ESTATE PLANNING WORKSHEET

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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PEOPLE INFORMATION

Client's Full Legal Name ____
(name most often used to title property and accounts)

Also Known As ____
(other names used to title property and accounts)

Prefer to be called ____________________ Birth date __________ SS# ____________ US Citizen? _____

Home Address ____________________ City ______________ State ______ Zip ________

Home Telephone __________ County of Residence ____________ Business Telephone ____________

Employer ______________________________ Position ____________________

Business Address ____________________ City ______________ State ____ Zip ______

E-mail Address ____________________ ❑ It is okay to communicate with me via my E-mail address.

❑ Divorced ❑ Widowed ❑ Single

CHILDREN AND/OR OTHER FAMILY MEMBERS

Use full legal name:

Name	**Birth date**	**Relationship**
______________________	__________	__________

Comments: ____

______________________	__________	__________

Comments: ____

______________________	__________	__________

Comments: ____

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Comments: ____

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Comments: ____

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Comments: ____

______________________	__________	__________

Comments: ____

ADVISORS

	Name	**Telephone**
Personal Attorney	______________________	__________
Accountant	______________________	__________
Financial Advisor	______________________	__________
Life Insurance Agent	______________________	__________

YOUR CONCERNS

Please rate the following as to how important they are to you:
*(**H** high concern, **S** some concerned, **L** low concern, **N/A** no concern or not applicable)*

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 time of your death	______________
Avoiding a 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 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.	______________
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	______________

Other Concerns (Please list below):

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IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	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 copies of these returns*		
Have 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

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION* CHECKLIST

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. You probably won't own property under all the headings, if not just leave those 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
If own property in your name only	I
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

REAL PROPERTY

TYPE: 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

TYPE: 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 RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below).*
Do not include IRA's or 401(k)'s here

Name of Institution and account number	Type	Owner	Amount
		Total	

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. <u>If held in a brokerage account, lump them together under each account</u>. *(indicate type below)*

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount

Total ____________________

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total ____________________

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total ____________________

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

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Total ____________

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you,** or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
			Total	

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail**.

Description ______________________________

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Total estimated value ____________

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
	Total	

SUMMARY OF VALUES

ASSETS	**Amount*** **Client**	**Other's**	**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			
Money owed to your			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

* ***Values for property owned with other put your percentage in client's column and other's percentage in other's column.***

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian for each child.

Name and Address	Relationship

INITIAL TRUSTEE(S): Usually *you* will be the Trustee of your own trust. This allows you to control all of your assets as you do now. However, occasionally people choose to add a co-trustee.

Name and Address	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 and Address	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 and Address	Relationship

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself during your life, who would you want to make those decisions for you?

Name	Relationship	Instructions or Guidelines

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

☐ Yes ☐ No

Gifting Power Details: ______________________________

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CARE DIRECTIVE: **Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____ Do you want to provide that your organs and tissues should be made available for transplant purposes? ___________________________________**

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 take whatever steps are necessary to keep you in a personal residence rather than nursing home? ☐ Yes ☐ No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? ☐ Yes ☐ No

Please choose one of the following. In making distributions during any period of time you are incapacitated, the successor Trustee shall give primary consideration to:

☐ Your needs and then the needs of others dependent upon you.

☐ Your needs and the needs of others dependent upon you equally.

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? ☐ Yes ☐ No

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

☐ Children equally. ☐ To the balance of the trust.

☐ Other named individuals. List on next line.

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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

DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH

☐ **DIVIDE EQUALLY BETWEEN MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**

☐ **DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

☐ **DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES:** Provides no protection from creditors, predators and from themselves. However, beneficiary is given the right to maintain the property in trust, which may give some protection from creditors and predators.

☐ **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 is the one to 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:

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 cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- ☐ To my heirs-at-law.
- ☐ To the following named individuals and/or charities:

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OTHER ITEMS TO INCLUDE OR DISCUSS: Your estate plan should address all of your hopes, fears and wishes. Please list any other items you want included or want to discuss: