

YOUR APPOINTMENT IS AT:

YOU MUST DELIVER THIS WORKSHEET 24 HOURS BEFORE THE CONSULTATION. PLEASE COMPLETE IT TO THE BEST OF YOUR ABILITY. PAGES 2 AND 3 ARE PARTICULARLY IMPORTANT FOR THE INITIAL CONSULTATION.

Estate Planning Worksheet for a Married Couple

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Business, Life & Estate Planning

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 EMAIL (david.taylor@rightsize-law.com), MAIL, OR FAX (INFORMATION BELOW)

Part I
Personal Information

Page 1

Spouse 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 _____ Gender _____ Age _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

Employer _____ Position _____
(Current OR Last) (If Retired, Please Provide your Last Employer & Position) (Current OR Last)

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

Date of Marriage _____

Spouse 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 _____ Gender _____ Age _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

Employer _____ Position _____
(Current OR Last) (If Retired, Please Provide your Last Employer & Position) (Current OR Last)

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, "S1" if spouse 1 is the parent, "S2" if spouse 2 is the parent, "S" if a single parent.)

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

Advisors

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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****Spouse 1 Spouse 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 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, Spouse 1's name alone, with no other person		S1
If married, Spouse 2's name alone, with no other person		S2
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		?

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

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Type of Institution (Credit Union, Local Bank or National Bank)	Type	Owner	Amount
		<i>Total</i>	

Life Insurance Policies and Annuities

[illegible]

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.**).

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Phone: (202) 546-1536 ♦ Fax: (888) 881-7435

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

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.

Money Owed to You

Total _____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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Assets	Amount*		Total Value
	Spouse 1	Spouse 2	
Real Property			
Retirement Plans			
Mutual Funds, Stocks, and Bonds(Non-Retirement)			
Bank and Savings Accounts			
Life Insurance and Annuities			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Business Interests			
Money owed to you Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

* ***Joint Property values enter 1/2 in Spouse 1's column and 1/2 in Spouse 2's column.***

Part III

Design Information

PERSONS TO ACT FOR YOU:

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 SPOUSE 1

Name and Address

Relationship

FOR SPOUSE 2

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 SPOUSE 1

Name and Address

Relationship

FOR SPOUSE 2

Name and Address

Relationship

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

POWER OF ATTORNEY AGENT: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

SPOUSE 1'S AGENT

Name	Relationship	Instructions or Guidelines

SPOUSE 2'S AGENT

Name	Relationship	Instructions or Guidelines

HEALTH CARE 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?

SPOUSE 1'S AGENT

Name	Relationship	Instructions or Guidelines

SPOUSE 2'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? Spouse 1: ☐ Yes ☐ No Spouse 2: ☐ 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? Spouse 1: ☐ Yes ☐ No Spouse 2: ☐ 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.

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? _____

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

☐ **DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

☐ **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 decide who will 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:

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.