLUDE OR DISCUSS:** Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want included or want to discuss: