

MANY & LoCOCO

ATTORNEYS AT LAW



ESTATE PLANNING WORKSHEET

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**PLEASE FILL OUT AND BRING THIS WORKSHEET TO YOUR
FIRST APPOINTMENT**

Disclaimer: The information provided is for general informational purposes only. It is not intended to, and does not, constitute legal advice. Use of this information does not establish an attorney-client relationship with Many & LoCoco or any of our attorneys. Please do not send us any confidential material until you have established an attorney-client relationship with us.

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I. PERSONAL INFORMATION

Legal Name _____

Home Address _____

Home Telephone _____

Cell Phone Number _____

Birth date _____

SS# _____

E-mail Address _____

If Married, Date of Marriage, _____

Have you been married before: Y N

If so, please list other spouses: _____

It is okay to communicate with me via my E-mail address.

Spouse

Legal Name _____

Home Address _____

Home Telephone _____

Cell Phone Number _____

Birth date _____

SS# _____

E-mail Address _____

Have you been married before: Y N

If so, please list other spouses: _____

It is okay to communicate with me via my E-mail address.

II. CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. In the Parent section, please Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name	Birth date	Parent
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

III. INFORMATION FOR ESTATE PLANNING

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name	Address	Relationship
1. _____		
2. _____		

INITIAL TRUSTEE(S) of trust set up for minor children (under age 18):

1. _____
2. _____

EXECUTOR: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

1. _____

2. _____

POWER OF ATTORNEY:

If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

1. _____

2. _____

If you were unable to make health care decisions for yourself, who would you want to make those decisions for you?

1. _____

2. _____

PERSONS TO ACT FOR SPOUSE IF DIFFERENT FROM ABOVE:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name	Address	Relationship
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1. _____

2. _____

INITIAL TRUSTEE(S) of trust set up for minor children (under age 18):

1. _____

2. _____

EXECUTOR: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

1. _____

2. _____

POWER OF ATTORNEY:

If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

1. _____

2. _____

If you were unable to make health care decisions for yourself, who would you want to make those decisions for you?

1. _____

2. _____

IV. ASSET QUESTIONS

Do you own your Home?	Y	N
Is there a Mortgage on the Home?	Y	N
Do you have Life Insurance?	Y	N
Do you have a 401K?	Y	N
Do you own a business?	Y	N
Is any of your property in a Trust?	Y	N
Do you or your spouse own separate Property?	Y	N
Do you have a matrimonial agreement with your spouse?	Y	N
Do you have a will?	Y	N
Do you have a Power of Attorney?	Y	N
Do you have a Living Will?	Y	N