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ESTATE PLANNING WORKSHEET

This worksheet will help you start thinking and organizing your thoughts about your estate planning issues. If you are not married do not fill in spouse information; just fill in your information.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Client's Legal Name _____ M F or NB

Also Known As _____ Referred to us by _____

Home Phone _____ Cell Phone _____ Email Address _____

Date of Birth _____ Home Address _____

U.S. Citizen Y N G/C Employer _____ Annual Salary _____ Years until Retirement _____

If Applicable, Spouse's Legal Name _____ M F or NB

Also Known As _____ Date of Marriage _____

Cell Phone _____ Email Address _____ Date of Birth _____

U.S. Citizen Y N G/C Employer _____ Annual Salary _____ Years until Retirement _____

Table with 4 columns: Existing Estate Planning, You, Spouse, Date Documents Executed. Rows include Will, Trust, Power of Attorney, Health Care Proxy, Living Will, Long Term Care Insurance.

Table with 4 columns: Names of Children, Sex, Date of Birth, Parent. Multiple rows for listing children.

Any deceased children? If so, what was the child's name? _____

Date of Death _____ Did that child have any children? _____

If you have a child who has a disability and is receiving or will likely receive government assistance, please identify that child here _____ Benefits: _____

SUMMARY OF YOUR ASSET VALUES: Please provide an approximate value of your assets below.

Total value of all assets (excluding retirement accounts)? \$ _____ Total value of all retirement accounts? \$ _____

How many pieces of real property do you own? _____ How many are in CA? _____

GUARDIANS FOR MINOR CHILDREN: If you have children under the age of 18, who would you want to raise your children (as their "Guardian") if something happened to you?

1st _____ Relationship _____

2nd _____ Relationship _____

Temporary "Guardians" for time before permanent ones are available/able: _____

TRUSTEE(S)/TRUST MANAGER(S): During your lifetime, you will be trustee ("manager") of your revocable living trust (if married, both spouses as joint trustees ("managers")). If you were unable to make decisions for yourself, who would you want to make decisions for you regarding your property and assets (as your "**Incapacity Trustee/Trust Manager**")?

Client— If married, spouse first? Y N

1st _____ Relationship _____ U.S. Citizen _____

2nd _____ Relationship _____ U.S. Citizen _____

Spouse (If prefer different persons than named above)— If married, spouse first? Y N Same as above :

1st _____ Relationship _____ U.S. Citizen _____

2nd _____ Relationship _____ U.S. Citizen _____

After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property to your beneficiaries (as your "**Death Trustee/Trust Manager**")?

Client— If married, spouse first? Y N Same as above :

1st _____ Relationship _____ U.S. Citizen _____

2nd _____ Relationship _____ U.S. Citizen _____

Spouse (If prefer different persons than named above)— If married, spouse first? Y N Same as above :

1st _____ Relationship _____ U.S. Citizen _____

2nd _____ Relationship _____ U.S. Citizen _____

POWER OF ATTORNEY: If you became disabled or incapacitated and could no longer handle your financial affairs, who would you want to handle your finances for you (as your "Attorney in Fact") for assets not in Trust?

Client— If married, spouse first? Y N Same as above

1st _____ Relationship _____

2nd _____ Relationship _____

Spouse (If prefer different persons than named above)— If married, spouse first? Y N Same as above :

1st _____ Relationship _____

2nd _____ Relationship _____

HEALTH CARE: If you became disabled or incapacitated and could no longer handle your health care, who would you want to handle your health care decisions for you (as your "Health Care Agent")?

Client— If married, spouse first? Y N Same as above :

1st _____ Address _____ Phone Number _____

2nd _____ Address _____ Phone Number _____

Spouse (If prefer different persons than named above)— If married, spouse first? Y N Same as above

1st _____ Address _____ Phone Number _____

2nd _____ Address _____ Phone Number _____

SPECIFIC GIFTS: List any specific gifts (i.e. real estate, cash, etc.) you wish to make to either individuals or charities. If applicable indicate whether these gifts are to be made even if the other spouse is alive.

DIVISION OF ESTATE UPON CLIENT’S DEATH/IF MARRIED, UPON DEATH OF SURVIVING SPOUSE:

- Divide equally between my/our children and the descendants of any deceased children; or
- Divided among named individuals and/or charities:

HOW AND WHEN TO DISTRIBUTE PROPERTY:

- DISTRIBUTE OUTRIGHT AT AGE 18:** 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. For example: 1/3 at age 30, 1/3 at age 35, 1/3 or remainder at age 40.
- LIFETIME TRUST:** The property is held in Trust for the lifetime of the beneficiary. You may give written instructions to the trustee outlining guidelines to follow in determining the beneficiary’s needs. Does the beneficiary have a right to be a co-trustee and/or choose his or her own co-trustee?

You decide how the trust is designed. List any other desires below:

REMOTE CONTINGENT: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property?

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.
- One-half to client’s heirs-at-law and one-half to spouse’s heirs at law.
- To the following named individuals and/or charities:

Other items to include/discuss: Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or check mark the following to discuss during your meeting:

- Trust Protector _____
- Remarriage Protection _____
- Asset Protection for beneficiaries _____
- Elder Law/Long Term Care _____
- Business Formation _____
- Minimize Estate Taxes "Death taxes" _____
- Are you named as Trustee in someone else's Trust? Y N _____
- Anything additional you would like to discuss: _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Rank the Level of Importance to You on the Following Issues (1 = Low 5 = High)

- | | |
|--|--|
| _____ Avoid probate | _____ Protect assets from government/lawsuits/nursing homes |
| _____ Keep estate matters private | _____ Protect assets for family from predators after my death (i.e. my spouse's disability or remarriage, my children's/beneficiary's lawsuits, divorce or bankruptcy) |
| _____ Minimize/eliminate taxes | _____ Keep it simple for my family when something happens to me (disability/death) |
| _____ Remain independent and in control of my care and/or assets | _____ Provide detailed instructions and authority to people I trust to have the care I desire provided for me if I become disabled |

COMPLETE FOLLOWING SECTION BEFORE DESIGN MEETING WITH ATTORNEY

PROPERTY INFORMATION: 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.

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 use the following abbreviations:

Owner of Property	Use
If own property in your name only	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: Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc. Cumulative value (best guess) \$ _____

Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Furniture and Personal Effects: Cumulative value if you were to sell the asset's (best guess) \$ _____

Automobiles, Boats, and RVs: Cumulative value (best guess) \$ _____

Bank Accounts: What bank/credit union, type of account (i.e. Checking, Savings, Certificate of Deposit, Money Market, etc.), and last four digits of the account number. Cumulative value (best guess) \$ _____

Name of Institution	Owner	Type	Account Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stocks and Bonds: List any stocks, bonds and investments you own including the last four digits of the account number. If held in a brokerage account, lump them together under each account. Cumulative value (best guess) \$ _____

Name of Institution	Owner	Type	Account Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance Policies and Annuities: List any term, whole life, split dollar, group life, annuity, work group insurance you own. Include the last four digits of the account number. Cumulative value (best guess) \$ _____

Name of Institution	Owner	Type	Account Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Plans: List any Pension, Profit Sharing, H.R. 10, IRA, SEP, and 401B, 401K you own including the last four digits of the account number. Cumulative value (best guess) \$ _____

Name of Institution	Owner	Type	Account Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Interests: List any General and Limited partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. Give a description of the interests, who has the interest, your ownership in the interests, and Cumulative value (best guess) \$ _____

Name	Owner	Type	Tax ID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Money Owed to You: Any mortgages, promissory notes payable to you, or other monies owed to you. Cumulative value (best guess) \$ _____

Anticipated Inheritance, etc: Cumulative value (best guess) \$ _____

Other Assets: List any property that does not fit into any listed category above including the last four digits of the account number. Cumulative value (best guess) \$ _____

Name of Institution	Owner	Type	Account Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____