

ESTATE PLANNING WORKSHEET

DUVALL LAW FIRM, LLC

Thank you for taking the time to complete our Estate Planning Worksheet. The Worksheet is organized into three parts.

Parts I and II provide a comprehensive picture of your personal and financial situation. This information is critical as it allows us to more fully serve you. We need to receive this information ahead of time so we can focus more of our consultation time on your substantive questions and concerns. Therefore, please return the completed document to our office at least three business days before your scheduled meeting.

Part I asks for your personal information. Part II asks for information about your assets and liabilities. Please complete Part II of the worksheet, including all of your assets and liabilities, together with your best estimate of their respective values. Exact figures are not necessary. Feel free to round the amount to the nearest \$50K.

Part III of the worksheet is the design information. We will fill this part of the worksheet as we design your estate plan. To the extent you include information within Part III, this will provide a starting point to our conversation.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

**PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR
APPOINTMENT VIA MAIL OR EMAIL.**

PERSONAL INFORMATION

Husband'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 _____ Cellphone _____

Wife'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.

Cellphone _____

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: _____	_____

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

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. 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, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
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 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 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.

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
	Husband	Wife	Joint	
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:	_____	_____	_____	_____

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 the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly 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?

FOR HUSBAND

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

FOR WIFE

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 HUSBAND

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

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?

HUSBAND'S AGENT

Name

Relationship

Instructions or Guidelines

_____	_____	_____
_____	_____	_____
_____	_____	_____

WIFE'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?

Husband: Yes / No

Wife: 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? Husband Y / N Wife 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?

HUSBAND'S AGENT

Name

Relationship

Instructions or Guidelines

_____	_____	_____
_____	_____	_____
_____	_____	_____

WIFE'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? Husband: Yes / No Wife: 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? Husband: Yes / No Wife: 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.

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:

FOR HUSBAND: Spouse, then children equally. Children
 Spouse, then to balance of trust. To the balance of the trust.
 Spouse, then other named individuals. Other named individuals. List on next line.

FOR WIFE: Spouse, then children equally. Children
 Spouse, then to balance of trust. To the balance of the trust.
 Spouse, then other named individuals. 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.
Indicate whether these gifts are to be made even if the other spouse is alive.

FOR HUSBAND:
Individual or Charity **Amount or Property** **Contingent on Wife predeceasing?**

FOR WIFE:
Individual or Charity **Amount or Property** **Contingent on Husband predeceasing?**

PROVIDING FOR THE SURVIVING SPOUSE UPON THE DEATH OF THE FIRST SPOUSE:

TO SURVIVING SPOUSE WITHOUT TAX PLANNING: We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

- All to surviving spouse. _____% to surviving spouse.
- Minimum allowed by law to surviving spouse.

MARITAL DEDUCTION FORMULA (OFFICE USE ONLY):

- Disclaimer Provision Clayton Election
- Marital Pecuniary Marital Fractional
- Credit Shelter Pecuniary

DESIGN OF MARITAL SHARE:

- OUTRIGHT:** We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows a new spouse to possibly make claim on property in case of death or divorce.
- GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Martial Share from the trust.
- ALL INCOME - PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his or her needs (health, education, and maintenance).
- ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

DESIGN OF FAMILY SHARE:

- ALL INCOME - PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for needs (health, education, and maintenance).
Are descendants permissible beneficiaries of principal? _____
- INCOME AND PRINCIPAL FOR NEEDS:** All income and principal is available for needs. Income may be accumulated and not distributed.
Are descendants permissible beneficiaries of income and/or principal? _____
- ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS: Is surviving spouse the sole trustee with a right to appoint cotrustee (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the cotrustee with the surviving spouse? _____

LIMITED POWER OF APPOINTMENT: Do you want the surviving spouse to be able to modify the way property is to be distributed upon his or her death? _____

If so, to whom may the surviving spouse distribute your property:

- Your descendants
- Your descendants and their spouses
- Your descendants and charities
- Your descendants, their spouses, and charities
- Anyone, no limitations

- DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN;**
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

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

STRUCTURED TRUST: You determine how long the property is to remain in 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 be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. 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:

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:

- To each spouse's heirs-at-law.
- One-half to Husband's heirs-at-law and one-half to Wife's heirs-at-law.
- To the following named individuals and/or charities:

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:
