

# SCHROEDER LAW LLC

1020 North Perry Street  
Post Office Box 369  
Ottawa, Ohio 45875-0369  
[www.LeeSchroeder.com](http://www.LeeSchroeder.com)

This Estate Planning Worksheet has seven (7) 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 seven (7) 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 healthcare decisions for you
- Part 4: People who can make all other decisions for you
- Part 5: People who should be contacted if you have a living will
- Part 6: People who should inherit from you when you die
- Part 7: People who should ensure that your will is followed

## **PART 1: PERSONAL INFORMATION**

**Husband** Full Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Address: \_\_\_\_\_  
Street City State Zip

Phone(s): \_\_\_\_\_  
Home Mobile Work

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

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 6: 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:	_____

