

ESTATE PLANNING WORKSHEET



TIREY LAW FIRM LLC
Colorado Estate Planning, Probate & Elder Law

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

Full Legal Name: _____ Preferred: _____

List All Names Used in Your Lifetime: _____

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

Are You a US Citizen? (Circle) **YES** **NO** Are you (Circle) **DIVORCED** **WIDOWED** **SINGLE**

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: (____)____-____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use Full Leagal Names)

Name: _____ D.O.B.: ____/____/____ Relationship: _____

Address: _____

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

Name: _____ D.O.B.: ____/____/____ Relationship: _____

Address: _____

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

Name: _____ D.O.B.: ____/____/____ Relationship: _____

Address: _____

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

Name: _____ D.O.B.: ____/____/____ Relationship: _____

Address: _____

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

Name: _____ D.O.B.: ____/____/____ Relationship: _____

Address: _____

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

ADVISORS

Personal Attorney: _____

Phone: (____)____ - _____

Accountant: _____

Phone: (____)____ - _____

Financial Advisor: _____

Phone: (____)____ - _____

Life Insurance Agent: _____

Phone: (____)____ - _____

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

Description	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs, in case of death or disability	
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 receiving Social Security, disability, or other governmental benefits? Describe:		
Are you making payments pursuant to a divorce or property settlement order? Please furnish a copy.		
Have you been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.		
Have you ever filed federal or state gift tax returns? Please furnish a copy of these returns.		
Have you completed previous will, trust, or estate planning? Please furnish copies of these documents.		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? If so, please explain below.		
Are there any other charitable organizations you wish to make provisions for at the time of your death? If so, please explain below.		
Are you 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

REAL PROPERTY

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

General Description and /or Address	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	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	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	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: \$ _____

SUMMARY OF VALUES

Total dollar amounts from each of the above sections.

Assets	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

Social Security	\$
Pension	\$
Wages	\$
	\$
	\$
	\$

Total: \$ _____

Flexible (Subject to Change) Monthly Income

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**

Please check the appropriate box with your answer to the questions below:

YES

NO

Is there anyone living in your residence who needs long-term care?		
If yes, does this individual also have a child of theirs living with them?		
If yes, has this child lived there for two years or more?		
If yes, has this child provided care for the parent, which has delayed the need for long-term (nursing home) care?		

If yes, please describe the care given and for what length of time below:

Does the adult requiring care have any disabled children? (Circle answer) **YES** **NO**

If yes, please describe the child's disability below:

Does the homeowner have a sibling who has lived on the property? (Circle answer) **YES** **NO**

If yes, how long? _____ Do they still live there? (Circle answer) **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

INITIAL TRUSTEE(S)

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

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?

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?

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	Address	Phone	Relationship

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

(Circle answer) **YES** **NO**

Gifting Power Details: _____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?(Circle answer) **YES** **NO**

ORGAN DONATION: Do you want to provide that your organs and tissues should be made available for transplant purposes? (Circle answer) **YES** **NO**

HEALTH CARE

If you were unable to make decisions for yourself, who would you want to make decisions for you, with regard to your medical treatment?

Name	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) **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) **YES** **NO**

HIPAA AUTHORIZATION (List individuals you would want to be able to get medical information from your doctors:

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) **YES** **NO**

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

Name	Relationship	Instructions or Guidelines

SPECIFIC GIFTS

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

Individual or Charity	Amount or Property

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:
