

ESTATE PLANNING WORKBOOK



*Leaving a Legacy of Love, Wisdom and Wealth through Estate Planning
and Wealth Protection*

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 WORKBOOK TO OUR OFFICE PRIOR TO YOUR APPOINTMENT
VIA MAIL OR FAX.

PERSONAL INFORMATION

Client 1'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# (not necessary) _____ US Citizen? Y / N
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.
Date of Marriage _____ Mother's Maiden Name _____

Client 2'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? Y / N
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.
Mother's Maiden Name _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "B" if both spouses are the parents, "C1" if Client 1 is the parent, "C2" if Client 2 is the parent)

Name	Birth date	Parent or Relationship
1. _____	_____	_____
Address/Phone: _____		
2. _____	_____	_____
Address/Phone: _____		
3. _____	_____	_____
Address/Phone: _____		
4. _____	_____	_____
Address/Phone: _____		
5. _____	_____	_____

Please list additional Children can be added on a separate page.

Do you have any children or grandchildren with drug, alcohol problems or any form of disability? If so please explain : _____

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	
	Client 1	Client 2
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

**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. 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, 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 married, Client 1’s name alone, with no other person	C1
If married, Client 2’s name alone, with no other person	C2
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, Location and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

FURNITURE AND TANGIBLE PERSONAL PROPERTY

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)	_____	_____
Jewelry	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

AUTOMOBILES, BOATS AND RVs

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

Make/Model and VIN	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>		_____	_____

BANK & SAVINGS 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.

INVESTMENT ACCOUNTS

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 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.

Policy Information	Policy Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<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.

Plan Information	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<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.

Business Interest and Information	Value of Interest
_____	_____
_____	_____
_____	_____
_____	_____
<i>Total</i>	_____

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*		
	Client 1	Client 2	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 you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

* *For Jointly Owned Property values enter 1/2 in Client 1's column and 1/2 in Client 2's column.*

DESIGNING YOUR ESTATE PLAN - INFORMATION

PERSONS TO ACT FOR YOU AS VARIOUS AGENTS. Each of these agents and their responsibilities as well as few others will be discussed more thoroughly in the meeting with the attorney, but if you have a general idea of the persons you are going to name to act for you in the following roles, please gather and provide the listed information. **If you name an individual to multiple roles, you do not need to duplicate the information you provide, other than their name.**

EXECUTORS: An executor is named in a Will and handles the probate of an estate.

CLIENT 1'S EXECUTORS

Legal Name	Relationship
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____

CLIENT 2'S EXECUTORS

Legal Name	Relationship
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____

TRUSTEES: A Trustee handles the management of a trust(s) created by a Will or separate trust document.

CLIENT 1'S TRUSTEES

Legal Name	Relationship
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____

CLIENT 2'S TRUSTEES

Legal Name	Relationship
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____

FINANCIAL POWER OF ATTORNEY:
would you want to make those decisions for you?

If you were unable to make financial decisions for yourself, who Page 10

CLIENT 1'S AGENTS

Legal Name and Address	Relationship
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____

CLIENT 2'S AGENTS

Legal Name and Address	Relationship
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____

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? Yes _____ No _____

HEALTH/MEDICAL 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?

CLIENT 1'S AGENTS

Legal Name and Address	Phone Number(s)	Relationship
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

CLIENT 2'S AGENTS

Legal Name and Address	Phone Number(s)	Relationship
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

BURIAL, CREMATION, AND OTHER PREFERENCES: Do you prefer burial, cremation, or have other specific requests? Page 11

Burial? Yes _____ No _____ Cremation? Yes _____ No _____ Other? _____

Please provide information regarding funeral arrangements or burial plots at the initial meeting.

FUNERAL HOME AGENT: This person will be authorized to make any burial, cremation or other arrangements with the funeral home after your death.

CLIENT 1'S AGENTS

Legal Name and Address	Phone Number(s)	Relationship
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

CLIENT 2'S AGENTS

Legal Name and address	Phone Number(s)	Relationship
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

GUARDIANS FOR YOUR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be their legal guardian.

Legal Name and Address	Relationship
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____

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

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive. (Please provide a separate list if not enough space is provided)

FOR CLIENT 1:

Individual or Charity	Amount or Property	Contingent on Client 2 predeceasing?

FOR CLIENT 2:

Individual or Charity	Amount or Property	Contingent on Client 1 predeceasing?