

NICHOLE Y. SHAFER  
NÉE NICHOLE Y. JOHNSON  
NICHOLE@LEESCHROEDER.COM

LEE R. SCHROEDER  
LEE@LEESCHROEDER.COM



LEESCHROEDER.COM  
100 SOUTH HIGH STREET, SUITE A  
COLUMBUS GROVE, OHIO 45830

OFFICE LINE: (419) 659-2058  
FAX LINE: (419) 659-2062  
TEXT LINE: (419) 969-2979

## 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

#### Client 1 or Husband:

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? ☐ Yes ☐ No

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

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

#### Client 2 or Wife:

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? ☐ Yes ☐ No

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

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

Financial Advisor: \_\_\_\_\_ Accountant/CPA: \_\_\_\_\_

\*If you would like to provide a photo of your family to help the Attorneys get to know you and your family better feel free

Are all children, biological children of both husband and wife, and living? If no please designate which child belongs to who and/or if a child is deceased please designate.

☐ 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 (spouses can have different people):

### **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 (spouses can have different people):

### **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: \_\_\_\_\_