

## COUPLE'S WORKSHEET

# Estate Planning Pre-Meeting Worksheet



This document is intended for couples who is estate planning with his/her significant other, regardless of relationship status. If you have at least one minor child, you should coordinate your answer to Question 7 with the child's other parent.

**Note:** This document isn't a requirement for getting started, but it is a good resource for understanding the types of decisions that need to be made during estate planning. It can be helpful to brainstorm answers and organize your thoughts before you first log in to Wealth.com, particularly if you need to coordinate with your spouse/partner or other family members. That being said, you do not need to completely fill out everything in advance. Our platform will guide you through the process, giving you more information about each step and explaining why we ask specific questions — so that you can make the right decisions for your circumstances.

### Question 1

**Who should get the bulk of what you own at your death?**

**Do you want to give one person all your assets or split your assets into percentages?**

#### Explanation

This person would be a **primary beneficiary** of your **residuary estate**.

If you are married, the most common choice for primary beneficiary is your spouse.

#### PRIMARY HEIR 1

FIRST NAME

LAST NAME

ADDRESS

DATE OF BIRTH

RELATIONSHIP

All vs. \_\_\_\_\_  
% (Percentage)

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**Question 1** (Continued)

**PRIMARY HEIR 2**

FIRST NAME

LAST NAME

ADDRESS

DATE OF BIRTH

RELATIONSHIP

**All** vs. \_\_\_\_\_  
**% (Percentage)**

**PRIMARY HEIR 3**

FIRST NAME

LAST NAME

ADDRESS

DATE OF BIRTH

RELATIONSHIP

**All** vs. \_\_\_\_\_  
**% (Percentage)**



**Question 2**

[Answer this question only if you have a spouse/partner and you chose that person in Question 1] **If your spouse/partner passes away before you, who should get the bulk of what you own at your death?**

**Explanation**

This person would be a **secondary beneficiary** (or remainder beneficiary) of your residuary estate. Currently, you can only choose your secondary beneficiaries on the Wealth platform if your primary beneficiary is your spouse/partner.

**PRIMARY HEIR 1**

FIRST NAME

LAST NAME

ADDRESS

All vs. \_\_\_\_\_  
% (Percentage)

**PRIMARY HEIR 2**

FIRST NAME

LAST NAME

ADDRESS

\_\_\_\_\_  
% (Percentage)

**Question 2** (Continued)

**PRIMARY HEIR 3**

FIRST NAME

LAST NAME

ADDRESS

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**% (Percentage)**

### Question 3

Are there any meaningful personal objects (ex: jewelry) or cash amounts that you would like to give to a specific person at your death? This is optional and not common.

#### Explanation

This person would receive a **specific gift**. Specific gifts take priority over gifts of the residuary estate (see Questions 1 and 2).

## Gift One

ASSET NAME

TYPE

### INDIVIDUAL RECIPIENT

FIRST NAME

LAST NAME

### CHARITY RECIPIENT

ORGANIZATION LEGAL NAME

EIN NUMBER

HEADQUARTERS STATE

HEADQUARTERS CITY

**Question 3** (Continued)

## Gift Two

ASSET NAME

TYPE

### INDIVIDUAL RECIPIENT

FIRST NAME

LAST NAME

### CHARITY RECIPIENT

ORGANIZATION LEGAL NAME

EIN NUMBER

HEADQUARTERS STATE

HEADQUARTERS CITY

**Question 3** (Continued)

## Gift Three

ASSET NAME

TYPE

### INDIVIDUAL RECIPIENT

FIRST NAME

LAST NAME

### CHARITY RECIPIENT

ORGANIZATION LEGAL NAME

EIN NUMBER

HEADQUARTERS STATE

HEADQUARTERS CITY

#### Question 4

Who do you trust to handle your finances if you are unable to manage them yourself?  
Choose at least one person (ideally two).

#### Explanation

This person would be your **executor, trustee and/or agent** on power of attorney over financial matters.

#### FIRST PERSON

FIRST NAME

LAST NAME

ADDRESS

PHONE NUMBER

#### SECOND PERSON

FIRST NAME

LAST NAME

ADDRESS

PHONE NUMBER

**Question 5**

**Who do you trust to decide what medical treatments you should receive?**  
Choose at least one person (ideally two).

**Explanation**

This person would be your health care **agent** (e.g., in your health care directive, power of attorney for health care and/or living will).

**FIRST PERSON**

FIRST NAME

LAST NAME

ADDRESS

DATE OF BIRTH

EMAIL ADDRESS

**SECOND PERSON**

FIRST NAME

LAST NAME

ADDRESS

DATE OF BIRTH

EMAIL ADDRESS

### Question 6

Do you trust these people to make health care decisions for you even if you may not have completely lost mental capacity?

Yes

No I first want my medical team to formally decide I'm unable to decide for myself.

#### Explanation

If you selected "Yes," you might want to make your health care agent's powers effective **immediately**, rather than **upon incapacity**.

### Question 7

Who do you trust to raise your child(ren) if both you and the other parent were unable to do so? Choose at least one person (ideally two).

#### Explanation

This would be the **guardian** of your child(ren).

#### FIRST PERSON

FIRST NAME

LAST NAME

#### SECOND PERSON

FIRST NAME

LAST NAME

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