

ESTATE PLANNING WORKSHEET

Estate Planning and Administration
Elder Law - Special Needs
International Tax

ESTATE PLANNING QUESTIONNAIRE

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

Personal Information:

Name: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Can we call you at work? Yes No

Email address: _____

Can we email documents? Yes No

Date of Birth: _____

Place of Birth: _____

Address: _____

Are you a veteran? Yes No

Spouse information:

Name: _____

Date of the marriage: _____

Pre-nuptial or post-nuptial agreement: Yes No

Please provide a copy of the agreement.

Prior marriages:

Name of former spouse: _____

Please provide a copy of the divorce agreement and order

Family Information

Children names (and date of birth for minor children only):

Other family members:

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 you completed a previous will, trust, or estate plan? <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

Executor – Personal Representative:

1. **Primary Executor(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

2. **Alternate Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

3. **Alternate Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

4. **Alternate Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Co-executors must act together?

Co-executors may act separately?

Power of Attorney (Financial Power):

Are they the same as your Executor? Yes (skip to Your Wishes) / No (fill in your selection(s) below)

1. **Primary Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

2. **Alternate Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

3. **Alternate Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

4. **Alternate Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Power of Attorney (CONTINUED):

SELECT ONE OF THE THREE FOLLOWING OPTIONS FOR EACH CATEGORY:

Powers:

- 1. Immediate power: effective upon signing
- 2. Springing power: effective only upon medical certification
- 3. Combination power: effective upon signing for the primary agent, but only upon medical certification for any alternates

Gifting Powers:

- 1. Shall your agent have full gifting powers?
- 2. Do you want limitations on your agent’s gifting powers?
- 3. Do you want a third party to authorize your agent’s gifting powers ?

Medical Power – Advance Medical Directive:

Are they the same as listed in Power of Attorney? Yes (skip to Your Wishes) / No (fill in your selection(s) below)

1. **Primary Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

2. **Alternate Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

3. **Alternate Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

4. **Alternate Agent(s):**

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

FOR EACH QUESTION, SELECT ONE OPTION:

- 1. You want your Living Will to supersede the power of your agent.
 You want the power of your agent to supersede your Living Will.
- 2. Women: If you are pregnant:
 - The viability of the baby shall be a priority. Your agent shall only consent to the removal of life-prolonging procedures, if the viability of the baby is very poor.
 - The viability of the baby shall not be a priority. Your agent shall make a healthcare decision for you.

Medical Power – Advance Medical Directive (CONTINUED):

PLEASE ANSWER YES OR NO:

- 1. Do you want to authorize your agent to consent to experimental medicine as treatment? Yes/ No
- 2. Do you want organ donation instructions? Yes/ No
- 3. Do you want funeral instructions? Yes/ No

HIPAA Release:

Any additional individuals you would like to have access to your medical records?

Trustees for your revocable trust or for other trusts:

If they are not the same as the executors mentioned above, please state your selection and relationship:

Pets:

Any particular instructions?

Specific Gifts:

Main Beneficiaries of Your Estate:

Remote Beneficiaries of Your Estate:

If all of the main beneficiaries mentioned above pre-decease you...often clients select the descendants of their parents

Children Trust Specific Instructions:

- One Trust until the youngest reaches the age of _____, then the trust is to be distributed:
 - Outright in separate shares to each child
 - Held in a separate trust for each child
 - To be distributed at the age of _____
 - To be distributed 1/3 at the age of _____, then the remaining 1/2 at the age of _____, then the balance at the age of _____
 - To be held in a trust for the life of the child
 - Total power of appointment to bequest the balance of the trust
 - Limited power of appointment to only the descendant of the child
 - Limited power of appointment to the descendant and spouse of the child
 - Limited power of appointment to the descendant and only life estate for the spouse of the child
 - Special Needs Trust for _____
- Separate trust from the beginning
 - To be distributed at the age of _____
 - To be distributed 1/3 at the age of _____, then the remaining 1/2 at the age of _____, then the balance at the age of _____
 - To be held in a trust for the life of the child
 - Total power of appointment to bequest the balance of the trust
 - Limited power of appointment to only the descendant of the child
 - Limited power of appointment to the descendant and spouse of the child
 - Limited power of appointment to the descendant and only life estate for the spouse of the child
 - Special Needs Trust for _____

Other instructions:

Assets	Sole Name	Joint	Name of joint owner
Real Estate			
Checking Accounts			
Savings Accounts			
Investment Assets- Non Retirement (Stocks, Bonds, CD's, Mutual Funds, Brokerage Accounts)			
Retirement Assets (IRA, 401(k), 403(b), Deferred Annuities, Thrift Savings)			
Life Insurance			
Business Interest			
Other			
Total			
Liabilities:			
Net Total			

Notes:

Digital Assets:

It is important to maintain a list of all of your digital assets. This list is designed to get you thinking about how many digital assets you may have. If you have a social networking site, such as Facebook or LinkedIn, let your loved ones know whether you want the site maintained or whether you want the site removed.

Digital Assets	Sole Name	Joint	Name of Joint Owner
<u>Social Media</u>			
Social Media 1 (Ex. Facebook)			
Social Media 2 (Ex. LinkedIn)			
Social Media 3 (Ex. Twitter)			
Photo sharing (Ex. Shutterfly)			
Video sharing (Ex. You Tube)			
<u>Miscellaneous Access Codes</u>			
Computer			
Safety deposit box (at the bank)			
House's safe combination			
Keypad Locks (house, garage...)			
Smartphone			
<u>Other</u>			