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## BASIC WORKSHEET

Below is information that will assist our office in preparing the documents regarding your estate planning. If, at any time, there is insufficient room in any section of this worksheet, please feel free to utilize the back of any sheet in this packet. Thank you.

Date Completed: \_\_\_\_\_

### PERSONAL INFORMATION

#### Husband:

\_\_\_\_\_

First Name	Middle Initial	Last Name
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Address:

\_\_\_\_\_

Street	City	State	Zip
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Phone(s):

\_\_\_\_\_

Home	Mobile	Work
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Email: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_ Are you an organ donor?  Yes  No

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Marriage and Spouse's Name (if applicable): \_\_\_\_\_

#### Wife:

\_\_\_\_\_

First Name	Middle Initial	Last Name
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Address:

\_\_\_\_\_

Street	City	State	Zip
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Phone(s):

\_\_\_\_\_

Home	Mobile	Work
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Email: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_ Are you an organ donor?  Yes  No

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Marriage and Spouse's Name (if applicable): \_\_\_\_\_

Are all children, biological children of both husband and wife?  Yes  No

**Oldest Child:**

First Name	Middle Initial	Last Name
Address:		
Street	City	State Zip
Phone(s):		
Home	Mobile	Work
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

**Second Oldest Child:**

First Name	Middle Initial	Last Name
Address:		
Street	City	State Zip
Phone(s):		
Home	Mobile	Work
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

**Third Oldest Child:**

First Name	Middle Initial	Last Name
Address:		
Street	City	State Zip
Phone(s):		
Home	Mobile	Work
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

**Fourth Oldest Child:**

First Name	Middle Initial	Last Name
Address:		
Street	City	State Zip
Phone(s):		
Home	Mobile	Work
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

**Fifth Oldest Child:**

First Name	Middle Initial	Last Name
Address:		
Street	City	State Zip
Phone(s):		
Home	Mobile	Work
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

**PEOPLE WHO CAN TAKE CARE OF YOUR UNDERAGE CHILDREN  
IF YOU CANNOT (IF APPLICABLE)**

If you are married, please indicate whether you would like your spouse to be the initial agent:

Yes  No

If married, and your spouse does not survive you and your spouse is unable to act, or if you are unmarried, please identify your first and second alternates below:

**First Person:**

Name: \_\_\_\_\_  
   First Name    Middle Initial    Last Name

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

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

Relationship: \_\_\_\_\_

**Second Person:**

Name: \_\_\_\_\_  
   First Name    Middle Initial    Last Name

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

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

Relationship: \_\_\_\_\_

## PEOPLE WHO CAN MAKE FINANCIAL DECISIONS FOR YOU

If you are married, please indicate whether you would like your spouse to be the initial agent:

Yes  No

If married, and your spouse does not survive you and your spouse is unable to act, or if you are unmarried, please identify your first and second alternates below:

### First Person:

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

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

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

Relationship: \_\_\_\_\_

### Second Person:

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

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

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

Relationship: \_\_\_\_\_

## **PEOPLE WHO CAN MAKE HEALTH CARE DECISIONS FOR YOU**

If you are married, please indicate whether you would like your spouse to be the initial agent:

Yes  No

If married, and your spouse does not survive you and your spouse is unable to act, or if you are unmarried, please identify your first and second alternates below:

### **First Person:**

Name: \_\_\_\_\_  
                                    First Name                                    Middle Initial                                    Last Name

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

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

Relationship: \_\_\_\_\_

### **Second Person:**

Name: \_\_\_\_\_  
                                    First Name                                    Middle Initial                                    Last Name

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

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

Relationship: \_\_\_\_\_

## PEOPLE WHO SHOULD INHERIT FROM YOU WHEN YOU DIE

Please check one of the boxes that most accurately describes to whom you would like your assets to be given to when you pass away. The boxes explained below are the most common, but not necessarily the best option for your distribution plan.

- 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other people who you would like to inherit any portion of your assets or any specific items when you pass away.

### **First Person:**

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

### **Second Person:**

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

### **Third Person:**

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

# **PEOPLE WHO SHOULD ENSURE THAT YOUR WILL IS FOLLOWED**

**This person must be at least 18 years old. It is preferable but not required that this person live in Ohio.**

If you are married, please indicate whether you would like your spouse to be the initial executor:

Yes  No

If married, and your spouse does not survive you and your spouse is unable to act, or if you are unmarried, please identify your first and second alternates below:

## **First Person:**

Name: \_\_\_\_\_  
  First Name  Middle Initial  Last Name

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

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

Relationship: \_\_\_\_\_

## **Second Person:**

Name: \_\_\_\_\_  
  First Name  Middle Initial  Last Name

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

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

Relationship: \_\_\_\_\_