

SCHROEDER LAW LLC

LEE R. SCHROEDER
Attorney at Law
lee@leeschroeder.com

www.LeeSchroeder.com
100 South High Street, Suite A
Columbus Grove, Ohio 45830

Telephone: (419) 659-2058
Facsimile: (419) 659-2062
Mobile: (419) 615-8327
Texting Line: (419) 615-5817

This Estate Planning Worksheet has six (6) parts, which will help Schroeder Law begin to understand the details of your estate planning goals. The more detail you provide, the better service we will be positioned to provide to you. These are the six (6) sections:

- Part 1: Your Personal Information
- Part 2: People who can care for your underage kids if you cannot
- Part 3: People who can make all other (financial) decisions for you
- Part 4: People who can make health care decisions for you
- Part 5: People who should inherit from you when you die
- Part 6: People who should ensure that your will is followed

Date: _____

PART 1: PERSONAL INFORMATION

Husband: Full Name: _____
First Name Middle Initial Last Name

Address: _____
Street City State Zip

Phone(s): _____
Home Mobile Work

Email: _____

Driver's License State and Number: _____ Are you an organ donor? _____

Date of Birth: _____ Social Security Number: _____

Date of Marriage and Spouse Name (if applicable): _____

Wife: Full Name: _____
First Name Middle Initial Last Name

Address: _____
Street City State Zip

Phone(s): _____
Home Mobile Work

Email: _____

Driver's License State and Number: _____ Are you an organ donor? _____

Date of Birth: _____ Social Security Number: _____

Date of Marriage and Spouse Name (if applicable): _____

Oldest Child Name: _____
First Name Middle Initial Last Name

Address: _____
Street City State Zip

Phone(s): _____
Home Mobile

Date of Birth: _____ Gender: Male _____ Female _____

Second Oldest Child Name: _____
First Name Middle Initial Last Name

Address: _____
Street City State Zip

Phone(s): _____
Home Mobile

Date of Birth: _____ Gender: Male _____ Female _____

Third Oldest Child Name: _____
First Name Middle Initial Last Name

Address: _____
Street City State Zip

Phone(s): _____
Home Mobile

Date of Birth: _____ Gender: Male _____ Female _____

Fourth Oldest Child Name: _____
First Name Middle Initial Last Name

Address: _____
Street City State Zip

Phone(s): _____
Home Mobile

Date of Birth: _____ Gender: Male _____ Female _____

Fifth Oldest Child Name: _____
First Name Middle Initial Last Name

Address: _____
Street City State Zip

Phone(s): _____
Home Mobile

Date of Birth: _____ Gender: Male _____ Female _____

**PART 3: PEOPLE WHO CAN MAKE FINANCIAL
DECISIONS FOR YOU**

First Person:

Name: _____
 First Name Middle Initial Last Name

Address: _____
 Street City State Zip

Phone(s): _____
 Home Mobile

Relationship: _____

Second Person:

Name: _____
 First Name Middle Initial Last Name

Address: _____
 Street City State Zip

Phone(s): _____
 Home Mobile

Relationship: _____

PART 5: PEOPLE WHO SHOULD INHERIT FROM YOU **WHEN YOU DIE**

This is where you can “check” one of the boxes that most accurately describes to whom you want your assets to be given when you die. The boxes explained below are the most common, but not necessarily right for you, distribution plans. If you are unsure, please feel free to discuss this directly with Attorney Lee R. Schroeder.

- Married: To your spouse (if your spouse survives you), then to natural and adopted children equally.
- Married: To your spouse (if your spouse survives you), then to natural, adopted, and step-children equally.
- Married: To your spouse (if your spouse survives you), then to others (as explained below).
- Unmarried: to all children in equal shares.
- Unmarried: to others (as explained below).

Notes: _____

Other People that you want to Inherit Portions of your Assets or Specific Items when you die.

First Person:

	First Name	Middle Initial	Last Name	
Address:	Street	City	State	Zip
Percentage:		or Specific Item:		

Second Person:

	First Name	Middle Initial	Last Name	
Address:	Street	City	State	Zip
Percentage:		or Specific Item:		

Third Person:

	First Name	Middle Initial	Last Name	
Address:	Street	City	State	Zip
Percentage:		or Specific Item:		

