



Estate Planning Worksheet

D'TERRA LAW, LLC

Real Estate, Business and Estate
Planning

USE THIS WORKSHEET FOR A SINGLE PERSON.

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

**PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR
APPOINTMENT.**

**Part I
Personal Information**

Client'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.

Divorced Widowed Single

Children and Other Family Members

Use full legal names.

Name, address, phone and email:	Birth date	Parent or Relationship
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____

Your Professional Advisors

Name	Telephone and Email
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 concern, **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 or 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.	
Protect children’s inheritance in the event of a surviving spouse’s remarriage.	
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? Describe _____	<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"/>
If previously married, did you and your spouse sign a pre or post-marriage contract? <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 (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</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 you 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"/>
If previously married, have you lived in any of the following states while married? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

List all beneficiaries who you want to receive a share of your estate:

Part II Property Information

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps 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, attach 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
Client’s name alone, with no other person	C
Ownership through business entity, i.e., LLC, Partnership	S
Tenancy in Common with another person	JTS
Joint Tenancy with another person	JTO
If you cannot determine how the property is owned	Don’t Know

Real Property

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

General Description, Address or County APN	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	Value
Miscellaneous Furniture and Household Effects (Lump Sum Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	Total	_____

Automobiles, Motorcycles, Boats, and RVs

TYPE: For each motor vehicle, motorcycle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance/existing loan, if any:

Bank 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.

General Description and/or Address	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	Total	_____	_____

Note: If Account is in your name, with another person or for the benefit of a minor, please specify and give minor’s name.

Summary of Property and Estimated Value

Assets	Amount*		Total Value
	Client	Others	
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:	_____	_____	_____

****For jointly held property values, enter percentage in your column and percentage in the other person's column.***

Part III
Design Information

Agents and Fiduciaries

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.

Name, Address and Phone	Relationship
_____	_____
_____	_____

INITIAL TRUSTEE(S): Usually the Maker/Grantor will be the Trustee of his or her own trust. You can also serve jointly with another person and this allows you to continue to control your assets together.

Name, Address and Phone	Relationship
_____	_____
_____	_____

DISABILITY/SUCCESSOR TRUSTEE: If you are unable to make decisions for yourself, who will make decisions for you regarding your property and assets? **Choose primary and TWO alternates.**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

DEATH/SUCCESSOR TRUSTEE: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? **Choose primary and TWO alternates.**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

FINANCIAL POWER OF ATTORNEY: If you are unable to make financial decisions for yourself, who will make those decisions for you? **Choose primary and TWO alternates.**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

LIVING WILL: Your living will allows your agent to make decisions when you are near death. This can be the same person that makes decisions regarding your medical care and treatment. You can provide that your death is not unnecessarily prolonged by artificial means. **Choose primary and TWO alternates.**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

ADVANCE HEALTH CARE DIRECTIVE/HEALTH CARE POWER OF ATTORNEY: If you are unable to make decisions for yourself, who will make decisions for you regarding your medical care and treatment? **Choose primary and TWO alternates.**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

Do you have pets? YES NO

If YES, do you want to create a PET TRUST? YES NO

In creating a pet trust, you must establish a trustee to care for the pet when you are gone. Typically, the Grantors designate the amount of funds to distribute to the Pet Trustee for the care of the pet. You can be as detailed as you want.

Distributions of Personal Property and Specific Gifts

INCAPACITY: In making distributions during any period of time you are incapacitated, the Successor Trustee shall give primary consideration to:

- Your needs, then needs of dependents with Trustee discretion.
- Your needs, then needs of dependents equally.

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property may be distributed pursuant to a written list you may prepare later?

Yes No

Any property not listed on the memorandum should be distributed to:

- Children equally, then balance to the trust.
- Children equally, then to named individuals (list individuals here).

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

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

Individual or Charity	Cash Amount or Property	Conditions/Contingency?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part IV
Death of Grantors

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 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, maintenance and support). You may give written instructions to the trustee outlining guidelines to follow in determining the beneficiary's needs. You may provide for a staggered distribution of principal. For example: 1/3 at age 30 and balance at age 40.

You decide who will manage the property and 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 your trust is designed. List your desires:

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property if none of your beneficiaries are alive to receive it? 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. If 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:
