Estate Planning Worksheet

MOORE & KERBAWY COUNSELORS AT LAW:

The focus of the practice is Wealth Protection Planning for families, individuals, and domestic partners and Exit Planning for business owners. What is unique about the practice is our affiliation with Wealth Counsel and the Exit Planning Institute.

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 EMAIL.

**Part I**

**Personal Information**

Client’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.

Date of Marriage

Client’s Spouse , Partner, or Second Grantor’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.

Children and Other Family Members

*(Use full legal name. Use “JT” if both spouses are the parents, “1” if client or first listed grantor is the parent, “2” if spouse or second listed grantor is the parent, “S” if a single parent.)*

**Name Birth date Parent or Relationship**

Comments:

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** |
|  | **Client** | **Spouse** |
| 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? *Describe* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Are you (or your spouse) making payments pursuant to a divorce or property settlement order? *Please furnish a copy* |  |  |
| If married, have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy* |  |  |
| Have you (or your spouse) been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy* |  |  |
| Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns* |  |  |
| Have you (or your spouse) completed previous will, trust, or estate planning? *Please furnish copies of these documents* |  |  |
| Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below*. |  |  |
| Are there any other charitable organizations you wish to make provisions for at the time of your death? *If so, please explain below*. |  |  |
| If married, have you lived in any of the following states while married to each other? *Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin* |  |  |
| Are you (or your spouse) currently the beneficiary of anyone else’s trust? *If so, please explain below.* |  |  |
| 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 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, Client’s name alone, with no other person | C |
| If married, Spouse’s name alone, with no other person | S |
| 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, timeshare, vacant land, etc.

 **Market Loan
General Description and/or Address Owner Value Balance**

 ***Total***

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)

 ***Total***

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

 ***Total***

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

 ***Total***

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.

 ***Total***

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.

 ***Total***

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.

 **Date of Maturity Owed Current**
**Name of Debtor Note Date to Balance**

 ***Total***

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**

 ***Total***

Summary of Values

**Amount\***

**Assets Client Spouse 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:**

*\** ***Joint Property values enter 1/2 in client’s column and 1/2 in spouse’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 the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control 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?**

**FOR CLIENT**

 **Name and Address Relationship**

**FOR SPOUSE**

 **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?**

**FOR CLIENT**

 **Name and Address Relationship**

**FOR SPOUSE**

 **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?**

**CLIENT’S AGENT**

 **Name Relationship Instructions or Guidelines**

**SPOUSE’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?**

 **Client: 🞏** Yes **🞏** No **Spouse: 🞏** Yes **🞏** No

**Gifting Power Details:**

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH 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’S AGENT**

 **Name Relationship Instructions or Guidelines**

**SPOUSE’S AGENT**

 **Name Relationship Instructions or Guidelines**

**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? Client: 🞏** Yes **🞏** No **Spouse: 🞏** Yes **🞏** No

**Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? Client: 🞏** Yes **🞏** No **Spouse: 🞏** Yes **🞏** No

**In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:**

**🞏** Disabled spouse, the needs of others. **🞏** Disabled spouse and other spouse, and then needs of others

**🞏** Disabled spouse needs and the needs of others equally.