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ESTATE PLANNING WORKSHEET

This worksheet will help you start thinking and organizing your thoughts about your estate and estate planning issues. It also provides specifically needed information so that after your initial consultation, we can construct the estate plan of your choice. If there are any items in this worksheet that you do not understand, are unsure of, or cannot fill out at this time, do not worry. Simply fill out what you can and we will go over those items during your initial meeting.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

If you are not married do not fill in spouse information; just fill in your information.

Client's Legal Name

Also Known As

Home Phone Cell Phone Email Address

Date of Birth Home Address

U.S. Citizen Employer Annual Salary Years until Retirement

Referred to us by

Spouse's Legal Name

Also Known As

Cell Phone Email Address Date of Birth

U.S. Citizen Employer Annual Salary Years until Retirement

Date of Marriage

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.

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

- List of 10 issues for ranking importance, such as 'Avoid probate', 'Protect assets from government/lawsuits/nursinghomes', 'Keep estate matters private', etc.

Children's Full Name(s)

Sex

Date of Birth

Parent

M F
 M F
 M F
 M F
 M F
 M F

Both Client Spouse
 Both Client Spouse
 Both Client Spouse
 Both Client Spouse
 Both Client Spouse
 Both Client Spouse

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 _____

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

Total value of all assets if you add up all assets you own? (Make your best guess) \$ _____

How many pieces of real property do you own? _____

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 _____

TRUSTEE(S): During your lifetime, you will be trustee of your revocable living trust (if married, both spouses as joint trustees). 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 (as your "Incapacity Trustee")?

Client— If married, spouse first? Y N

1st _____ Relationship _____ U.S. Citizen _____

2nd _____ Relationship _____ U.S. Citizen _____

3rd _____ Relationship _____ U.S. Citizen _____

Spouse— If married, spouse first? Y N

1st _____ Relationship _____ U.S. Citizen _____

2nd _____ Relationship _____ U.S. Citizen _____

3rd _____ 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")?

Client— If married, spouse first? Y N

1st _____ Relationship _____ U.S. Citizen _____

2nd _____ Relationship _____ U.S. Citizen _____

3rd _____ Relationship _____ U.S. Citizen _____

Spouse— If married, spouse first? Y N

1st _____ Relationship _____ U.S. Citizen _____

2nd _____ Relationship _____ U.S. Citizen _____

3rd _____ 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")?

Client— If married, spouse first? Y N

1st _____ Relationship _____

2nd _____ Relationship _____

3rd _____ Relationship _____

Spouse— If married, spouse first? Y N

1st _____ Relationship _____

2nd _____ Relationship _____

3rd _____ 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

1st _____ Address _____ Phone Number _____

2nd _____ Address _____ Phone Number _____

3rd _____ Address _____ Phone Number _____

Spouse— If married, spouse first? Y N

1st _____ Address _____ Phone Number _____

2nd _____ Address _____ Phone Number _____

3rd _____ 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:** 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. 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 your desires:

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? 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 my heirs-at-law.
- To each spouse’s 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:

- Distribution Trustee _____
- Trust Protector _____
- Remarriage Protection _____

STOP—COMPLETE FOLLOWING SECTION ONLY AFTER INITIAL CONSULTATION

COMPLETE FOLLOWING SECTION BEFORE SIGNING MEETING

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.

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

Furniture and Personal Effects: Cumulative value if you were to sell the asset (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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STOP—FOLLOWING SECTION IS FOR OFFICE USE ONLY

PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST CLIENT TO DIE

- 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.
- DIVIDE INTO MARITAL AND FAMILY TRUSTS:** Designed to maximize estate tax savings. To accomplish this, an amount up to the applicable exclusion amount (currently \$5,000,000) will be transferred to the Family Trust and the balance, if any, to the Marital Trust. This is sometimes referred to as “A/B Trust Planning”. The Marital Trust is sometimes referred to as the “A Trust” or “QTIP Trust”. The Family Trust is sometimes referred to as the “B Trust”, “By-Pass Trust” or “Credit Shelter Trust”. 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.

MARITAL DEDUCTION FORMULA (OFFICE USE ONLY):

- Disclaimer Provision Clayton Election
- Marital Pecuniary Marital Fractional
- Credit Shelter Pecuniary

DESIGN OF MARITAL SHARE:

- 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 surviving spouse wants. Also allows a new spouse to possibly make claim on property in case of death or divorce
- GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.
- ALL INCOME – 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-trustees (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? _____

- 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 limitation