

# ESTATE PLANNING WORKSHEET

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Law Offices of Bradley J. Frigon, LLC  
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

Husband'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? Yes \_\_\_ No \_\_\_ If No provide status: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cell Number \_\_\_\_\_ Employer/Position \_\_\_\_\_

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

Married: Date of Marriage \_\_\_\_\_ Previous marriage Yes \_\_\_ No \_\_\_.

Previous marriage ended by Divorce \_\_\_ Death \_\_\_\_\_.

Wife'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? Yes \_\_\_ No \_\_\_ If No provide status: \_\_\_\_\_.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ 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. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent/*

**(Child 1) Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **JT, H, W** \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

**(Child 2) Name** \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

**(Child 3) Name**

\_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

**(Child 4) Name**

\_\_\_\_\_

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: \_\_\_\_\_

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

<b>(Beneficiary 1) Name</b>	<b>Birth date</b>	<b>Relationship</b>
_____	_____	_____

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>(Beneficiary 2) Name</b>	_____	_____
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Address: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>(Beneficiary 3) Name</b>	_____	_____
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Address: \_\_\_\_\_

Comments: \_\_\_\_\_

Advisors

	<b>Name</b>	<b>Telephone</b>
Accountant	_____	_____
Financial Advisor	_____	_____

## 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**  
**Husband      Wife**

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 spouse.

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):

Description	Husband	Wife
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 spouse.		
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 (or your spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____. Do either you or your spouse have a specific diagnosis. If yes, Please describe _____.		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy of divorce or property settlement agreement.</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>		
Have (you or your spouse) 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>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) 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

## PROPERTY 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 married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
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 (or your spouse's 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.

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*Total* \_\_\_\_\_

### MONEY OWED TO YOU

**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*		
	Husband	Wife	Total Value
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			
<b>Total Assets:</b>			

\* *Joint Property values enter 1/2 in husband's column and 1/2 in wife'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

**FOR HUSBAND**

Name and Address	Relationship

**FOR WIFE**

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.)

**FOR HUSBAND**

Name and Address	Relationship

**FOR WIFE**

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?

**HUSBAND'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WIFE'S AGENT**

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?

Husband:  Yes  No

Wife: 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?  
 \_\_\_\_\_

**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?

**HUSBAND'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WIFE'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____



**PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE. You do not need to complete this section. We will discuss your options at our initial conference.**

**TO SURVIVING SPOUSE WITHOUT TAX PLANNING:** We recognize this does not provide any tax planning which may result in our beneficiaries paying estate taxes if estate value is more than \$5,000,000.

All to surviving spouse.

\_\_\_\_\_ Dollar amount or \_\_\_\_\_ percentage to surviving spouse.

Minimum allowed by law to surviving spouse.

In Trust to Surviving Spouse. **Optional Provisions**

All in Trust or \$\_\_\_\_\_ Dollar amount \_\_\_\_\_ or percentage to surviving spouse in Trust  
Specified property (residence for example) outright to spouse or in trust to spouse.

Combination for spouse:

All to Spouse with Disclaimer provision to credit shelter trust in case of estate tax.

**In Trust to Surviving Spouse:** Also provides protection for surviving spouse from creditors and predators. You decide how much control you want the surviving spouse to have. In the event of remarriage protects property for your heirs from a new spouse in case of death or divorce.

#### **DESIGN OF MARITAL TRUST FOR SPOUSE:**

**OUTRIGHT:** We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors, or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows a new spouse to possibly make claim on property in case of death or divorce

**DIVISION OF ASSETS BETWEEN TRUST FOR SPOUSE AND OUTRIGHT:**

**ALL IN TRUST, ALL INCOME TO SPOUSE – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his or her needs (health, education and maintenance).

**ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

#### **DESIGN OF FAMILY SHARE:**

**ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for needs (health, education and maintenance).

Are descendants permissible beneficiaries of principal? \_\_\_\_\_

**INCOME AND PRINCIPAL FOR NEEDS:** All income and principal is available for needs. Income may be accumulated and not distributed.

Are descendants permissible beneficiaries of income and/or principal? \_\_\_\_\_

**ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

**WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS:** Is surviving spouse the sole trustee with a right to appoint co-trustee (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the co-trustee with the surviving spouse? \_\_\_\_\_

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**LIMITED POWER OF APPOINTMENT:** Do you want the surviving spouse to be able to modify the way property is to be distributed upon his or her death? \_\_\_\_\_

If so to who may the surviving spouse distribute your property:

- Your descendants
- Your descendants and their spouses
- Your descendants and charities
- Your descendants, their spouses and charities
- Anyone, no limitations

**DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE**

**DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**

**DIVIDE AMONT NAMED INDIVIDUALS and/or CHARITIES:**

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**HOW AND WHEN TO DISTRIBUTE MY PROPERTY:**

**DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides no protection from creditors, predators and from themselves. However, beneficiary is given the right to maintain the property in trust, which may give some protection from creditors and predators.

**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 and maintenance). 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, for example. You decide who is the one to manage the property and to carry out your distribution instructions. You decide how the trust is designed. List your desires:

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**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 each spouse's heirs-at-law.
- One-half to Husband's heirs-at-law and one-half to Wife's heirs at law.
- To the following named individuals and/or charities:

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

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