

ESTATE PLANNING WORKSHEET

PHANCAO & SHAFFER, LLP

Attorneys and Counselors-at-Law



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 VIA MAIL, FAX, or E-MAIL.
Thank you.

PERSONAL INFORMATION

Client's Full Legal Name _____ US Citizen? Y / N Other: _____
 Also Known As _____ Prefer to be called _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone: _____ Office Phone: _____ Cell Phone: _____
 E-mail: _____ Prefer E-mail SS# _____ DOB: _____
 Single Married on: _____ Domestic Partner Divorced Widowed

SPOUSE INFORMATION

Not Applicable

Client's Full Legal Name _____ US Citizen? Y / N Other: _____
 Also Known As _____ Prefer to be called _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone: _____ Office Phone: _____ Cell Phone: _____
 E-mail: _____ Prefer E-mail SS# _____ DOB: _____
 Single Married, Date of Marriage: _____ Domestic Partner Divorced Widowed, Date of Passing:

CHILDREN, OTHER FAMILY MEMBERS, CHARITIES, & BENEFICIARIES

Full Legal Name:	Birth Date:	Relationship:
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____

IMPORTANT FAMILY QUESTIONS

Are you receiving social security, disability, or other governmental benefits? Yes No

Are you making payments pursuant to a divorce or property settlement order? Yes No

Are you currently the beneficiary of anyone else's trust? Yes No

YOUR CONCERNS:

Rate the following as to how important it is to you: *H High, S Some, L Low Concern, N/A None/Not Applicable*

Description:	Level of Concern
Get affairs in order and create a plan to manage affairs in case of death or disability.	_____
Providing for and protecting children and/or grandchildren.	_____
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.	_____
Avoiding probate and or reducing administration costs or estate taxes at time of your death.	_____
Avoiding a conservatorship ("living probate") in case of a disability and preserving privacy.	_____
Avoiding will contests (family disputes) or other disputes upon death.	_____
Plan for the transfer and survival of a family business.	_____
Other Concerns (if any): _____	

ADVISORS

Name/Company:	Telephone:
Personal Attorney: _____	_____
Accountant: _____	_____
Financial Advisor: _____	_____
Life Insurance Agent: _____	_____

TRUST DESIGN INFORMATION

INITIAL TRUSTEE(s): Generally you (and your spouse) will be the Initial Trustees unless you state otherwise. If you prefer someone else to act as your Trustee(s) while you are alive and able please state so here.

Name:

Relationship:

DISABILITY TRUSTEE(s): When alive but unable to make decisions for yourself who do you want to make decisions for you? (Typically Disability Trustees and Death Trustees are the same people)

Name:

Relationship:

Option 1: _____

Alternate: _____

DEATH TRUSTEE: After your death, who do you want to act as your Trustee to carry out your wishes in the distribution and management of your assets and property for your beneficiaries?

Name:

Relationship:

Option 1: _____

Alternate: _____

EXECUTOR OF WILL: After your death, who do you want to act as your Personal Representative for your personal effects and matters set under within your Will.

Name:

Relationship:

Option 1: _____

Alternate: _____

GUARDIAN: Who do you want to act as the Legal Guardian of your minor child or children?

Name:

Relationship:

Instructions or Guidelines:

Option 1: _____

Alternate: _____

POWER OF ATTORNEY: When you are unable to make financial decisions, who do you want to _____ make th

Name: _____ Relationship: _____ Instructions or Guidelines: _____

Option 1: _____

Alternate: _____

Do you want your Power of Attorney to make gifts for you while you are alive but incapacitated? Yes No

Special Instructions to Agent for Gifting (if any): _____

Check here if your choice for Power of Attorney differs with that of your Spouse (to be discussed with Attorney)

Attorney Notes: _____

HEALTH CARE: When you are unable to make decisions for yourself, who do you want to make decisions for you regarding your medical treatment?

Name: _____ Relationship: _____ Special Instructions: _____

Option 1. _____

Alternate. _____

Healthcare Panel - list of individuals you want to act collectively together regarding decisions about your health needs:

Do you want your Medical Agent(s) to take reasonable steps to keep you in a personal residence rather than a nursing home? Yes No

If 2 physicians confirm that you are in need for psychological or substance treatment, would you like to give your Agent the authority for your involuntary admission? Yes No

When or if you are alive but incapacitated, do you want your Trustee to give primary consideration to:

Your needs FIRST, THEN the needs of others OR Your needs & the needs of others dependent upon you equally.

LIVING WILL: I do not want to be kept alive by artificial means when unnecessary and authorize my Health Care Agent to stop life support if deemed in a vegetative condition. Yes No

Do you want to donate your organs? Yes No Organs to be used for: Transplant Research Both

I grant my Health Care Agent the right to make arrangements for my: Burial Cremation Other: _____

HEALTH CARE: When you are unable to make decisions for yourself, who do you want to make decisions for you regarding your medical treatment?

Name:	Relationship:	Special Instructions:
Option 1. _____	_____	_____
Alternate. _____	_____	_____

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DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS:

SPECIFIC GIFTS: List any specific gifts of real estate, cash, etc. you wish to make to either individuals or charities.

Individual or Charity	Amount or Property
_____	_____
_____	_____

PERSONAL PROPERTY FILL-IN WORKSHEET: We will provide a fill-in worksheet that you may complete listing your personal items and who you want to give those items to. Any items NOT listed on the fill-in worksheet will automatically go to the trust and given to your designated beneficiaries.

DIVISION & DISTRIBUTION OF MY PROPERTY/ASSETS UPON MY DEATH:

- DIVIDE EQUALLY BETWEEN MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES (list names and percentages): _____

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES: The age/maturity of the beneficiary and your wishes will generally determine this section. Provides no protection from creditors or from the beneficiaries' who can spend all their inheritance. Beneficiary can have the right, if requested, to maintain the property in trust, which may give some protection from creditors and others trying to get at their inheritance.

STRUCTURED TRUST: You can determine how long the property is to remain in trust and while in trust, the assets are available to meet the needs (health, education and maintenance) of the beneficiary. You may specifically instruct the Trustee as to what "needs" you want for the beneficiary. You can distribute the assets to the beneficiary how you see fit; i.e. 1/3 at age 25 and balance at age 35. This will provide the best protection for preservation of assets for your children.

Special Instructions: _____

- If Beneficiary is deceased, to his/her heirs (descendants).**
- If Beneficiary is deceased, distribution will lapse and will go to other beneficiaries of the Trust.**
- Discuss further with Attorney.**

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that the individuals listed above are not alive to receive your property? Determining your remote contingent beneficiary(ies) can always be decided and/or changed later and should not cause you to delay the creation of your trust.

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.
- To the following named individuals and/or charities: _____

PROPERTY/ASSET INFORMATION

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

Description or Address:	Legal Owner	Market Value	Loan Balance

BANK & SAVINGS ACCOUNTS

Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (Note type below).

Name of Institution and Account number:	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STOCKS AND BONDS

List all stocks and bonds you own. If held in a brokerage account, note name of brokerage firm. (Note type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIFE INSURANCE POLICES, ANNUITIES, RETIREMENT PLANS

Describe type of insurance, annuity, and/or retirement plan, current value, designated beneficiary (if applicable), and name of company and account information.

BUSINESS INTERESTS

General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm/ranch interests. **PROVIDE:** Description of interest, name held under, your ownership %, estimated value.

OTHER ASSETS

Assets not listed above, gifts, inheritances/money judgments, or other money you expect to receive in the future.

Please Describe: _____

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: _____

*Initial here to confirm you personally completed this form: _____ / _____