

# Law Office of Pia J. Miller, PLLC

## Estate Planning Worksheet

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USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE AT LEAST ONE WEEK PRIOR TO YOUR APPOINTMENT.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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**Part I**  
**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)

He/Him/His    She/Her/Hers   DOB \_\_\_\_\_   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

**Children and Other Family Members**

*(Use full legal name).*

<b>Name</b>	<b>Date of Birth</b>	<b>Parent or Relationship</b>
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_____	_____	_____
Home Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	

_____	_____	_____
Home Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	

_____	_____	_____
Home Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	

_____	_____	_____
Home Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	

**Advisors**

	<b>Name</b>	<b>Telephone</b>
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 Concerned, *L*= Low Concern, *N/A*= No Concern or not applicable).

Description	Concern Level
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 in the event of a failed marriage(s).	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	

Other Concerns (Please list below):

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## Important Family Questions

(Please check “Yes” or “No” for your answers)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>If Yes, describe below:</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 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 financial support to adult children or others?		

### **Additional Information**

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## Part II Property Information

### Instructions for completing the Property Information checklist:

#### General Headings

This **Property Information** checklist helps 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. 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.	?

### Real Property

**TYPE:** Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	<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
<i>Miscellaneous Furniture and Household Effects (Total)</i>		
_____	_____	_____
_____	_____	_____
_____	<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:

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## 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
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<b>Total:</b>			<hr/>

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

## Stocks and Bonds

**TYPE:** List 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
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Total:</b>				<hr/>

## 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.

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**Total:** 

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### 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.

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

### 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.

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

### Money Owed To You

**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 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:** \_\_\_\_\_

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*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

<b>Assets</b>	<b>Amount*</b>		<b>Total Value</b>
	<b>Client</b>	<b>Others</b>	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RVs	_____	_____	_____
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(s), put your percentage in Client's column and other's percentage in Others column.*

**Comments:**

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## 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	Address	Relationship
_____	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		
_____	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		

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

Name	Address	Relationship
_____	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		
_____	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		

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

Name	Address	Relationship
_____	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		
_____	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		

**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	Address	Relationship
_____	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		
_____	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		

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

Name	Pronoun	Relationship	Instructions or Guidelines
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

**Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?**

Yes     No

**Gifting Power Details:** \_\_\_\_\_

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**LIVING WILL:**

**Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?**  Yes  No **Do you want to provide that your organs and tissues should be made available for transplant purposes?**  Yes  No

**HEALTH CARE:**

**If you were unable to make decisions for yourself, who would you want to make decisions for you about medical treatment?** \_\_\_\_\_

<b>Name</b>	<b>Pronoun</b>	<b>Relationship</b>	<b>Instructions or Guidelines</b>
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

**Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than a 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

**In making distributions during any period of time that the client is incapacitated, the Successor Trustee shall give primary consideration to:**

- Your needs, and then needs of others dependent upon you.
- Your needs and the needs of others dependent upon you equally.

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS**

**USE OF PERSONAL PROPERTY MEMORANDUM:** Do you want to include 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 below).

\_\_\_\_\_  
\_\_\_\_\_

**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**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



