

ESTATE PLANNING WORKSHEET



Using this organizer will assist us in designing an Estate Plan that meets your goals. All information provided is strictly confidential.

If possible, please return the completed worksheet to our office prior to your appointment, via mail, email or fax.

PERSONAL INFORMATION

YOU

Full Legal Name: _____ Preferred: _____

List All Names Used in Your Lifetime: _____

SS#: _____ - _____ - _____ DOB: ____/____/____

Are You a US Citizen? (Circle) **YES** **NO**

Street Address: _____ Unit/Apt.: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Email: _____ It is okay to communicate with me via email

Employer: _____ Position: _____

Employers Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ - _____

SPOUSE

Full Legal Name: _____ Preferred: _____

List All Names Used in Your Lifetime: _____

SS#: _____ - _____ - _____ DOB: ____/____/____

Are You a US Citizen? (Circle) **YES** **NO**

Street Address: _____ Unit/Apt.: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Email: _____ It is okay to communicate with me via email

Employer: _____ Position: _____

Employers Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ - _____

Married on: ____/____/____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use Full Legal Names)

Name: _____ D.O.B.: ___/___/___ Relationship: _____
Address: _____
Phone- Home: (___)___-____ Mobile: (___)___-____ Work: (___)___-____
Email: _____

Name: _____ D.O.B.: ___/___/___ Relationship: _____
Address: _____
Phone- Home: (___)___-____ Mobile: (___)___-____ Work: (___)___-____
Email: _____

Name: _____ D.O.B.: ___/___/___ Relationship: _____
Address: _____
Phone- Home: (___)___-____ Mobile: (___)___-____ Work: (___)___-____
Email: _____

Name: _____ D.O.B.: ___/___/___ Relationship: _____
Address: _____
Phone- Home: (___)___-____ Mobile: (___)___-____ Work: (___)___-____
Email: _____

Name: _____ D.O.B.: ___/___/___ Relationship: _____
Address: _____
Phone- Home: (___)___-____ Mobile: (___)___-____ Work: (___)___-____
Email: _____

Name: _____ D.O.B.: ___/___/___ Relationship: _____
Address: _____
Phone- Home: (___)___-____ Mobile: (___)___-____ Work: (___)___-____
Email: _____

Name: _____ D.O.B.: ___/___/___ Relationship: _____
Address: _____
Phone- Home: (___)___-____ Mobile: (___)___-____ Work: (___)___-____
Email: _____

Name: _____ D.O.B.: ___/___/___ Relationship: _____
Address: _____
Phone- Home: (___)___-____ Mobile: (___)___-____ Work: (___)___-____
Email: _____

Name: _____ D.O.B.: ___/___/___ Relationship: _____
Address: _____
Phone- Home: (___)___-____ Mobile: (___)___-____ Work: (___)___-____
Email: _____

YOUR CONCERNS

Please rate the following as to how important they are to you:

(H = High Concern - S = Somewhat Concerned - L = Low Concern - N/A = No Concern or Not Applicable)

Description	Level of Concern	
	You	Spouse
Desire to get affairs in order and create a comprehensive plan to manage affairs, in case of death or disability		
Providing for and protecting spouse		
Providing for and protecting children		
Providing for and protecting grandchildren		
Disinheriting a family member		
Providing for charities at the time of death		
Plan for the transfer and survival of a family business		
Avoiding or reducing your estate taxes		
Avoiding probate		
Reduce administration costs at the time of your death		
Avoiding conservatorship/"living probate" in case of a disability		
Avoiding will contests or other disputes upon death		
Protecting assets from lawsuits or creditors		
Preserving the privacy of affairs, in case of disability or at the time of death, from business competitors, predators, dishonest persons and curiosity seekers		
Plan for a child with disabilities or special needs, such as medical or learning disabilities		
Protecting children's inheritance from the possibility of failed marriages		
Protect children's inheritance, in the event of a surviving spouse's remarriage		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures		

Please list any other concerns below:

IMPORTANT FAMILY QUESTIONS

Please check the appropriate box with your answer:

YES

NO

	YES	NO
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? Describe:		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Please furnish a copy.		
Have you and your spouse signed a pre- or post-marriage contract? Please furnish a copy.		
Have you (or your spouse) been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.		
Have you (or your spouse) ever filed federal or state gift tax returns? Please furnish a copy of these returns.		
Have you (or your spouse) completed previous will, trust, or estate planning? Please furnish copies of these documents.		
Do you (or your spouse) support any charitable organizations now that you wish to make provisions for at the time of your death? If so, please explain below.		
Any other charitable organizations you (or spouse) wish to make provisions for at the time of death? If so, please explain below.		
While married to each other, have you and your spouse lived in any of the states below? (Circle which) Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin		
Are you (or your spouse) currently the beneficiary of anyone else's trust? If so, please explain below.		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

PROPERTY INFORMATION

Instructions for Completing the Property Information Section

General Headings: This Property Information checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

Type: Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property: How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
Husband alone, with no other person	H
Wife alone, with no other person	W
Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than spouse, ie; child, parent, etc.	JTO
If you cannot determine how the property is owned	?

REAL PROPERTY

Any interest in real estate, including your family residence, vacation home, time share, vacant land, etc.

General Description and /or Address	Owner	Market Value	Loan Balance
		\$	\$
		\$	\$
		\$	\$
Total:		\$	\$

FURNITURE AND PERSONAL EFFECTS

List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable, non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items.).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)		\$
		\$
		\$
		\$
Total:		\$

AUTOMOBILES, BOATS AND RV'S

For each of the above, please list the description, how titled, market value and encumbrance.

Total: \$

BANKS AND SAVINGS ACCOUNTS

TYPE: **CA** = Checking Account - **SA** = Savings Account - **CD** = Certificate of Deposit - **MM** = Money Market

Name of Institution	Account Number	Type	Owner	Amount
				\$
				\$
				\$
				\$
				\$
Total:				\$

If account is in your name for the benefit of a minor, please specify account and give minors name below:

STOCKS AND BONDS

List any and all stocks and/or bonds you own. (If held in a brokerage account lump them together under each account.)

Company Account is With	Account Number	Type	Owner	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Total: \$ _____

LIFE INSURANCE POLICIES AND ANNUITIES

List all Term, Whole Life, Split Dollar, Group Life, Annuity

(For each policy, please give insurance company and agent, type, face amount/death benefit, who's life is insured, who owns the policy and who pays the premium.)

Total: \$ _____

RETIREMENT PLANS

TYPE: **P** = Pension - **PS** = Profit Sharing - **H.R. 10, IRA, SEP, 401(K)**

(For each, indicate type and plan name, current value of plan and any other relevant information)

Total: \$ _____

BUSINESS INTERESTS

Include General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and/or ranch interests.

(Describe each of the interests, who has the interest, your ownership in the interest and the estimated value of the interest.)

Total: \$ _____

MONEY OWED TO YOU

Mortgages or Promissory Notes payable to you, any other moneys owed to you.

Name of Debtor	Date of Notice	Maturity Date	Owed To	Amount
----------------	----------------	---------------	---------	--------

				\$
				\$
				\$
				\$

Total: \$ _____

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGEMENT

Any gifts or inheritances you expect to receive in the future, or moneys that you anticipate receiving through a judgement or lawsuit.

(Describe each in appropriate detail.)

Total: \$ _____

OTHER ASSETS

Any other properties that do not fit into any listed category.

Type or Description	Owner	Market Value
---------------------	-------	--------------

		\$
		\$
		\$
		\$

Total: \$ _____

SUMMARY OF VALUES

Total dollar amounts from each of the above sections.

Assets	You	Spouse	Total Value
REAL PROPERTY	\$	\$	\$
FURNITURE AND PERSONAL EFFECTS	\$	\$	\$
AUTOMOBILES, BOATS AND RV'S	\$	\$	\$
BANK AND SAVINGS ACCOUNTS	\$	\$	\$
STOCKS AND BONDS	\$	\$	\$
LIFE INSURANCE AND ANNUITIES	\$	\$	\$
RETIREMENT PLANS	\$	\$	\$
BUSINESS INTERESTS	\$	\$	\$
MONEYS OWED TO YOU	\$	\$	\$
ANTICIPATED INHERITANCE, ETC.	\$	\$	\$
OTHER ASSETS	\$	\$	\$

Total: \$ _____

INCOME

Fixed (Unchanging) Monthly Income

	You	Spouse	Joint
Social Security	\$	\$	\$
Pension	\$	\$	\$
Wages	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Total: \$ _____

Flexible (Subject to Change) Monthly Income

	You	Spouse	Joint
Wages	\$	\$	\$
Interests from Investments	\$	\$	\$
Dividend Income	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Total: \$ _____

OWNED RESIDENCE INFORMATION

Owner(s) on Title: _____

Title is Held By: _____

Estimated Market Value: \$ _____ Mortgage Balance: \$ _____

Type of Mortgage: _____ Is this a Reverse Annuity Mortgage? **YES** **NO**

If your Residence was **purchased** by you:

Closing Date: ____/____/____ Mortgage Balance: \$ _____

If your Residence was **inherited** by you:

Inherited Date: ____/____/____ Value at Inheritance: \$ _____

If you own **rental property**:

Number of Units: _____ Number currently rented: _____

Do you have a signed lease for rented properties? **YES** **NO**

Owned Rental Property Address(es):

List any property improvements and estimated value added below:

For all owned real estate, please bring with you a copy of the deed and most recent tax bill.

RENTED RESIDENCE INFORMATION

Please Circle the Type of Residence Below:

Single Family **Apartment** **Residential Care** **Life Care** **Senior Housing**

Monthly Rent: \$ _____ Are you required to sign a lease or rental contract? **YES** **NO**

PERSONS TO ACT FOR YOU

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

Name Address Phone Relationship

Name	Address	Phone	Relationship

INITIAL TRUSTEE(S)

Usually the Maker will be the Trustee of his or her own trust.

Name Address Phone Relationship

Name	Address	Phone	Relationship

DISABILITY TRUSTEE

If you were unable to make decisions for yourself, who would you want to make decisions for you, with regard to your property and assets?

You: Name Address Phone Relationship

Name	Address	Phone	Relationship

Spouse: Name Address Phone Relationship

Name	Address	Phone	Relationship

DEATH TRUSTEE

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

You: Name Address Phone Relationship

Name	Address	Phone	Relationship

Spouse: Name Address Phone Relationship

Name	Address	Phone	Relationship

POWER OF ATTORNEY

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

Name	Phone	Relationship	Instructions or Guidelines

If **YOUR SPOUSE** were unable to make their own financial decisions, who would they want to make those decisions for them?

Name	Phone	Relationship	Instructions or Guidelines

Do you want to authorize your Financial Agent to make gifts on your behalf during any time period your incapacitated?

(Circle answer) You: **YES** **NO** Spouse: **YES** **NO**

Gifting Power Details: _____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

(Circle answer) You: **YES** **NO** Spouse: **YES** **NO**

Do you want to provide that your organs and tissues should be made available for transplant purposes?

(Circle answer) You: **YES** **NO** Spouse: **YES** **NO**

HEALTH CARE

If **YOU** were unable to make decisions for yourself, who would you want to make medical decisions for you?

Name	Phone	Relationship	Instructions or Guidelines

If **YOUR SPOUSE** were unable to make their own decisions, who would they want to make medical decisions for them?

Name	Phone	Relationship	Instructions or Guidelines

Do you want to authorize your medical agent to keep you in a personal residence, rather than a nursing home?

(Circle answer) You: **YES** **NO** Spouse: **YES** **NO**

Do you want to provide that, upon certification by two physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?

(Circle answer) You: **YES** **NO** Spouse: **YES** **NO**

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM:

Do you want to provide that your personal property will be distributed pursuant to a written list, you may prepare later?

(Circle answer) You: **YES** **NO** Spouse: **YES** **NO**

YOU: Any property not listed on the memorandum should be distributed to:

- | | |
|---|---|
| <input type="checkbox"/> Spouse, then children equally | <input type="checkbox"/> Children |
| <input type="checkbox"/> Spouse, then to the balance of the trust | <input type="checkbox"/> To the balance of the trust |
| <input type="checkbox"/> Spouse, then other named individuals | <input type="checkbox"/> Other named individuals (List below) |
-
-

SPOUSE: Any property not listed on the memorandum should be distributed to:

- | | |
|---|---|
| <input type="checkbox"/> Spouse, then children equally | <input type="checkbox"/> Children |
| <input type="checkbox"/> Spouse, then to the balance of the trust | <input type="checkbox"/> To the balance of the trust |
| <input type="checkbox"/> Spouse, then other named individuals | <input type="checkbox"/> Other named individuals (List below) |
-
-

SPECIFIC GIFTS

List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities:

YOU: Individual or Charity Amount or Property Contingent on spouse predeceasing?

Individual or Charity	Amount or Property	Contingent on spouse predeceasing?

SPOUSE: Individual or Charity Amount or Property Contingent on spouse predeceasing?

Individual or Charity	Amount or Property	Contingent on spouse predeceasing?

HOW AND WHEN TO DISTRIBUTE MY PROPERTY

- Distribute outright to my Beneficiaries** (Provides no protection from creditors, predators or from themselves.)
- Structured Trust** (You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed.)

List your desires below:

REMOTE CONTINGENT BENEFICIARY

Who do you want to receive your property, in the remote event that no one listed above is alive to receive your property?
(Determining the remote contingent beneficiary is not so important that it should delay completion of your estate plan. It can always be added at a later date.)

Name	Address	Phone	Relationship

OTHER ITEMS TO INCLUDE OR DISCUSS

Your estate plan should address all your hopes, fears and wishes. If there's anything else you wish to discuss, please list below:
