## **Estate Planning Worksheet**

Jordan Legal Group, P.A. Estate and Trust 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 MAIL OR FAX.

## Part I Personal Information

Client's Full Legal Name			
· · · · · · · · · · · · · · · · · · ·	(name most often used to title property	y and accounts)	
Also Known As			
	(other names used to title property a	and accounts)	
Prefer to be called	Birth date	SS#	US Citizen?
Home Address	City	State	Zip
Home Telephone	County of Residence	Business Telephon	ne
Employer		_ Position	
Business Address	City	Sta	te Zip
E-mail Address	It is	okay to communicate with me	via my E-mail address.
Divorced Widowed	Single		

## Children and Other Family Members

Use full legal name:			
Name		Birth date	Relationship
Home Address	City	State	Zip
Comments:			
Home Address	City	State	Zip
Comments:			
	City	State	
	City	State	Zip
Comments:			
	Advisors		
	Name		Telephone
Personal Attorney			

#### **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):	
	<u> </u>

## **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? If a federal estate tax return or a state death tax return was filed, please furnish a copy		
Have you ever filed federal or state gift tax returns? Please furnish copies of these returns		
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? If so, please explain below.		
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**

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### Part II

## **Property Information**

## Instructions for Completing the Property Information checklist:

General Headings	This <i>Property Information</i> checklist is 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, attach <b>extra cheets</b> of paper to list your additional property.			
Туре	Immediately after the heading for each kind of property explanation of what property you should list under that heading	mmediately after the heading for each kind of property is a brief xplanation of what property you should list under that heading.		
"Owner" of Property	How you own your property is <b>extremely important</b> for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled using the following abbreviations:			
	Owner of Property	Use		
	If own property in your name only	Ι		

parent, etc.

Joint Tenancy with someone other than a spouse, i.e. a child,

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
	Total		

#### **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)		
	Total	

#### Automobiles, Boats, and RVs

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

#### **Bank Accounts**

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). <u>Do not include IRAs or 401(k)s here</u>

Name of Institution and account number	Туре	Owner	Amount
		Total	

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. <u>If held in a brokerage account, lump them together under each account</u>. *(indicate type below)* 

Stocks, Bonds or Investment Accounts	Туре	Acct. Number	Owner	Amount
			Total	

#### Life Insurance Policies and Annuities

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

**Total** 

#### **Retirement Plans**

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total

#### **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.

			<b>T</b> + 1	
	Money Owed	l to You	Total	
<b>FYPE:</b> Mortgages or promissory n	•			
Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance

#### 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.

Туре	Owner	Value
	Total	

## **Summary of Values**

	Amount*		
Assets	Client	Other's	<b>Total Value</b>
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds		<u> </u>	
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.

#### Part III

children under the age of 18, list in order of preference who you <u>ian</u> .
Relationship
f your own trust. Allows you to control all of your assets as
Relationship
e decisions for yourself, who would you want to make decisions for roperty and assets?
Relationship
ant carrying out your instructions, for distribution to and, if y for your beneficiaries?
Relationship
e financial decisions for yourself, who would you want to make
Relationship Instructions or Guidelines
s on your behalf during any period of time you are incapacitated?

## **Design Information**

LIVING WILL:	Do you want to provide that the moment of your death not be unnecessarily prolonged by artifici means or measures? Do you want to provide that your organs and tissues should be made available for transplant purposes?		
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 provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?

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

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** 

#### DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH

# □ DIVIDE EQUALLY BETWEEN MY 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 MY BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.

 $\Box$  **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, maintenance, and support). 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 co-trustee and/or choose his or her own co-trustee? 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 my heirs-at-law.

**T** To the following named individuals and/or charities:

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