



Estate Planning Worksheet

LEGACY LAW GROUP

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR NEEDS AND GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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**Part I
Personal / Family Information**

Full Legal Name _____
(name used on driver's license/passport or to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called: _____ Birth date: _____ US Citizen? Yes No

Home Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____

Telephone: _____

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

If previously married with dependent children:

If applicable, former spouse's name: _____

Date of Divorce / Separation (if applicable): _____

Date of Death (if applicable): _____

Your Children, if any

Please list full legal name. Under Relationship, please use "D" if the child is deceased.

<u>Name(s)</u> (Full Legal Name with Middle Initial)	<u>Birth Date</u> (if a Minor)	<u>Status</u>
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		

Advisors

	<u>Name</u>	<u>Telephone</u>
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

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

S - Some Concern

Providing for and protecting children.

S - Some Concern

Providing for and protecting grandchildren.

S - Some Concern

Disinheriting a family member.

S - Some Concern

Providing for charities at the time of death.

S - Some Concern

Plan for the transfer and survival of a family business.

S - Some Concern

Avoiding or reducing your estate taxes.

S - Some Concern

Avoiding probate.

S - Some Concern

Reduce administration costs at time of your death.

S - Some Concern

Avoiding a conservatorship in case of a disability.

S - Some Concern

Avoiding will contests or other disputes upon death.

S - Some Concern

Protecting assets from lawsuits or creditors.

S - Some Concern

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

S - Some Concern

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

S - Some Concern

Protecting children’s inheritance from the possibility of failed marriages.

S - Some Concern

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

S - Some Concern

Other Concerns (Please list below):

Important Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>We may request that you furnish copies of these returns</i>		
Have completed previous will, trust, or estate planning? <i>We may request that you 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>		
Are you 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

Part II
Document Nomination Information

PERSONS TO ACT FOR YOU, if needed:

PERSONAL REPRESENTATIVE(S) and/or SUCCESSOR TRUSTEE(S):

Name and Phone No. (Full Legal Name with Middle Initial)

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

GUARDIAN(S) FOR MINOR CHILDREN: If you have any child(ren) under the age of 18, list in order of preference who you wish to serve as guardian for your child(ren).

Name and Phone No. (Full Legal Name with Middle Initial)

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

TRUSTEE(S) FOR ANY BENEFICIARY (e.g., Minors) and/or SPECIAL NEEDS TRUST:

Name and Phone No. (Full Legal Name with Middle Initial)

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

HEALTH CARE POWER OF ATTORNEY: If you were unable to make health care decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Name and Phone No. (Full Legal Name with Middle Initial)

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

GENERAL POWER OF ATTORNEY: If you were unable to make non-health care related decisions for yourself, who would you want to make those decisions for you?

Name and Phone No. (Full Legal Name with Middle Initial)

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

DISTRIBUTIONS OF TANGIBLE, PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that some or all your tangible, personal property may be distributed according to a written list you may prepare later? Yes No

Any property not listed on a written memorandum should be distributed to:

- Children equally. To the balance of the trust.
- The following named individuals (Full Legal Name with Middle Initial):

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual (Full Legal Name with Middle Initial) or Charity	Amount or Property
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DIVISION OF THE BALANCE OF YOUR PROPERTY UPON YOUR DEATH (“MY RESIDUARY ESTATE”)

- DIVIDE EQUALLY BETWEEN MY CHILDREN;**
- DIVIDE AMONG NAMED INDIVIDUALS** (Full Legal Name with Middle Initial) **and/or CHARITIES:**

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

- DISTRIBUTE OUTRIGHT TO BENEFICIARIES:**
- STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time that 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 (e.g. 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 co-trustee or to become his or her own co-trustee? You decide how the trust is designed. List your desires:

REMOTE CONTINGENT BENEFICIARIES

Who do you want to receive your property in the remote event that none of your named beneficiaries 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.
- To the following named individuals (Full Legal Name with Middle Initial) and/or charities:

OTHER ITEMS TO INCLUDE OR DISCUSS: Your estate plan should address all important issues (e.g., how to handle prior loans to children/others) as well as hopes, fears, and wishes. Please list any other items you want included or want to discuss:

IF YOUR ESTATE PLANNING INCLUDES THE PREPARATION OF ANY KIND OF DEED, LIST THE COMMON ADDRESS FOR EACH PARCEL – AND INCLUDE PARCEL NUMBER (if readily accessible)

Common Address	Parcel Number
Common Address	Parcel Number
Common Address	Parcel Number
Common Address	Parcel Number

Summary of Estate Values – For Use, if necessary

THE THRESHOLD FOR THE ESTATE TAX IN WASHINGTON IS \$3M. IF YOUR ESTATE APPROACHES OR EXCEEDS THIS AMOUNT WE SHOULD DISCUSS TAX PLANNING OPTIONS.

Assets	Amount
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:	_____