

ESTATE PLANNING WORKSHEET

Estate and Trust Planning

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 VIA EMAIL, FAX OR MAIL PRIOR TO YOUR APPOINTMENT.

PLEASE PROVIDE A COPY OF YOUR LAST TWO YEARS INCOME AND GIFT TAX RETURNS.

PERSONAL INFORMATION

Husband's 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.

Married: Date of Marriage _____ Divorced Widowed Single

Cell Phone _____

Spouse's 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 _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

| Name | Birth date | Parent or 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 a 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 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. | _____ |
| 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. | _____ |
| Other Concerns (Please list below): | _____ |
| _____ | _____ |
| _____ | _____ |

IMPORTANT FAMILY QUESTIONS

| (Please check "Yes" or "No" for your answer) | Yes | No |
|---|-----|----|
| Are you (or your spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____ | | |
| Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i> | | |
| If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i> | | |
| Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i> | | |
| Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i> | | |
| Have (you or your spouse) 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> | | |
| If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i> | | |
| Are you (or your spouse) 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 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:

| For Property Owned | Use |
|--|-----|
| If you are single and you own property in your name only | I |
| If married, Husband's name alone, with no other person | H |
| If married, Wife's name alone, with no other person | W |
| If married, Joint Tenancy with spouse | JTS |
| 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 & 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 |
|--|-------|--------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | <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.

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 |
|--------------------------------|----------------|-------------|--------------------|
| | Husband | Wife | |
| 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: | | | |

* *Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.*

DESIGN INFORMATION

TRUST-RELATED ITEMS:

LEGAL NAME OF CURRENT OR DESIRED TRUST(S): _____

OFFICIAL NAME OF TRUSTEE(S): _____

OFFICIAL NAME OF GRANTOR(S): _____

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

1. _____

2. _____

INITIAL TRUSTEE(S): Usually yourself. If married, most likely you and your spouse, jointly. Allows you to continue to jointly control your assets as before.

Name and Address

Relationship

1. _____

2. _____

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?

FOR HUSBAND

Name and Address

Relationship

1. _____

2. _____

FOR WIFE

Name and Address

Relationship

1. _____

2. _____

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?

FOR HUSBAND

Name and Address

Relationship

1. _____

2. _____

3. _____

FOR WIFE

Name and Address

Relationship

1. _____

2. _____

3. _____

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Page 11
Indicate whether these gifts are to be made at your death or at the death of the survivor of you and your spouse.

FOR HUSBAND:

| Individual or Charity | Amount or Property | At your death or death of survivor? |
|------------------------------|---------------------------|--|
|------------------------------|---------------------------|--|

FOR WIFE:

| Individual or Charity | Amount or Property | At your death or death of survivor? |
|------------------------------|---------------------------|--|
|------------------------------|---------------------------|--|

IF YOU ARE COMFORTABLE WITH THE FOLLOWING CONCEPTS, PLEASE GIVE US YOUR THOUGHTS AND DIRECTIONS

PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE

OUTRIGHT TO SURVIVING SPOUSE: I want to leave my property outright to my surviving spouse. I recognize this does not provide any tax planning which may result in my children paying significant optional estate taxes. I also recognize that this offers no protection from creditors, or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows new spouse to possibly make claim on property in case of death or divorce.

DIVIDE INTO MARITAL AND FAMILY TRUSTS: Designed to maximize estate tax savings. Also provides protection for surviving spouse from creditors and predators. This is sometimes referred to as "A/B Trust Planning". The Marital Trust is sometimes referred to as the "A Trust" or "QTIP Trust". The Family Trust is sometimes referred to as the "B Trust", "By-Pass Trust" or "Credit Shelter Trust". Spouses decide how much control they want the surviving spouse to have. In the event of remarriage protects property for your heirs from the new spouse in case of death or divorce. (We will also discuss "portability" and advantages and disadvantages of "porting" a deceased spouse's unused credit.)

DESIGN OF MARITAL SHARE:

CONVENIENCE TRUST: All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.

ALL INCOME – PRINCIPAL FOR NEEDS: All income is distributed to surviving spouse; principal is available for his or her needs (health, education and maintenance).

ONLY INCOME: Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

DESIGN OF FAMILY SHARE:

ALL INCOME – PRINCIPAL FOR NEEDS: All income is distributed to surviving spouse; principal is available for needs (health, education and maintenance).

Are descendants permissible beneficiaries of principal? _____

INCOME AND PRINCIPAL FOR NEEDS: All income and principal is available for needs. Income may be accumulated and not distributed.

Are descendants permissible beneficiaries of income and/or principal? _____

ONLY INCOME: Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS: Is surviving spouse the sole trustee with a right to appoint cotrustee (surviving spouse then determines the management and distributions for his or her needs)?
Do you wish to name someone to be the cotrustee with the surviving spouse? _____
