

# Estate Planning Worksheet

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Michael Bailey Law Office, LLC  
Estate 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 EMAIL, MAIL, OR FAX, OR YOU CAN SIMPLY BRING IT TO YOUR APPOINTMENT. THANK YOU!**

**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 \_\_\_\_\_ US Citizen? \_\_\_\_\_

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

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.

Date of Marriage \_\_\_\_\_

Client's Spouse or Second Grantor'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 \_\_\_\_\_ US Citizen? \_\_\_\_\_

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

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.

**Children and Other Family Members**

*(Use full legal name. Use "JT" if both spouses are the parents, "1" if client or first listed grantor is the parent, "2" if spouse or second listed grantor is the parent, "S" if a single parent.)*

Name (Address and Phone Number)	Birth date	Parent or Relationship
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		

Name

Telephone

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 concerned, L low concern, N/A no concern or not applicable)

Description

Level of Concern

Client Spouse

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.


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 (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</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>		
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>		
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.</i>		
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 **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
If married, Client’s name alone, with no other person	C
If married, Spouse’s name alone, with no other person	S
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, timeshare, vacant land, etc.

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 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

Name of Institution	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.

**Stocks and Bonds**

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.  
(indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

**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.

_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
<i>Total</i>				_____

**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.

_____				
_____				
_____				
_____				
_____				
_____				
<i>Total</i>				_____

**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.

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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** \_\_\_\_\_

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*Total estimated value* \_\_\_\_\_

**Other Assets**

**TYPE:** Other property is any property that you have that does not fit into any listed category.

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



Assets	Amount*		Total Value
	Client	Spouse	
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 client's column and 1/2 in spouse's column.*

**Part III**  
**Design Information**

**PERSONS TO ACT FOR YOU:**

**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 Number**

**Relationship**

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**INITIAL TRUSTEE(S):** Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

**Name, Address, and Phone Number**

**Relationship**

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**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

**FOR CLIENT**

**Name, Address, and Phone Number**

**Relationship**

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**FOR SPOUSE**

**Name, Address, and Phone Number**

**Relationship**

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**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?

**FOR CLIENT**

**Name, Address, and Phone Number**

**Relationship**

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**FOR SPOUSE**

**Name, Address, and Phone Number**

**Relationship**

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**CLIENT'S AGENT**

Name, Address, and Phone Number	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SPOUSE'S AGENT**

Name, Address, and Phone Number	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?**

Client:  Yes  No

Spouse:  Yes  No

**Gifting Power Details:** \_\_\_\_\_

**LIVING WILL:**

If you are unconscious and on life support, would you like to be kept alive on life support if there is no hope for you to recover? \_\_\_\_ If yes, for how long? For example: Would you like to have your spouse and children visit, then disconnect life support, or specify a time period before disconnecting life support? Please indicate what you would like to have happen in your case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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?

**CLIENT'S AGENT**

Name, Address, and Phone Number	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SPOUSE'S AGENT**

Name, Address, and Phone Number	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?** Client:  Yes  No Spouse:  Yes  No

**Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?** Client:  Yes  No Spouse:  Yes  No

**In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:**

- Disabled spouse, the needs of others.
- Disabled spouse and other spouse, and then needs of others
- Disabled spouse needs and the needs of others equally.



**TO SURVIVING SPOUSE WITHOUT TAX PLANNING:** We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

- All to surviving spouse.
- \_\_\_\_\_% to surviving spouse.
- Minimum allowed by law to surviving spouse.

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

\_\_\_\_\_  
\_\_\_\_\_

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

If so, to whom 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 AMONG 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, 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 and maintenance). 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 to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

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