

Estate Planning Worksheet

Jane L. Williams, LLC
Estate Planning and 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 OR FAX.

8.16.16

**Part I
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 _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Cell Phone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

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

Date of Marriage _____

Wife'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 _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Cell Phone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

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

How did you hear about our law firm? _____

Children and Other Family Members

(Include all of your children and all other individuals whom you will be naming either as beneficiaries, guardians, or fiduciaries (i.e., executors, trustees, or agents under a medical or financial power of attorney) – in other words, everyone that you mention anywhere else in this intake form. For children, please 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
------	------------	------------------------

_____	_____	_____
Address: _____		

_____	_____	_____
Address: _____		

_____	_____	_____
Address: _____		

_____	_____	_____
Address: _____		

_____	_____	_____
Address: _____		

_____	_____	_____
Address: _____		

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

Husband Wife

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

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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 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>		
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?		
Are you (or your spouse) a U.S. veteran?		
Are you (or your spouse) a member of a labor union or do you work for a labor union?		
Do you (or your spouse) have Long Term Care Insurance?		

Additional Information

Part II

Property Information

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps 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, 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. When doing so, please use the following abbreviations:

Owner of Property	Use
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
Real Property**

FOR EACH PIECE OF REAL ESTATE IN WHICH YOU HAVE AN OWNERSHIP INTEREST (family residence, other residence, rental property, vacation home, time share, vacant land, farm/agriculture real estate), **PLEASE PROVIDE THE FOLLOWING:**

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

Furniture and Personal Effects

PLEASE LIST SEPARATELY: ANY major personal effects such as jewelry, collections, antiques, furs, fire arms and any other valuable non-business personal property, its owner, and its approximate market value. For miscellaneous, less valuable items, give a lump sum..

Type or Description	Owner	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Miscellaneous Furniture and Household Effects (Lump sum)	_____	_____
	<i>Total</i>	_____

Automobiles, Boats, and RVs

FOR EACH MOTOR VEHICLE (car, truck, motorcycle, scooter, 4-wheeler, trailer, boat, RV, etc.) **PLEASE LIST THE FOLLOWING:** description (year, make, model), how titled, market value and loan balance:

Bank Accounts

FOR EACH BANK ACCOUNT, PLEASE LIST THE FOLLOWING: name of institution (bank, savings & loan, credit union), type (Checking Account "CA", Savings Account "SA", Certificate of Deposit "CD", Money Market "MM"), *in whose name the account is held, and the amount currently in that amount. Do not include IRAs or 401(k)s here.*

Name of Institution	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

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

Stocks and Bonds

FOR ANY AND ALL STOCKS AND BONDS (INCLUDING BROKERAGE/INVESTMENT ACCOUNTS), PLEASE PROVIDE THE FOLLOWING INFORMATION: If held in a brokerage account, lump them together under each account. Do not include IRAs or 401(k)s here.

Stocks, Bonds or Investment Accounts	Type		Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

Life Insurance Policies and Annuities

FOR EACH LIFE INSURANCE POLICY AND ANNUITY YOU OWN, PLEASE PROVIDE THE FOLLOWING INFORMATION: Insurance company, type (term, whole life, group life, annuity), face amount (death benefit), whose life is insured, who owns the policy, and the current beneficiaries.

		<i>Total</i>	_____

Retirement Plans

FOR EACH RETIREMENT PLAN YOU OWN, PLEASE PROVIDE THE FOLLOWING INFORMATION: Type (IRA, 401(k), SEP, Pension (P), Profit Sharing (PS), H.R. 10), the plan name, the current value of the plan, named beneficiaries, and any other pertinent information.

		<i>Total</i>	_____

FOR ANY BUSINESS INTEREST YOU OWN (EVEN PARTIAL OWNERSHIP), PLEASE PROVIDE THE FOLLOWING: Type (general and limited partnerships, sole proprietorships, privately owned corporations, professional corporations, limited liability companies, oil interests, farm and ranch interests), description of the interests, your ownership in the interests, and the estimated value of the interests.

Money Owed to You Total _____

FOR ANY MORTGAGES, PROMISSORY NOTES, OR ANY OTHER MONEYS OWED TO YOU, PLEASE PROVIDE THE FOLLOWING:

Table with 5 columns: Name of Debtor, Date of Note, Maturity Date, Owed to, Current Balance. Includes a Total row at the bottom.

Anticipated Inheritance, Gift, or Lawsuit Judgment

PLEASE DESCRIBE ANY GIFTS, INHERITANCES, OR LAWSUIT JUDGMENTS YOU ANTICIPATE RECEIVING IN THE FUTURE:

Description _____
Total estimated value _____

Other Assets

PLEASE LIST ANY PROPERTY INTEREST YOU HAVE THAT HAS NOT BEEN MENTIONED ABOVE: Examples: burial plots, intellectual property, digital property.

Table with 3 columns: Type, Owner, Value. Includes a Total row at the bottom.

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.*

Part III

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. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before. [Only necessary if the estate plan involves a trust]

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? [Only necessary if the estate plan involves a trust]

FOR HUSBAND

Name and Address	Relationship
_____	_____
_____	_____

FOR WIFE

Name and Address	Relationship
_____	_____
_____	_____

PERSONAL REPRESENTATIVE OR DEATH TRUSTEE: After your death, who do you want carrying out your instructions to distribute and/or manage your property for your beneficiaries?

FOR HUSBAND

Name and Address	Relationship
_____	_____
_____	_____

FOR WIFE

Name and Address	Relationship
_____	_____
_____	_____

DEFINITION OF INCAPACITY: Your trust document may contain a “springing clause,” meaning that your successor trustee’s authority to manage your trust assets only becomes effective if you are incapacitated (or disabled). Your incapacity can be determined in any of the following ways. Please check the definition of incapacity you want used:

FOR HUSBAND

- One physician’s certification
- Two physicians’ certification
- Certification of my Disability Panel (individuals who know and care about me who would know if I am unable to handle my own affairs). My Disability Panel members are: (1) _____, (2) _____, and (3) _____.

FOR WIFE

- One physician’s certification
- Two physicians’ certification
- Certification of my Disability Panel (individuals who know and care about me who would know if I am unable to handle my own affairs). My Disability Panel members are: (1) _____, (2) _____, and (3) _____.

In making distributions during any period of time you are incapacitated, to whom do you want your successor Trustee to give primary consideration?

- Your needs and then the needs of others dependent upon you (typical for single individuals or married couples with adult children).
- Your needs and the needs of others dependent upon you equally (typical for single individuals or married couples with minor children).

POWER OF ATTORNEY:

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

HUSBAND’S AGENT:

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

WIFE’S AGENT:

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?

Husband: Yes No

Wife: Yes No

Gifting Power Details: _____

HEALTH CARE POWER OF ATTORNEY:

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

HUSBAND'S AGENT:

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

WIFE'S AGENT:

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

If reasonable under the circumstances, 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? Husband: Yes No Wife: Yes No

If 2 physicians certify your need for psychological or substance treatment, do you want to authorize your Medical Agent to arrange for voluntary admission to a treatment program? Husband: Yes No Wife: Yes No

**Do you want to provide that your organs and tissues should be made available for transplant purposes?
(h)_____ (w)_____**

**Do you want to provide that your organs and tissues should be made available for research purposes?
(h)_____ (w)_____**

LIVING WILL:

**Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?
(h)_____ (w)_____**

Part IV

FOLLOWING YOUR PASSING (by Will or by Trust)

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 now or later? Yes No

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

- FOR HUSBAND:** Spouse, then children equally. Children
 Spouse, then to balance of trust. To the balance of the trust.
 Spouse, then other named individuals. Other named individuals. List on next line.

-
- FOR WIFE:** Spouse, then children equally. Children
 Spouse, then to balance of trust. To the balance of the trust.
 Spouse, then other named individuals. Other named individuals. List on next line.
-

SPECIFIC GIFTS: Do you want to give specific gifts of real estate or cash gifts to either individuals or charities? Indicate whether these gifts are to be made even if your spouse is still alive.

FOR HUSBAND:

Individual or Charity	Amount or Property	Contingent on Wife predeceasing?

FOR WIFE:

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?

DIVIDE EQUALLY BETWEEN OUR 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 OUR 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 follow in determining the beneficiary's needs. You may provide for a staggered distribution of principal. For example: 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 co-trustee and/or choose his or her own co-trustee? 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 each spouse's heirs-at-law (*typical for most couples*).
- One-half to Husband's heirs-at-law and one-half to Wife's heirs at law.
- To the following named individuals and/or charities:

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 (ex: care of pets, disposition of remains, type of memorial service desired, etc.):
