

ESTATE PLANNING WORKSHEET

Duvall Law Firm, LLC
Serving Families & Small Business

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 FAX.

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 _____ Cellphone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Business Telephone _____

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

Divorced Widowed Single

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

| Name | Birth date | Parent or Relationship |
|----------------|---------------------|------------------------|
| _____ | _____ | _____ |
| Address: _____ | Phone Number: _____ | _____ |
| _____ | _____ | _____ |
| Address: _____ | Phone Number: _____ | _____ |
| _____ | _____ | _____ |
| Address: _____ | Phone Number: _____ | _____ |
| _____ | _____ | _____ |
| Address: _____ | Phone Number: _____ | _____ |
| _____ | _____ | _____ |
| Address: _____ | Phone Number: _____ | _____ |
| _____ | _____ | _____ |
| Address: _____ | Phone Number: _____ | _____ |

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> _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do any of your children have special educational, medical, or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do any of your children receive governmental support or benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide primary or other major financial support to adult children or others? | <input type="checkbox"/> | <input type="checkbox"/> |

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 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.

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.

| 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* | | Total Value |
|--------------------------------|----------------|----------------|--------------------|
| | Client | Other's | |
| 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: | | | |

* *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.

In order to assist you in determining a guardian, the following “helpful hints” are offered for consideration in making this decision:

1. List people who would be a better choice than foster care.
2. Make a list of the parenting characteristics that are important to you, and pick the top 5.
3. Go over list 1 and rank the people in order of how they fit your top 5 parenting characteristics.
4. Consider contingencies – if Aunt & Uncle are on the list, and they divorce or one dies.
5. List everyone you definitely *do not* want to be guardians, for whatever reason.
6. If anyone on the list of guardians cannot get to your home within 30 minutes, if needed, identify temporary caretakers, as well.

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. 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 |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

| 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?

Yes No

Gift Power Details: _____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? Y / N

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?

| 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? 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? Yes No

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

- Your needs and then the needs of others dependent upon you.
- Your needs and the needs of others dependent upon you equally.

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 (Living Trust only)

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 |
|-----------------------|--------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

