ESTATE PLANNING WORKSHEET

Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. Preparation of this worksheet is not mandatory prior to the initial appointment with us, but if we are able to review the completed worksheet prior to your appointment, more information and value will be received during the complimentary initial consultation.

WE OFFER A FREE NO-OBLIGATION CONSULTATION

During the initial consultation, we will determine your specific estate planning goals, needs, circumstances, and concerns. We will analyze the potential cost, burden, and expense of probate and estate tax likely under your current plan, if any, and we will consider methods of accomplishing your goals without or with less cost, burden, and expense. In crafting, drafting, and implementing your plan, we will employ strategies and tactics designed and intended to facilitate your intentions regarding Aging in Place, if necessary. We will provide you an exact quote in writing regarding attorney fees for estate planning before you authorize completion of your estate plan.

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ESTATE PLANNING WORKSHEET

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If you are married and all information on this worksheet is the same for you and your spouse, complete one worksheet. Where answers differ, use the **You** and **Spouse/Partner** columns. Unmarried couples may use the worksheet just as married couples, but please be sure to mark your status correctly, as it significantly affects the application of tax and benefit rules. If you are single, simply leave the Spouse/Partner column blank.

We do not ask for account numbers, balances, or other detailed financial information on this worksheet. If your plan calls for it, we will ask at your appointment.

Date	How did you hear about us? Referred by

YOU

First	Middle	Last	Date of Birth

Cell Phone	Email

SPOUSE/PARTNER

First	Middle	Last	Date of Birth

Cell Phone	Email

HOME ADDRESS

Street	City	State	Zip

County	Landline (if any)

STATUS

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Domestic Partners ☐ Common Law*

*Ohio does not recognize common-law marriages formed after October 10, 1991, but recognizes those formed earlier or validly established in another state.

TIMING

How soon would you like to complete planning? Is there a specific deadline or circumstance, such as an upcoming trip, surgery, or hospital stay?

MEETING WITH US

Do you need any accommodations to meet with us? ☐ Large print ☐ Hearing assistance ☐ Interpreter (language: _____) ☐ Home or hospital visit ☐ Zoom or telephone

YOUR GOALS AND CIRCUMSTANCES

What is your primary motivation for considering estate planning? *(Select one or more)*

☐ Probate Avoidance	☐ Guardianship Risk Reduction
☐ Aging in Place	☐ Reducing Institutionalization Risk
☐ Ease of Administration	☐ Reduce Risk of Contest
☐ Guardianship for Minor Children	☐ Business or Farm Succession Planning
☐ Nursing Home Protection	☐ Asset Protection (Liability/Creditors)
☐ Veterans Benefits (Aid & Attendance)	☐ Special Needs/Gov't Benefits Planning
☐ Federal Estate Tax Planning	☐ Gifting Assets Now (Including the Home)
☐ Providing for a Pet	☐ Other: _____

	You	Spouse/Partner
YOUR CURRENT DOCUMENTS		
Do you presently have a will?	☐ Yes ☐ No	☐ Yes ☐ No
Do you presently have a trust?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a financial power of attorney?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a health care power of attorney and living will?	☐ Yes ☐ No	☐ Yes ☐ No
Has an attorney reviewed your beneficiary designations (IRA, 401(k), life insurance, annuities)?	☐ Yes ☐ No	☐ Yes ☐ No
Is anyone currently handling your finances or acting for you under a power of attorney?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, who, and since when?	_____	_____
Have you signed a new will, trust, deed, power of attorney, or beneficiary change in the past two years?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, who arranged it?	_____	_____
FAMILY		
Were there any previous marriages?	☐ Yes ☐ No	☐ Yes ☐ No
Are any of your children not from your current marriage?	☐ Yes ☐ No	☐ Yes ☐ No
Do any of your children or other beneficiaries have disabilities or receive government benefits?	☐ Yes ☐ No	☐ Yes ☐ No
Are you a U.S. citizen?	☐ Yes ☐ No	☐ Yes ☐ No
Have you entered into any agreement with your spouse (such as a prenuptial or postnuptial agreement)?	☐ Yes ☐ No	☐ Yes ☐ No
Does a divorce decree require you to keep life insurance or leave property to a former spouse or to children?	☐ Yes ☐ No	☐ Yes ☐ No
Does anyone depend on you for support or housing (for example, an adult child living with you, grandchildren you are raising, or a parent you support)?	☐ Yes ☐ No	☐ Yes ☐ No
PROPERTY		
Do you own a home?	☐ Yes ☐ No	☐ Yes ☐ No
Do you own real estate in any state other than Ohio or Missouri?	☐ Yes ☐ No	☐ Yes ☐ No

	You	Spouse/Partner
If yes, which state(s)?	_____	_____
Do you own any account or property jointly with someone other than your spouse (for example, a child on a bank account or deed)?	☐ Yes ☐ No	☐ Yes ☐ No
Do you own a farm, business, or rental properties?	☐ Yes ☐ No	☐ Yes ☐ No
If in an LLC, FLP, or corporation, the name:	_____	_____
If yes, do any of your children work in the business with you?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, does that child have an ownership interest?	☐ Yes ☐ No	☐ Yes ☐ No
Do you receive oil, gas, or mineral royalties?	☐ Yes ☐ No	☐ Yes ☐ No
Do you own cryptocurrency or online accounts with value?	☐ Yes ☐ No	☐ Yes ☐ No
Do you own firearms that you want to pass to family?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a reverse mortgage?	☐ Yes ☐ No	☐ Yes ☐ No

	You	Spouse/Partner
LONG-TERM CARE, GIFTS, AND PROTECTION		
Are you concerned about the cost of nursing home or other long-term care?	☐ Yes ☐ No	☐ Yes ☐ No
Do you own a long-term care (nursing home) insurance policy?	☐ Yes ☐ No	☐ Yes ☐ No
If yes: Partnership plan? Return of premium or death benefit?	☐ Yes ☐ No	☐ Yes ☐ No
Are you considering giving assets to your children or others now, especially your home?	☐ Yes ☐ No	☐ Yes ☐ No
Have you given away or transferred any significant asset, including a home, in the last five years?	☐ Yes ☐ No	☐ Yes ☐ No
Have gift tax returns ever been filed to report gifts you made?	☐ Yes ☐ No	☐ Yes ☐ No
Are you concerned about liability or creditor (asset) protection?	☐ Yes ☐ No	☐ Yes ☐ No
Are you interested in reducing estate taxes?	☐ Yes ☐ No	☐ Yes ☐ No
Have you prepaid funeral arrangements or bought a burial plot?	☐ Yes ☐ No	☐ Yes ☐ No

JOINT OR SEPARATE PROPERTY

Do you hold everything jointly with your spouse, or is some property separate?

☐ All joint (except IRAs, pensions, retirement accounts, and: _____) ☐ Some separate

ESTATE VALUE

If you added the value of everything owned by you and your spouse, including real estate, bank and investment accounts, retirement accounts (IRAs, 401(k)s), and other property, but not life insurance death benefits, what is the approximate total? *An estimate is fine.*

Approximate total value of estate ($)

OTHER CIRCUMSTANCES

Are you expecting or anticipating a substantial inheritance?	☐ Yes ☐ No	☐ Yes ☐ No
Are you concerned about the estate or financial plan of another person that might affect you, such as a parent or child?	☐ Yes ☐ No	☐ Yes ☐ No

If yes, relationship: _____

HEALTH

Do you or any family member or potential beneficiary have any serious health problems? If yes, please describe briefly:

	You	Spouse/Partner
Has a doctor raised any concern about your memory?	☐ Yes ☐ No	☐ Yes ☐ No
Organ and tissue donation:	☐ Yes ☐ No ☐ Undecided	☐ Yes ☐ No ☐ Undecided

FAITH AND PERSONAL VALUES

Do you have religious, ethical, or cultural wishes that should be reflected in your planning (for example, a profession of faith incorporated into your will or trust; funeral or burial wishes; or medical directives, such as a Jehovah's Witness's directive refusing transfusions of whole blood or its primary components, with blood fractions left to individual conscience)? ☐ Yes ☐ No If yes, describe:

DID YOU KNOW?

An *estimated* 1.3 million adults live under guardianship, with about $50 billion in assets under court control. The number is an estimate because there is no national registry. Many courts do not collect or report the data that Congress and federal investigators have repeatedly sought, so no one can measure the full scope of guardianship abuse.

Source: U.S. Senate Special Committee on Aging, March 30, 2023

MILITARY SERVICE

Wartime military service may qualify a veteran, or the surviving spouse of a veteran, for VA benefits, including a pension with Aid & Attendance that helps pay for care at home, in assisted living, or in a nursing home. Please provide complete dates of service.

YOUR SERVICE

	You	Spouse/Partner
Have you served in the U.S. Armed Forces (including Reserve or National Guard service on federal active duty)?	☐ Yes ☐ No	☐ Yes ☐ No
Branch of service		
Date entered active duty (month/year)		
Date separated from active duty (month/year)		
Type of discharge	☐ Honorable ☐ Other	☐ Honorable ☐ Other
Do you have a copy of your discharge papers (DD-214)?	☐ Yes ☐ No	☐ Yes ☐ No
Do you now receive VA disability compensation or a VA pension?	☐ Yes ☐ No	☐ Yes ☐ No

DECEASED SPOUSE'S SERVICE

Complete this part if you were married to someone who has died, whether or not you have since remarried.

	You	Spouse/Partner
Name of deceased spouse		
Date of death		
Did your deceased spouse serve in the U.S. Armed Forces?	☐ Yes ☐ No	☐ Yes ☐ No
Branch of service		
Date entered active duty (month/year)		
Date separated from active duty (month/year)		
Were you married to and living with that spouse at the time of death?	☐ Yes ☐ No	☐ Yes ☐ No
Have you remarried since that spouse's death?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have the DD-214, marriage certificate, and death certificate?	☐ Yes ☐ No	☐ Yes ☐ No
Do you now receive VA survivor benefits?	☐ Yes ☐ No	☐ Yes ☐ No

DID YOU KNOW?

In 2023–24, 38.2 million people age 15 and older provided unpaid eldercare. On days they provided it, they spent an average of 3.9 hours. Caregivers caring for someone in their own household averaged 3.2 hours a day; those caring for someone in another household averaged 32 minutes.

Source: Bureau of Labor Statistics, American Time Use Survey, September 25, 2025

CHILDREN OR OTHER BENEFICIARIES

Name	City, State	Phone	Date of Birth	Child of You, Spouse, or Both?

Include stepchildren and anyone else you may wish to benefit. Note any beneficiary who has died, and that person's children.

FAMILY CIRCUMSTANCES

	You	Spouse/Partner
Are you concerned that any child or other beneficiary will be unable or unwilling to manage an inheritance properly (for example, because of age, disability, addiction, debts, divorce, or spending habits)?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, who and why: _____		
Do you want a child's inheritance protected from that child's spouse, a divorce, or creditors?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, which child: _____		
Are you intentionally leaving out any of your children or grandchildren as beneficiaries?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, who and relationship: _____		
Is anyone estranged from you or from other members of your family?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, who and relationship: _____		

THIRD-PARTY AUTHORIZATION

Besides you, may we speak with, or deliver documents to, anyone else about your plan? ☐ Yes ☐ No

If yes, name	Relationship

APPOINTMENTS

If you are married, we assume each of you names the other first unless you tell us otherwise. **Below, list who should serve after your spouse,** or first if you are single. The same person may serve in more than one role, and often should. If you and your spouse choose differently, write *(You)* or *(Spouse)* after the name.

☐ We do **not** want our spouse named first. *(Please explain on the last page.)*

1. **FINANCIAL DECISIONS.** Who do you want to make financial decisions if you can't? *(Your agent under a financial power of attorney and, if you have a trust, your successor trustee.)*

	Name	City	State	Cell Phone
1st				
2nd				
3rd				

2. **MEDICAL DECISIONS.** Who do you want to make medical decisions for you if you are unable? *(Your health care agent.)*

	Name	City	State	Cell Phone
1st				
2nd				
3rd				

3. **SETTLING YOUR ESTATE.** Who do you want to settle your estate (make financial decisions after your passing)? *(Your executor and, if you have a trust, your successor trustee after death.)*

	Name	City	State	Cell Phone
1st				
2nd				
3rd				

4. **GUARDIAN.** If a guardian is ever needed for you, whom do you nominate?

   ☐ My first choice for financial decisions ☐ Other: _____

5. **PERSONAL PHYSICIAN.** Who is your primary doctor? *(We may name your physician to confirm incapacity if that question ever arises.)*

   You: _____

   Spouse/Partner: _____

6. **EXCLUSIONS.** Is there anyone you do **not** want making decisions for you under any circumstances? ☐ Yes ☐ No

   If yes, who and relationship: _____

7. **CONTACT.** Is there anyone named anywhere in this worksheet with whom you have not spoken in the past year? ☐ Yes ☐ No

   If yes, who: _____

PLAN OF DISTRIBUTION

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a house of worship or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child? Attach additional sheets if necessary.

2. **PRIMARY DISTRIBUTION.** Briefly describe how you want assets remaining after any specific gifts to be distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

   ☐ **All to spouse; then equally among children, and if a child doesn't survive, the deceased child's children take that child's share.**

   ☐ **All to spouse; then equally among surviving children.**

   ☐ **All to spouse; then**

   ☐ **As follows:**

3. **SURVIVING SPOUSE.** Do you want any conditions, restrictions, or limitations on your surviving spouse? For example, preventing your spouse from leaving assets to anyone other than your children and grandchildren, or from disinheriting a child or stepchild. ☐ Yes ☐ No

   If yes, describe:

4. **ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if neither you, your spouse, nor your children or other beneficiaries named above survive (for example, a charity or charities). If you have no plan, we will direct distribution to your closest living relatives under the intestacy law of the state where you live.

5. **PETS.** Do you have pets you want cared for after your death or incapacity? ☐ Yes ☐ No If yes, who should care for them?

DID YOU KNOW?

About 40 percent of older adults sent to a nursing facility for "rehab" never go home.

Source: "The Myth of Rehab for Hospitalized Seniors: Forty Percent Never Return Home," Aging in Place Planning blog (Dec. 2, 2019), reporting a 2016 study in Annals of Surgery

DID YOU KNOW?

In stays of 35 days or less, about one in three Medicare patients in a skilled nursing facility is harmed by the care itself. Many of those harms are permanent. Some are fatal. Most were preventable. Spread across a year, that is on the order of 250,000 seniors harmed and 20,000 killed in nursing home rehab.

Source: HHS Office of Inspector General, Adverse Events in Skilled Nursing Facilities (2014); see also Aging in Place Planning blog (May 1, 2026)

MINOR BENEFICIARIES OR BENEFICIARIES WITH DISABILITIES

Please complete this section only if it applies to you.

1. **GUARDIAN.** If you have minor children or a beneficiary with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate to act if your first choice cannot serve.

	Name	City	State	Cell Phone
1st				
2nd				

2. **TRUSTEE FOR BENEFICIARIES.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they can manage assets on their own, or for life for a beneficiary with special needs. The trustee can be the guardian, your successor trustee, another person, or an institution.

	Name	City	State	Cell Phone
1st				
2nd				

3. **AGE OF DISTRIBUTION.** If a trustee will manage assets for beneficiaries, at what age should each receive his or her share outright? You might split distribution, such as ½ at age 25 and the balance at age 30, or ⅓ at 25, ⅓ at 30, and ⅓ at 35. **We default to the latter.** You may choose any age or combination of ages.

DID YOU KNOW?

A power of attorney alone may not prevent a guardianship. A court can appoint a guardian even when a valid power of attorney exists, and testimony before the U.S. Senate has described judges disregarding powers of attorney and the decision-makers a person chose in advance. A funded trust, a competency clause, and a written guardian nomination make it far less likely that a court will put a stranger in charge.

Source: "Guardianships over the Elderly: Security Provided or Freedoms Denied?" Hearing before the U.S. Senate Special Committee on Aging (Feb. 11, 2003)

GENERAL QUESTIONS

PRIVATE CONCERNS

These questions help us protect you. Your answers are confidential. If you would rather not write them down, or if someone else is helping you fill out this worksheet, leave them blank and tell us privately at your appointment.

	You	Spouse/Partner
Is there anyone, family or not, of whom you are afraid?	☐ Yes ☐ No	☐ Yes ☐ No
Has anyone threatened you in the past year?	☐ Yes ☐ No	☐ Yes ☐ No

If you are comfortable sharing, who and relationship: _____

NOTES AND QUESTIONS

Please note anything else that may be of importance in planning your estate, or any questions you may have, including any question about giving assets, especially your home, to family now.

PLEASE BRING TO YOUR APPOINTMENT, IF YOU HAVE THEM

☐ Existing wills, trusts, and powers of attorney

☐ Deeds to real estate, including out-of-state property

☐ Prenuptial or postnuptial agreement

SENDING YOUR COMPLETED WORKSHEET

Before you send: please verify the spelling of every name, and check each phone number, email address, and mailing address. Then save a copy of the completed worksheet for your own records.

EMAIL MY COMPLETED WORKSHEET

to Christine Donohew, Paralegal • chris@donohew.com

Clicking the button opens your email program with this worksheet attached. If it does not, save the worksheet and email it to Christine Donohew, Paralegal, at chris@donohew.com; fax it to (866) 904-9638; or print it and mail it to Attn: Christine D. Donohew, P.O. Box 5396, Gulf Shores, AL 36547. You may also call us at (330) 896-0300 for a secure way to send it.