



## Estate Planning Worksheet

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# 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

**Spouse 1:** Full 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 \_\_\_\_\_

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

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

**Spouse 2:** Full 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 \_\_\_\_\_

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

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

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

### Children and Other Family Members

*Please list full legal name. And, under Relationship, use "JT" if both spouses are the parents; "W" if wife is the parent, "H" if the husband is the parent. Also, please use "D" if the child is deceased.*

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

### Advisors

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**

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	N/A - No Concern
Providing for and protecting children.	N/A - No Concern
Providing for and protecting grandchildren.	N/A - No Concern
Disinheriting a family member.	N/A - No Concern
Providing for charities at the time of death.	N/A - No Concern
Plan for the transfer and survival of a family business.	N/A - No Concern
Avoiding or reducing your estate taxes.	N/A - No Concern
Avoiding probate.	N/A - No Concern
Reduce administration costs at time of your death.	N/A - No Concern
Avoiding a conservatorship in case of a disability.	N/A - No Concern
Avoiding will contests or other disputes upon death.	N/A - No Concern
Protecting assets from lawsuits or creditors.	N/A - No Concern
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	N/A - No Concern
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	N/A - No Concern
Protecting children’s inheritance from the possibility of failed marriages.	N/A - No Concern
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	N/A - No Concern

Other Concerns (Please list below):

### Important Family 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 been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have 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>		
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:**

**SPOUSE 1.**

**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
_____	_____
_____	_____
_____	_____

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**PERSONS TO ACT FOR YOU: *USE ONLY IF DIFFERENT FROM SPOUSE 1***

**SPOUSE 2.**

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

Name and Phone No. (Full Legal Name with Middle Initial)	Relationship
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**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
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**TRUSTEE(S) FOR ANY BENEFICIARY (e.g., Minors) and/or SPECIAL NEEDS TRUST:**

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

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). 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)**

Address Parcel Number

**Summary of Estate Values**

**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		Total Value
	Spouse 1	Spouse 2	
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>	_____	_____	_____