

## **SD Probate Concierge Estate Planning Worksheet**

### **SDprobateconcierge.com**

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### Get Started on the Path to Protecting Your Loved Ones

# **Section 1: Personal Information** Full Name: Date of Birth: • Spouse's Name (if applicable): Date of Birth: Primary Contact Information: o Address:\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_ o Email:\_\_\_\_\_

### **Section 2: Executor & Trustee Information**

The executor or trustee will be responsible for carrying out your wishes after you're gone. Choose a trustworthy and reliable individual for these important roles.

•	Executor (Name & Contact Info):
•	Backup Executor (Name & Contact Info):
•	Trustee (Name & Contact Info, if applicable):
•	Backup Trustee (Name & Contact Info, if applicable):

### Section 3: Will & Trust Information

Will: A will outlines your wishes for how your estate will be distributed after your death.

- Do you currently have a will? (Yes/No)
- Do you want to create or update your will? (Yes/No)
- Location of current will:

**Trust:** A trust is a legal document that allows you to transfer assets to a trustee for the benefit of your beneficiaries.

- Do you currently have a trust? (Yes/No)
- Do you want to create or update your trust? (Yes/No)
- Location of current trust:

Section	4: Bene	ficiary In	formation
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<b>Primary Beneficiaries:</b>	These are the	individuals of	r entities	that will	receive y	our es	tate a	fter
your passing.								

your passing.	
• Name	:
0	Relationship:
0	Percentage of Estate:
(Repeat for ac	dditional primary beneficiaries.)
	eneficiaries: These are your backup beneficiaries in case any primary are unable to receive the estate.
• Name	:
0	Relationship:
0	Percentage of Estate:
(Repeat for ac	dditional secondary beneficiaries.)
Section 5:	Asset Overview
Make a list of estate plan.	your major assets and their locations to ensure everything is accounted for in you
• Real E	estate Properties:
0	Address:

0	Estimated Value:
0	Ownership Type (e.g., sole, joint with spouse):
(Repeat for ac	dditional properties.)
Bank A	Accounts:
0	Bank Name:
0	Account Type (checking/savings):
0	Approximate Balance:
	dditional accounts.)
• invest	ments:
0	Investment Type (e.g., stocks, bonds, retirement accounts):
0	Account Numbers (if applicable):
0	Approximate Value:

(Repeat for additional investments.)

• Personal Property (e.g., cars, jewelry, art):

0	Description:
0	Estimated Value:
(Repeat for ad	lditional items.)
Section 6: \$	Special Instructions
• Funera	al and Burial Wishes:
0	Preferred Funeral Home:
0	Cremation or Burial Preference:
0	Any specific funeral arrangements you'd like to include:
• Charit	able Donations:
0	Charities/Organizations to Receive Donations:
0	Amount/Percentage of Estate:
Other	Special Requests (e.g., care for pets, guardianship for children):
These docume	Healthcare & Financial Power of Attorney ents grant someone you trust the authority to make decisions on your behalf in the become incapacitated.
• Health	care Power of Attorney (POA):
0	Name of Designee:
0	Contact Information:

•	Finan	cial Power of Attorney (POA):			
	Name of Designee:				
	o Contact Information:				
	0	Specific Financial Decisions You Want Covered (e.g., managing accounts, paying bills):			
Now t	hat you	Final Steps & Next Steps  've completed your Estate Planning Worksheet, here are the next steps to ensure are legally binding:			
Now t	hat you	•			
1.	. Schedule a meeting with an estate planning attorney to discuss your options ar your will and trust drafted.				
2.	Revie	w beneficiaries to ensure they are up-to-date with your current life circumstances.			
•	Secure copies of your estate documents in a safe place (such as a safety do box) and ensure your executor and family members know where they are locat				
		re copies of your estate documents in a safe place (such as a safety deposit			
	box) a	re copies of your estate documents in a safe place (such as a safety deposit			

• Reach out to your estate planning attorney.

• Make sure your documents are signed, notarized, and stored securely.

• Specific Wishes for Healthcare (e.g., life support, organ donation):

Inform your loved ones of your plans and ensure they know how to access your documents when needed.					