



Estate Planning Workbook
What your loved ones need to know

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My personal information

Name _____

Address _____

Phone number(s) _____

Date of Birth _____ Place of Birth _____

Email _____

SSN _____ U.S. Citizen Y/N If not, where? _____

Military service Y/N Branch? _____ Years served? _____

My Family Information

Spouse, children, parents and siblings, pets

Name	Relationship	Date of Birth	Beneficiary Yes or No

Date and place of marriage _____

Prior marriages, if any, to _____ Dates _____

Child Care (or Pet) Instructions

Name _____

Medications, Diet or other information (food/treat preferences, grooming, exercise, play & safety precautions, fears/habits, medical conditions or requirements, special care needs, favorite toys, etc.) _____

Emergency Contact _____

Address _____

Phone number _____

If unable to reach this person, please contact:

Name _____

Address _____

Phone number _____

Child's Physician:

Name _____

Address _____

Phone number _____

School/Day Care Provider:

Name _____

Address _____

Phone number _____

FOR PETS:

Veterinarian:

Name _____

Address _____

Phone number _____

Physician information

Name _____

Practice name _____

Address _____

Type of physician _____ Phone number _____

Comments/ notes:

Name _____

Practice name _____

Address _____

Type of physician _____ Phone number _____

Comments/ notes:

Other important contacts (business, friends, other family)

Name _____

Address _____

Phone number(s) _____

Name _____

Address _____

Phone number(s) _____

Name _____

Address _____

Phone number(s) _____

INCOME OVERVIEW			
Unpaid Salary Or Commissions due from Employer (if applicable)			
Name	Employee Number	Value	Beneficiaries
Contact Person	Notes:		
Do you have a Pension?			
Name on Policy	Employee Number	Value	Beneficiaries
Contact Person	Notes:		
Would there be any Profit Sharing balances?			
Name	Employee Number	Value	Beneficiaries
Contact Person	Notes:		
Would there be any incentive awards from employer?			
Would there be any Accrued Sick Days or Vacation pay?			
Would there be any Union Balances?			
Notes:			

Social Security Income			
From Deceased	Name	Social Security #	
Other	Name	Social Security #	
Notes:			
Income from a Trust			
Name of Trust and Trustee			
Do you have a copy to provide?	Yes	No	
Attorney Information			
Savings/ Bank Accounts (circle one: joint or individual)			
Accounts	Value	Phone Number	Account Number
Joint Individual			
Joint Individual			
Joint Individual			
Joint Individual			

Life Insurance information

Policy Holder (company) _____

Address _____

Phone Number _____ Policy Number _____

Amount _____ Beneficiary _____

Policy Holder (company) _____

Address _____

Phone Number _____ Policy Number _____

Amount _____ Beneficiary _____

Loans, Charge Cards, Other debts

Payable balance	Monthly payment	Owed to	For	Account number

INVESTMENTS

Qualified Assets: i.e. Annuities, IRA's, 401K's,				
Company	Account #	Phone	Amount	Beneficiary
Special Instructions				
Company	Account #	Phone	Amount	Beneficiary
Special Instructions				
Company	Account #	Phone	Amount	Beneficiary
Special Instructions				
Company	Account #	Phone	Amount	Beneficiary
Special Instructions				
Company	Account #	Phone	Amount	Beneficiary
Special Instructions				

Health Care Information	
Insurance Company	
Policy Number	
Group Number	
Will the company's health plan continue to cover family members?	
Is there an option to convert to personal coverage after the employee is deceased?	
Notes or Special Instructions:	
Health Care Information	
Insurance Company	
Policy Number	
Group Number	
Will the company's health plan continue to cover family members?	
Is there an option to convert to personal coverage after the employee is deceased?	
Notes or Special Instructions:	

Continual Expenses

Company	Account Number	Payable Balance/Monthly payment	Instructions /Details

Persons and Institutions to Be Notified of My Death

Name	Relationship	Address	Phone

My Essential Documents

Where can your loved ones find important legal documents?

Location of documents

Social Security Card	
Original Estate Documents: Final Wills, trusts, etc.	
Birth Certificate	
Marriage Certificate/ Divorce Decrees	
Real Estate Deeds/Homeowners Insurance paperwork	
Living Will	
Organ/Tissue Donor Information	
Durable Power of Attorney (Financial)	
Military Papers	
Tax Records/ Documents	
Membership Cards	
Automobile Registration and Insurance Papers	
Banking Records	
Other:	

Final Arrangements

Typical Questions/ Arrangements	
Funeral Service, Memorial Service or both?	
Where do you want your service?	
Open or Closed Casket?	
Describe the service you would like. (Elaborate, simple, religious, etc.)	
Pall Bearers?	1.
	2.
	3.
	4.
	5.
	6.
Officiant?	
Speakers?	
Flowers?	
Donations in lieu of flowers? What organization?	
Dollar Guidance?	
Any Expenses Prepaid?	
Donate my body for anatomical study?	
Burial, cremation or entombment?	
Where?	
With Spouse?	
Tombstone, grave marker?	
Any expenses prepaid?	
Music?	
Special readings?	
Lodge/fraternal associations?	
Military remembrances?	
Have you drafted an obituary?	

Websites / Passwords/Memberships

Account	Website	Username	Password

Any other notes, requests, important information, etc.
