



**Peaceful Separations**  
 ESTATE PLANNING WORKSHEET (this is NOT a legal document)

**TESTATOR/TESTATRIX INFORMATION**

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

**Residence** address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**Mailing** address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Marital Status: (check one)  Single  Married  Divorced  Widowed

Spouse's first name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

I want my entire estate transferred to my spouse if I should die first.  yes  no

**CHILDREN'S INFO**

First Name	Last Name	Current City/State of Residence	Under 18? Yes/No	Deceased? Yes/No

If the children are under the age of 18, who are to be the primary and alternate caretakers of the children?

\_\_\_\_\_  
 Primary Caretaker Name                      Current City/State of Residence                      Relationship to You

\_\_\_\_\_  
 Alternate Caretaker Name                      Current City/State of Residence                      Relationship to You

Have you already made arrangements for burial or cremation of your body after death? \_\_\_\_ yes \_\_\_\_ no  
If yes, what arrangements have been made? \_\_\_\_\_

Do you have specific instructions to your family regarding burial or cremation? (any specific cemetery you might like, any specific place you'd like your ashes to be spread, whether or not you'd like to have a service, etc.) \_\_\_\_\_

Who is to be the primary Personal Representative (Executor/Executrix) of your estate?

Name	Current City/State of Residence	Relationship to you
------	---------------------------------	---------------------

Who is to be the alternate Personal Representative (Executor/Executrix) of your estate?

Name	Current City/State of Residence	Relationship to you
------	---------------------------------	---------------------

Do you want the Personal Representative to be compensated for their time? \_\_\_\_ yes \_\_\_\_ no

If yes, do you want them to receive an additional percentage of the estate along with whatever you may already have willed to them or a flat fee?

\_\_\_\_ I want him or her to have \_\_\_\_\_% in addition to what I have already willed to them.

\_\_\_\_ I want him or her to have a flat fee of \$\_\_\_\_\_ to compensate the Personal Representative for their time.

**DISTRIBUTION OF ASSETS** (if spouse dies before you or at the same time – or if you are single)

Do you have any real estate that will need to be transferred? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please tell us to whom you would like to have this property transferred. If there is more than one person to list, please tell us what percentage each person shall receive of that property.

---

---

---

---

Do you have any items with titles (cars, boats, motorcycles, ski-doo's, etc.) to be transferred to other people?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list the year, make and model of each item as well as to whom it shall be transferred.

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>To be transferred to . . .</u>
-------------	-------------	--------------	-----------------------------------

---

---

---

---

---

---

---

---

Are there people that you specifically want to mention in your will that you wish to leave nothing? \_\_ yes \_\_ no

If yes, what are their names and relationships to you? \_\_\_\_\_

---

---

Do you have any stocks, bonds, mutual funds, retirement funds or life insurance policies to be sold or cashed out and divided between your beneficiaries? If yes, please list them in detail.

<u>Name of Financial Institute</u>	<u>Type of Account</u>	<u>Beneficiary</u>	<u>% to receive</u>
------------------------------------	------------------------	--------------------	---------------------

---

---

---

---

---

---

---

---



\_\_\_\_\_ I want \_\_\_\_\_ % of my estate to be given to the following charity/charities:

Charity Name

Charity Address

Contact Person

<u>Charity Name</u>	<u>Charity Address</u>	<u>Contact Person</u>

Are there any other provisions that you would like added to your Will? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Where did you hear about us? (circle one)**  
**Window sign, Web, Referral**

**ESTATE PLANNING – ADDITIONAL DOCUMENTS**

Please indicate with a checkmark (✓) which additional forms you wish us to create for you (extra fee required).

- \_\_\_\_\_ Healthcare Directive (Living Will)
- \_\_\_\_\_ Durable Power of Attorney (General)
- \_\_\_\_\_ Community Property Agreement

If you have checked one or more of the above documents, please answer the following related questions:

**Healthcare Directive**

- 1) Do you wish to have your life artificially extended if using these means would only serve to prolong the process of dying? (Circle one)      Yes              No
- 2) Please circle the following things that you want **WITHHELD** in order to not have your life artificially prolonged:      Nutrition      Hydration      Medication
- 3) Do you authorize an autopsy?      Yes              No
- 4) Do you want to be an organ donor?      Yes              No

**Power of Attorney**

- 1) Whom do you wish to have designated as the main person to make decisions for you?  
Name \_\_\_\_\_ Relation to you (spouse?) \_\_\_\_\_
- 2) Do you have an alternate in case the first person can not or will not assume this role?  
Name \_\_\_\_\_ Relation to you \_\_\_\_\_
- 3) Do you wish to have this designation become effective immediately or only once you have become incapacitated? (Circle one)      Immediately      Only upon incapacitation

## Peaceful Separations Service Agreement

At this point in time I know how I want my estate to be distributed and the attached worksheets have been filled out as accurately as possible. I realize that I may need to retain an attorney to help me before the paperwork is done if I need legal advice or direction on how to divide my estate. I understand that any attorney's fees would be separate from the preparation fee of Peaceful Separations.

I agree to pay Peaceful Separations \$\_\_\_\_\_ to prepare the following estate documents for me:

- Will
- Healthcare Directive (living Will)
- Durable Power of Attorney (General)
  
- Codicil

I understand that my document preparation fees include attorney review and that fees are not refundable once work has begun. I realize that document revisions during this process will result in a charge of \$5 per document.

\_\_\_\_\_  
Client's Name (Please print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_, Supervising Attorney for Peaceful Separations  
Jody Studdard, WSBA #26574

Please return this page with your worksheets. You will receive a copy of this agreement.