

# ESTATE PLANNING PRE-MEETING WORKSHEET



This document is intended for someone who is estate planning on his/her/their own, regardless of relationship status. If you have at least one minor child, you should coordinate your answer to Question 6 with the child's other parent.

Note: This document isn't a requirement for getting started, but it is a good resource for understanding the types of decisions that need to be made during estate planning. It can be helpful to brainstorm answers and organize your thoughts before you first log in to Wealth.com, particularly if you need to coordinate with your spouse/partner or other family members. That being said, you do not need to completely fill out everything in advance. Our platform will guide you through the process, giving you more information about each step and explaining why we ask specific questions — so that you can make the right decisions for your circumstances.

## QUESTION 1

**Who should get the bulk of what you own at your death?**

**Do you want to give one person all your assets or split your assets into percentages?**

### EXPLANATION

**This person would be a primary beneficiary of your residuary estate.**

**If you are married, the most common choice for primary beneficiary is your spouse.**

### PRIMARY HEIR 1

FIRST NAME

LAST NAME

ADDRESS

DATE OF BIRTH

DATE OF BIRTH

ALL vs.  % (PERCENTAGE)

## QUESTION 1

(Continued)

### PRIMARY HEIR 2

FIRST NAME

LAST NAME

ADDRESS

DATE OF BIRTH

RELATIONSHIP

ALL vs.  % (PERCENTAGE)

### PRIMARY HEIR 3

FIRST NAME

LAST NAME

ADDRESS

DATE OF BIRTH

RELATIONSHIP

ALL vs.  % (PERCENTAGE)

## QUESTION 2

Are there any meaningful personal objects (ex: jewelry) or cash amounts that you would like to give to a specific person at your death? This is optional and not common.

### EXPLANATION

This person would receive a specific gift. Specific gifts take priority over gifts of the residuary estate (see Questions 1 and 2).

### GIFT ONE

ASSET NAME

TYPE

### INDIVIDUAL RECIPIENT

FIRST NAME

LAST NAME

### CHARITY RECIPIENT

ORGANIZATION LEGAL NAME

EIN NUMBER

HEADQUARTERS STATE

HEADQUARTERS CITY

## QUESTION 2

(Continued)

### GIFT ONE

ASSET NAME

TYPE

### INDIVIDUAL RECIPIENT

FIRST NAME

LAST NAME

### CHARITY RECIPIENT

ORGANIZATION LEGAL NAME

EIN NUMBER

HEADQUARTERS STATE

HEADQUARTERS CITY

## QUESTION 2

(Continued)

### GIFT THREE

ASSET NAME

TYPE

### INDIVIDUAL RECIPIENT

FIRST NAME

LAST NAME

### CHARITY RECIPIENT

ORGANIZATION LEGAL NAME

EIN NUMBER

HEADQUARTERS STATE

HEADQUARTERS CITY

## QUESTION 3

Who do you trust to handle your finances if you are unable to manage them yourself?

Choose at least one person (ideally two).

### EXPLANATION

This person would be your executor, trustee and/or agent on power of attorney over financial matters.

#### FIRST PERSON

FIRST NAME

LAST NAME

ADDRESS

PHONE NUMBER

#### SECOND PERSON

FIRST NAME

LAST NAME

ADDRESS

PHONE NUMBER

## QUESTION 4

Who do you trust to handle your finances if you are unable to manage them yourself?

Choose at least one person (ideally two).

### EXPLANATION

This person would be your executor, trustee and/or agent on power of attorney over financial matters.

#### FIRST PERSON

FIRST NAME

LAST NAME

ADDRESS

DATE OF BIRTH

EMAIL ADDRESS

#### SECOND PERSON

FIRST NAME

LAST NAME

ADDRESS

DATE OF BIRTH

EMAIL ADDRESS

## QUESTION 5

Do you trust these people to make health care decisions for you even if you may not have completely lost mental capacity?

Yes

No I first want my medical team to formally decide I'm unable to decide for myself.

### EXPLANATION

If you selected "Yes," you might want to make your health care agent's powers effective immediately, rather than upon incapacity.

## QUESTION 7

Who do you trust to raise your child(ren) if both you and the other parent were unable to do so? Choose at least one person (ideally two).

### EXPLANATION

This would be the guardian of your child(ren).

#### FIRST PERSON

FIRST NAME

LAST NAME

#### SECOND PERSON

FIRST NAME

LAST NAME

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