

ESTATE PLANNING WORKSHEET
SINGLE/INDIVIDUAL REVOCABLE LIVING TRUST

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT
MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

***PLEASE COMPLETE ALL INFORMATION PRIOR TO YOUR MEETING.
PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS.**

CLIENT 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 _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

County of Residence _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Phone _____ Fax _____

E-mail Address _____

- It is okay to communicate with me via my E-mail address.
- It is okay to send documents to my E-mail address.

Divorced Widowed Never Married

CHILDREN

Use full legal name:

Name	Birth date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER FAMILY MEMBERS

Use full legal name:

Name	Birth date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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.

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 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

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:

Owner of Property	Use
If you own property in your name only	I
Joint Ownership with another person	JO
If you cannot determine how the property is owned	?

Value of Property

Property values should reflect the percentage of ownership you have in that property.

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: List separately each auto, boats, or RV.

Type or Description	Owner	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<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 IRA's or 401(k)'s here

Name of Institution	Type	Acct. Number	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 held in a brokerage account, lump them together under each account. Page 7

Name of Stock, Bond, or Investment Value	Type	Acct. Number	Owner	Current
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity.

Name of Institution	Beneficiary(ies)	Type	Acct. Number	Owner	At Death Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<i>Total</i>					_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K).

Name of Institution	Type	Acct. Number	Owner	Current Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<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.

Description	Type	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<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

	TOTAL AMOUNT
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:	_____

TRUSTEES AND SUCCESSOR TRUSTEES: These are the persons who would be your trustees, successor trustees and trustees for any sub-trust created in your trust when you pass away.

1st Choice: _____ Relationship to you: _____
 Address _____ City _____ State _____ Zip _____
 2nd Choice: _____ Relationship to you: _____
 Address _____ City _____ State _____ Zip _____

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, who would you want to be guardian over your children?

1st Choice: _____ Relationship to you: _____
 Address _____ City _____ State _____ Zip _____
 2nd Choice: _____ Relationship to you: _____
 Address _____ City _____ State _____ Zip _____

AGENT FOR FINANCIAL DECISIONS: If you were to pass away or become incapacitated, who would you want to make financial decisions for you and carry out your wishes?

1st Choice: _____ Relationship to you: _____
 Address _____ City _____ State _____ Zip _____
 2nd Choice: _____ Relationship to you: _____
 Address _____ City _____ State _____ Zip _____
 3rd Choice: _____ Relationship to you: _____
 Address _____ City _____ State _____ Zip _____

AGENT FOR HEALTH CARE: If you were unable to make *medical decisions* for yourself because of incapacity, who would you want to make decisions for you with regard to your medical treatment?

1st Choice: _____ Relationship to you: _____
 Phone Number _____
 Address _____ City _____ State _____ Zip _____
 2nd Choice: _____ Relationship to you: _____
 Phone Number _____
 Address _____ City _____ State _____ Zip _____
 3rd Choice: _____ Relationship to you: _____
 Phone Number _____
 Address _____ City _____ State _____ Zip _____

DISTRIBUTIONS

SPECIFIC GIFTS: List any *specific* gifts you would like to make (e.g. \$10,000.00 to Joe Smith; 10 inch pearl necklace to Jane Doe)

Individual or Charity

Amount or Property

RESIDUAL ESTATE AFTER SPECIFIC GIFTS ARE MADE:

List the people you wish to receive the rest of your estate:

Individual or Charity

Percentage of Estate

Describe *how* you would like the rest of your estate to be distributed:

DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES: Property is given to beneficiaries with no restrictions. Please note that this provides no protection from creditors or from themselves.

STRUCTURED TRUST: Property is held in trust for your beneficiaries as long as you desire (up to their lifetime). During this time, your beneficiaries will be able to obtain what is necessary for their needs (health, education and maintenance). You may also provide that they receive additional principle (e.g. \$10,000.00 every 5 years). Please 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:

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously your estate plan should address all your hopes, fears and wishes please list any other items you want included or want to discuss:

OFFICE USE ONLY

Date: _____
Fee Quote: _____
Deposit Received: _____
Payment Type: _____
Promised Date: _____