

ESTATE PLANNING WORKSHEET

Law Offices of Bradley J. Frigon
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.

WE WILL GO THROUGH THIS FORM WITH YOU AT OUR FIRST MEETING. IT IS OK NOT TO ANSWER ALL OF THE QUESTIONS PRIOR TO OUR FIRST CONFERENCE. IF YOU HAVE ANY QUESTIONS OR IF YOU ARE UNSURE HOW TO COMPLETE ANY PART OF THE WORKSHEET, YOU MAY CALL OUR OFFICE WITH YOUR QUESTIONS OR SIMPLY BRING IN THE UNCOMPLETED WORKSHEET AND WE WILL BE HAPPY TO HELP YOU.

PERSONAL INFORMATION

Your 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? Yes _____ No. If No provide status. _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Previous marriage? Yes _____ No _____.

Previous marriage ended by Divorce _____ Death _____.

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name.)

(Child 1) Name _____ **Birth date** _____

Address: _____

Comments: _____

(Child 2) Name _____ **Birth date** _____

Address: _____

Comments: _____

(Child 3) Name _____ **Birth date** _____

Address: _____

Comments: _____

(Child 4) Name _____ **Birth date** _____

Address: _____

Comments: _____

(Child 5) Name

Address: _____

Comments: _____

(Child 6) Name

Address: _____

Comments: _____

Additional Information on your children:

Do you have any deceased children: ____ Yes ____ No.

If Yes, Please provide date of death and indicate if your deceased child was survived by any children:

_____.

Any foster child or step-child living with you during their minority? _____

Are all of your children in good health? Yes ____ No ____

Are any of your children blind? Yes ____ No ____

Are any of your children disabled? Yes ____ No ____

Are any of your children receiving SSI, Medicaid or any other form of government benefits? If yes, please list: Yes ____ No ____

Do any family members have any problems with:

Drug Addiction? Yes ____ No ____
Alcoholism? Yes ____ No ____
Spendthrift? Yes ____ No ____
Marital or Relationship Problems? Yes ____ No ____

Disinheritance of any of above: _____ Page 4

Additional information for your beneficiaries, if other than your children: Provide Name, address and relationship, if any, to you.

(Beneficiary 1) Name _____ **Birth date** _____ **Relationship** _____

Address: _____

Comments: _____

(Beneficiary 2) Name _____ **Birth date** _____ **Relationship** _____

Address: _____

Comments: _____

(Beneficiary 3) Name _____ **Birth date** _____ **Relationship** _____

Address: _____

Comments: _____

Advisors

_____ **Name** _____ **Telephone** _____

Accountant _____

Financial Advisor _____

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 a life partner or companion.

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.

Minimizing or reducing estate taxes.

Avoiding probate.

Addressing concerns related to multiple marriages.

Avoiding a conservatorship (“living probate”) in case of a disability.

Minimizing the risk of will contests or other disputes upon death.

Protecting assets from nursing home costs.

Planning for a child or family member with disabilities or special needs.

Protecting children’s inheritance from bad relationships, financial problems, and addictions.

Maintaining Retirement Plan benefits, such as Individual Retirement Account, for future generations.

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> _____.		
Do you have a specific diagnosis? If yes, Please describe _____.		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy of divorce or property settlement agreement.</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 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>		
Do any of your children or grandchildren have financial problems, relationship problems, a drug or alcohol problem, spending problems? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below. Indicate if you are serving as trustee of a trust not created by you.</i>		
Do any of your children or grandchildren have special educational, medical, or physical needs? Please explain the nature of your child or grandchild's disability.		
Do any of your children or grandchildren receive governmental support or benefits? If yes, please list benefits they are receiving.		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT 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. **Instead of completing this section, you may bring in copies of your account statements, property descriptions, and other relevant financial information and we will complete it for you. We are always happy to make copies for you.**

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 single, Your name alone, with no other person	S
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. Please attach copies of your warranty deeds to the property. We **DO NOT** need a copy of the Deed of Trust. This section includes in timeshare or vacation properties.

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 IRA's or 401(k)'s here. **Instead of completing this section, you may bring in copies of your last account statements.**

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your 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 interests, your ownership in the interests, and the estimated value of the interests.

MONEY OWED TO YOU

Total _____

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. Included any custodial or educational accounts you set up for children, grandchildren or other family members.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

DO YOU HAVE LONG TERM CARE INSURANCE? YES ___ NO ___ . IF YES, PLEASE ATTACH A COPY OF THE POLICY OR SUMMARY OF THE BENEFITS.

SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Self	Other	
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:	_____	_____	_____

* *Joint Property values enter 1/2 in self column and 1/2 in other's column.*

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18 or a child with a disability, list in order of preference who you wish to be guardian. **DO NOT COMPLETE IF ALL YOUR CHILDREN ARE OLDER THAN 18.** Indicate if the people you want to serve should serve individually or as co-guardian:

Name and Address	Relationship
_____	_____
_____	_____

PERSONAL REPRESENTATIVE(S) - TRUSTEE: Upon your death, who do you want to settle your estate or Trust. We will discuss at your office conference if you should use a revocable living trust or will to settle your estate.

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? (If a trust is created for your children or grandchildren, spouse or other family member.)

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?

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?

Yes No

Gifting Power Details: _____

LIVING WILL: Do you want family members making end-of-life decisions for you _____ Yes _____ No

Do you want life support terminated when two doctors certify you to be terminal?
