

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 OR FAX.**

Part I Personal 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 Other Family Members

Use full legal name:

| Name | Birth date | Relationship |
|-----------------|------------|--------------|
| _____ | _____ | _____ |
| Comments: _____ | | |
| _____ | _____ | _____ |
| Comments: _____ | | |
| _____ | _____ | _____ |
| Comments: _____ | | |
| _____ | _____ | _____ |
| 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):

Important Family Questions

| (Please check "Yes" or "No" for your answer) | Yes | No |
|---|-----|----|
| Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____ | | |
| Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i> | | |
| Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i> | | |
| Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i> | | |
| Have completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i> | | |
| Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i> | | |
| Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i> | | |
| Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i> | | |
| 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 Information

Part II
Property Information

Instructions for Completing the Property Information checklist:

General Headings

This *Property Information* checklist is 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, attach **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 using 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 |
|------------------------------------|--------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | <i>Total</i> | _____ | _____ |

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) | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | <i>Total</i> | _____ |

Automobiles, Boats, and RVs

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

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

Bank Accounts

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

| Name of Institution and account number | Type | Owner | Amount |
|--|-------|--------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | <i>Total</i> | _____ |

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. If held in a brokerage account, lump them together under each account.
(indicate type below)

| Stocks, Bonds or Investment Accounts | Type | Acct. Number | Owner | Amount |
|--------------------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| <i>Total</i> | | | | _____ |

Life Insurance Policies 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.

| | | | | |
|--------------|--|--|--|-------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| <i>Total</i> | | | | _____ |

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.

| | | | | |
|--------------|--|--|--|-------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| <i>Total</i> | | | | _____ |

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.

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 |
|----------------|--------------|---------------|--------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | <i>Total</i> | _____ |

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 _____

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 |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | | <i>Total</i> |

Summary of Values

| Assets | Amount* | | Total Value |
|--------------------------------|---------|---------|-------------|
| | Client | Other's | |
| 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 you | | | |
| 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.

Part III
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.

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. Allows you to control all of your assets as before.

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |

SUCCESSOR TRUSTEE: If you were unable to make decisions (resignation, incapacity or death), who would you want to make decisions with regard to your property and assets, carry out your instructions, and ultimately distribute to and, if desired, manage property for your beneficiaries?

| Name and Address | 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 | Relationship | Instructions or Guidelines |
|-------|--------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Should decision-making authority be effective immediately on signing, or only if you were determined to lack capacity?

- Immediate
- Only if lack capacity

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

- Yes
- No

Gifts Power Details: _____

HEALTH CARE DIRECTIVE: 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 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? _____

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.

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 |
|-----------------------|--------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

