

Estate Planning Worksheet

Personal Information

Name:			
Address:		State:	
Telephone: Home:			
Work:			
Date of Birth:			
Marital Status:			
Spouse Name:		Date of Birth:	

Name of Children and other Dependents:

Name	Date of Birth	Relation	Special Needs

Address:		State:		Zip:	
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Other Persons or Organizations (If Any) you would like to share in your estate:

Assets

1. Real Estate

	Cost	Value	Debt
Home:			
Other:			

2. Bank Accounts

Bank	Account #	Type of Account	Balance

3. Brokerage Accounts

Broker	Account #	Type of Account	Balance

4. Stocks and Bonds not Held in Brokerage Account:

Company	Cert. #	# of Shares/Face Value	Worth

5. Life Insurance

Company	Face Value	Cash Surrender Value

6. Closely Held Business Interest (Name of Organization, type(corp, partnership, llc))

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7. High-Value Personal Property (over \$2000)

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Motor Vehicles

Make	Model	Year

Recreational Equipment (boats, aircraft)

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Jewelry

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Artwork

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Other

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8. Other Assets (Describe by type and Location)

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9. Debts other than Mortgages

Creditor	Account #	Amount

Estate Plan

Name two (2) people, in order of preference, who you would like to administer your Estate

1.	
2.	

Name two (2) people you would want to administer your assets held in trust if you were unable to do so

	Name	Address
1.		
2.		

Name two people who you would want to take care of all of your other affairs if you were unable to do so.

	Name	Address
1.		
2.		

Name a person who you would want to act as guardian for your minor children if it became necessary.

Name	Address

THIS INFORMATION IS STRICTLY CONFIDENTIAL

If you become a client and change address, or phone please notify us immediately.

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