

ESTATE PLANNING WORKBOOK

Gillis Law, PLLC
3101 Wilson Boulevard, Suite 500
Arlington, Virginia 22201
703-879-0102

All information and documents you provide are strictly confidential and protected by the attorney-client privilege.

PART ONE **CLIENT INFORMATION**

Name: _____	Name: _____
Email: _____	Email: _____
Cell Phone: _____	Cell Phone: _____
Date of Birth: _____	Date of Birth: _____
Place of Birth: _____	Place of Birth: _____
Occupation: _____	Occupation: _____
Company Name: _____	Company Name: _____
U.S. Citizen? _____	U.S. Citizen? _____
Date & Place of Marriage: _____	
Home Address: _____	
Mailing Address (if different): _____	

PART TWO **QUESTIONS**

1. Do you have existing estate planning documents? _____
 - If yes, please provide a copy of the current version of your revocable trust.
2. Do you have a Marital or Prenuptial Agreement? _____
 - If yes, please provide a copy of the signed agreement.
3. Have you lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin during your current marriage? _____
 - If yes, we will discuss.
 - These are “community property” states with different rules about how spouses own property.

4. **Do you have a child or other beneficiary with a disability?** _____
 - *If yes, please provide a copy of the Social Security benefit verification letter.*
 - *We can create a “supplemental needs trust” to protect the beneficiary’s eligibility.*

5. **Have you been married previously?** _____
 - *If yes and the marriage ended in **divorce**, please provide the final divorce Decree and Property Settlement Agreement.*
 - *If yes and the marriage ended in **death**, please provide date of death and Estate Tax Return (Form 706).*

6. **Have you ever filed a Gift Tax Return?** _____
 - *If yes, please provide copies of all Forms 709, as filed.*
 - *Gifts that exceed the “annual exclusion” (\$19,000 in 2026) are reported on Form 709.*

7. **Do you own an interest in a closely held business?** _____
 - *If yes, please provide a copy of the Operating Agreement, Shareholder Agreement, or Partnership Agreement.*

8. **Are you the beneficiary of a trust created by someone else?** _____
 - *If yes, please provide a copy of the trust agreement.*

9. **Do you have any health concerns we should be aware of for planning purposes?** _____
 - *If yes, please provide the details:*

10. **Do you own real estate or other property located in Connecticut, Hawaii, Illinois, Maine, Maryland, Massachusetts, Minnesota, New York, Oregon, Rhode Island, Vermont, Washington, the District of Columbia, Kentucky, Nebraska, New Jersey, or Pennsylvania?** _____
 - *These states charge a local estate or inheritance tax which may apply at your death if you own real estate there.*
 - *We may be able to plan for the local estate or inheritance tax.*

Financial Advisor: 	CPA or Tax Return Preparer:
Insurance Agent: 	Other Professional:

PART THREE
PEOPLE

Please list all children and people you are considering naming in your documents as beneficiaries and fiduciaries. Beneficiaries receive gifts at your death. Fiduciaries run the show.

Name: _____ Relationship to You: _____ Date of Birth: _____ Cell Phone: _____ Address: _____	Name: _____ Relationship to You: _____ Date of Birth: _____ Cell Phone: _____ Address: _____
Name: _____ Relationship to You: _____ Date of Birth: _____ Cell Phone: _____ Address: _____	Name: _____ Relationship to You: _____ Date of Birth: _____ Cell Phone: _____ Address: _____
Name: _____ Relationship to You: _____ Date of Birth: _____ Cell Phone: _____ Address: _____	Name: _____ Relationship to You: _____ Date of Birth: _____ Cell Phone: _____ Address: _____
Name: _____ Relationship to You: _____ Date of Birth: _____ Cell Phone: _____ Address: _____	Name: _____ Relationship to You: _____ Date of Birth: _____ Cell Phone: _____ Address: _____
Name: _____ Relationship to You: _____ Date of Birth: _____ Cell Phone: _____ Address: _____	Name: _____ Relationship to You: _____ Date of Birth: _____ Cell Phone: _____ Address: _____

PART FOUR
FIDUCIARIES

Try to list two (2) people listed from the previous page (in addition to your spouse or partner, if applicable) for each role below. We will discuss these choices, including the possibility of naming a corporate trustee to manage trusts.

EXECUTOR <i>Wraps up affairs after your death and distributes remaining assets to your Revocable Trust.</i>		
TRUSTEE <i>Manages trust assets for your benefit during incapacity. Distributes trust assets to beneficiaries at your death.</i>		
FINANCIAL AGENT <i>Manages your financial affairs during incapacity, including personal accounts, tax returns, Social Security, lawsuits, etc.</i>		
MEDICAL AGENT <i>Makes medical decisions during your incapacity, including end-of-life decisions.</i>		
GUARDIAN <i>Substitute parent for minor children in the event of incapacity or death.</i>		

PART FIVE
ASSETS AND PROPERTY

Assets			Joint	
Residence				
Less: Mortgage				
2nd Residence				
Less: Mortgage				
Checking				
Savings				
Brokerage				
LLC				
S-Corporation				
401(k)				
Traditional IRA				
Roth IRA				
TSP, 457, 403				
Life Insurance				
Annuities				
Automobiles				
Artwork				
Misc. Tangibles				
Taxable Gifts				
Other (describe)				
Other (describe)				
Other (describe)				
Other (describe)				
Other (describe)				
Totals	\$ 0	\$ 0	\$ 0	

Annual Income		
Wages		
Social Security		
Pension		
Totals	\$ 0	\$ 0