

# ESTATE PLANNING WORKSHEET

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Estate and Trust Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

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

DO NOT EMAIL THIS FORM OR OTHER CONFIDENTIAL INFORMATION TO US. INSTEAD, RETURN THIS FORM AND SHARE CONFIDENTIAL INFORMATION ONLY BY HAND DELIVERY OR UPLOADING TO THE SECURE ENCRYPTED CLIENT FOLDER SENT TO YOU AT THE TIME YOUR APPOINTMENT IS SET. ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET PRIOR TO YOUR APPOINTMENT.

Revised Jan 2022

# 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

Cell Phone \_\_\_\_\_

## CHILDREN AND/OR OTHER FAMILY MEMBERS

*Use full legal name:*

Name	Birth date	Parent or Relationship
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_____	_____	_____
Comments: _____		

_____	_____	_____
Comments: _____		

_____	_____	_____
Comments: _____		

_____	_____	_____
Comments: _____		

_____	_____	_____
Comments: _____		

_____	_____	_____
Comments: _____		

_____	_____	_____
Comments: _____		

## ADVISORS

Name	Telephone
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Personal Attorney _____	_____
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Accountant _____	_____
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Financial Advisor _____	_____
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Life Insurance Agent _____	_____
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### 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.

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Providing for and protecting children.

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Providing for and protecting grandchildren.

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Disinheriting a family member

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Providing for charities at the time of death.

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Plan for the transfer and survival of a family business.

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Avoiding or reducing your estate taxes.

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Avoiding probate.

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Reduce administration costs at time of your death

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Avoiding a conservatorship (“living probate”) in case of a disability.

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Avoiding will contests or other disputes upon death.

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Protecting assets from lawsuits or creditors.

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Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

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Plan for a child with disabilities or special needs, such as medical or learning disabilities.

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Protecting children’s inheritance from the possibility of failed marriages.

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Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

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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? <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 RELEVANT INFORMATION

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## 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 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 & 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.

## STOCKS AND BONDS

**TYPE:** List any and all stocks and bonds you own. If they are 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 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.

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
	<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.

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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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<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** \_\_\_\_\_

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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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>



## SUMMARY OF VALUES

<b>ASSETS</b>	<b>Amount*</b>		<b>Total Value</b>
	<b>Client</b>	<b>Other's</b>	
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			
<b>Total Assets:</b>			

\* *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.

Name and Address	Relationship
_____	_____
_____	_____

**INITIAL TRUSTEE(S):** Usually yourself. This allows you to control all of your assets as before.

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
_____	_____
_____	_____
_____	_____
_____	_____

**LIVING WILL:** 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? \_\_\_\_\_

**MEDICAL AGENT:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? Also list any specific instructions or guidelines you wish to make.

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

**DISABILITY DETERMINATION:** For the purposes of my Trust, I shall be deemed disabled during any period when, in the opinion of my Disability Panel, I am incapacitated or disabled because of illness, age, or any other cause which results in my inability to effectively manage my property or financial affairs. My Disability Panel shall consist of:

- Two physicians
- Other: \_\_\_\_\_

**DISABILITY GUIDELINES:** In order to assist my Trustee in exercising its discretionary authority during any period of disability, I may want to leave some specific guidelines. Some possible guidelines are:

\_\_\_\_ I wish to always remain as self-sufficient as possible. My Trustee shall consider the following preferences for living arrangements:

\_\_\_\_ It is my desire to remain in my residence as long as possible, even if my mental or physical condition is such that I can no longer provide for myself. My Trustee is authorized to hire companions, nurses or others necessary to provide for my needs.

\_\_\_\_ If, due to my mental or physical condition, it is no longer practical for me to live in my current residence, then it is my desire that my Trustee provide a more suitable residence for me.

\_\_\_\_ If it should become necessary for me to enter any hospice, nursing home, retirement center, convalescent home or similar establishment, it is my desire that the level of care provided be consistent with maintaining my maximum degree of independence.

\_\_\_\_ I direct my Trustee to always consult with my Health Care Representative appointed under my Health Care Power of Attorney regarding the appropriate balance between quality of care and living arrangements and economic reality.

\_\_\_\_ I wish to remain mentally and physically active as long as possible. I direct my Trustee to provide opportunities for me to engage in social, recreational, and sports activities, including travel, as my health permits. Such decisions shall be made after consultation with my Health Care Representative. I further direct my Trustee to provide me with books, tapes, and similar materials consistent with my interests.

\_\_\_\_ My Trustee is authorized to pay my pledges and make such gifts as I have regularly made to charitable organizations described in Section 170 (c) of the Internal Revenue Code.

\_\_\_\_ It is my desire to provide for the presence and involvement in my care of religious clergy or spiritual leaders, provide them access to me at all times, maintain my memberships in religious or spiritual organizations, and enhance my opportunities to derive comfort and spiritual satisfaction from such activities, including religious books, tapes and other materials.

\_\_\_\_ I further direct my Trustee, in cooperation with my Health Care Representative, to provide for companionship for me consistent with my needs and preferences. I consider such continuing interaction to be essential.

\_\_\_\_ I direct my Trustee to consult with my Health Care Representative regarding all costs of my health care. My Trustee shall only pay those costs incurred as a result of the decisions reached by my Trustee and my Health Care Representative. My Trustee, in its sole and absolute discretion, is authorized to reimburse my Health Care Representative for expenses incurred.

\_\_\_\_ I further specifically prohibit my Trustee from expending any trust funds for medical treatment considered "extraordinary" or "heroic" by my Health Care Representative. The decision as to whether treatment shall be considered "extraordinary" or "heroic" shall be in the sole and absolute discretion of my Health Care Representative, as guided by the instructions contained in my Health Care Power of Attorney.

\_\_\_\_ I authorize my Trustee to make pre-need arrangements for me in accordance with the Instructions for My Final Arrangements contained in my Estate Planning Portfolio. If I have not completed the Instructions for My Final Arrangements, I authorize my Trustee, after consultation with my Health Care Representative, to make any pre-need arrangements considered necessary or appropriate.

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS**

**USE OF PERSONAL PROPERTY MEMORANDUM:** Your personal property will be distributed pursuant to a written list you may prepare later, 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

**DISTRIBUTION OF BALANCE OF MY PROPERTY UPON MY DEATH**

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

**DISTRIBUTE TO NAMED INDIVIDUALS and/or CHARITIES:**

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**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:

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**DISPOSITION OF REMAINS:** BURIAL \_\_\_ CREMATION\_\_\_

**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:

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