

ESTATE PLANNING WORKSHEET (Married Clients)

Date Prepared: _____

Prepared by: _____

A. Personal and Family Information:

1. Your Name(s) (give also any variations used) and Social Security Number:

Names	Alias(es)	Social Sec. #:
Husband _____	_____	_____
Wife _____	_____	_____

2. Citizenship - Are you a United States citizen?

	<u>Yes</u>	<u>No</u>	<u>If No, of what country?</u>
Wife:	_____	_____	_____
Husband:	_____	_____	_____

3. Residence:

Address: _____

Telephone () _____
Fax: () _____
E-mail: _____

4. Business:

	Husband	Wife
Company:	_____	_____
Occupation:	_____	_____
Address:	_____	_____
Telephone	() _____	() _____
Fax:	() _____	() _____

5. Date and place of birth

Husband: _____
Wife: _____

6. Date began residence in California:

Husband: _____
Wife: _____

7. Date and place of marriage: _____

8. (a) Prior marriages, if any (include name of former spouse):

<u>Name of Former Spouse</u>	<u>Ended by Dissolution or Death?</u>	<u>Year of Dissolution or Death</u>
Husband: _____	_____	_____
Wife: _____	_____	_____

If dissolution, do you have continuing financial obligations?

Husband: _____
Wife: _____

(If dissolution, please provide copy of decree/order of dissolution)

(b) Prior Registered Domestic Partnerships: Have either of you ever registered as a Domestic Partner?

	<u>Name of Partner</u>	<u>Year of Registration</u>	<u>State of Registration</u>
Husband	_____	_____	_____
Wife	_____	_____	_____

Has/Have any Domestic Partnership relationship(s) been terminated? _____

(If yes, provide a copy of the termination document(s))

9. Name and birth date of children (if of a prior marriage, so indicate):

<u>Full Legal Name</u>	<u>Date of Birth</u>	<u>Parent's Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Name of deceased children (if any)

<u>Full Legal Name</u>	<u>Child's Parent (if not both)</u>	<u>Left Living Children?</u>
_____	_____	_____

11. Name of grandchildren and name of grandchild's parent(s):

<u>Grandchild's Name</u>	<u>Parent(s) of Grandchild</u>
_____	_____
_____	_____
_____	_____

12. Your Living parents:

Husband: _____
Wife: _____

13. Your living brothers and sisters:

Husband: _____
Wife: _____

14. Military service (give branch and dates of service):

Husband: _____
Wife: _____

15. Location of safe deposit box and important papers:

16. Do you have prior wills? (If yes, give dates and provide copies):

Husband: _____
Wife: _____

Name & Telephone or Address of prior Estate Planning counsel: _____

17. Have either of you created a trust or trusts? (If yes, give dates, describe trust agreement or declaration and provide copies):

Husband: _____

Wife: _____

18. Your Accountant:

Name: _____
Address: _____

Telephone: _____

B. Income:

1. Salary or other earned income:

Husband: _____
Wife: _____

2. Other income:

Husband: _____
Wife: _____

C. Asset Information (check deeds or ownership documents for how title is held*):

* CP = Community Property WN = Wife's Name
JT = Joint Tenancy TR = Trust
HN = Husband's Name FLP = Family Limited Partnership

1. Real Property (include address):

<u>Address</u>	<u>How Title Is Held</u>	<u>Approx. Present Value</u>	<u>Approx. Present Debt</u>
_____ _____ _____ Parcel #: _____	_____	\$ _____	\$ _____
_____ _____ _____ Parcel #: _____	_____	\$ _____	\$ _____
_____ _____ _____ Parcel #: _____	_____	\$ _____	\$ _____
_____ _____ _____ Parcel #: _____	_____	\$ _____	\$ _____

2. Cash (checking & savings accounts; incl. institution, branch name and location):

<u>Institution Name And Branch</u>	<u>Type</u>	<u>Acct. #</u>	<u>Titling of Acct.</u>	<u>Approx. Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

3. Brokerage Accounts (include broker name, branch and location):

<u>Institution Name And Branch</u>	<u>Type</u>	<u>Acct. #</u>	<u>Titling of Acct.</u>	<u>Approx. Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

4. Securities not in brokerage accounts:

<u>Name of Security</u>	<u>Type</u>	<u>Titling of Security</u>	<u>Approx. Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Tangible personal property (jewelry , household furnishings, cars, etc.):

<u>Description of Item</u>	<u>Ownership</u>	<u>Approx. Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Business interests (partnerships, proprietorships, controlled corporations, etc.); for each interest, state whether a buy-out agreement exists:

<u>Entity Name</u>	<u>Type</u>	<u>Percent Owned</u>	<u>How Title Held</u>	<u>Approx. Value</u>	<u>Buy-Out?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(For each entity, provide copy of constituent document(s), share certificates, if any, and any buy-out agreements)

7. Debts owed to you by others:

<u>Debtor(s)</u>	<u>Amount</u>	<u>Written Obligation?</u>	<u>Security/Collateral?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Life Insurance:

Total Coverage of all policies on husband: \$ _____

Total Coverage of all policies on wife: \$ _____

Term Insurance

<u>Company</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Death Benefit</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Whole Life Insurance

<u>Company</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Death Benefit</u>	<u>Cash Value</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. Death or other benefits from a qualified retirement plan, Keogh, IRA or annuities:

	<u>Company</u>	<u>Type</u>	<u>Beneficiary</u>	<u>Death Benefit</u>	<u>Cash Value</u>
Husband:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Wife:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

10. Other assets (including copyrights, patents and mineral rights; indicate how title is held and approximately value:

<u>Type/Description</u>	<u>How Title Is Held</u>	<u>Approximately Present Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Do either you or your spouse own separate property?

Husband: Yes ___ No ___

List: _____

Wife: Yes ___ No ___

List: _____

D. Other Interests or Expectancies:

1. Beneficial interests in trusts:

	<u>Creator Of Trust</u>	<u>Name of Trustee</u>	<u>Your Interest</u>	<u>Power of Appointment?</u>	<u>Present Value</u>
Husband:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Wife: _____

2. Expected inheritances or gifts (from parents or others):

Husband: _____

Wife: _____

E. Liabilities

1. Notes, loans, spousal or child support obligations and judgments (include amount and to whom owed):

Husband: _____

Wife: _____

2. Have you and your spouse entered into any agreement regarding property acquired during your marriage. If yes, state whether agreements is oral or written, whether it was entered into before or after your marriage, and provide copy:

Yes ___ No ___

F. Gifts Made by You to Each Other or to others:

1. Have either of you made any gifts in excess of \$10,000.00? If yes, give description and amount of gift, to whom given and date of gift.

Husband: _____

Wife: _____

2. Was a Gift Tax Return filed for any gifts made by you (if so, provide copies, or name/phone of accountant who filed for you):

Husband: Yes _____ No _____

If Yes, for what year(s): _____

Wife: Yes _____ No _____

If Yes, for what year(s): _____

G. Certain Will and/or Trust Provisions:

1. Trustee(s) of trust established now or in Will:

Husband: 1st choice: _____
Successor _____
2nd Successor _____

Will bond be required: Yes or No

Wife: 1st choice: _____
Successor _____
2nd Successor _____

Will bond be required: Yes or No

2. Executor of Will:

Husband: 1st choice: _____
Successor _____
2nd Successor _____

Will bond be required: Yes or No

Wife: 1st choice: _____
Successor _____
2nd Successor _____

Will bond be required: Yes or No

3. Guardian(s) or person and/or estate of minor children:

Husband: 1st choice: _____
Successor _____
2nd Successor _____

Will bond be required: Yes or No

Wife: 1st choice: _____
Successor _____
2nd Successor _____

Will bond be required: Yes or No

4. State briefly how you wish your property to be disposed of upon your death:

Husband: _____

Wife: _____

H. Certain Health Care Decision Matters:

1. Durable Power of Attorney for Health Care (“DPAHC”) or Advance Health Care Directive (“AHCD”):

Have you executed a DPAHC or AHCD document? Yes ____ No ____

Who do you wish to make health care decisions for you if you are not able to do so?

Husband: 1st choice: _____
Successor _____
2nd Successor _____

Wife: 1st choice: _____
Successor _____
2nd Successor _____

2. Physician Orders for Life-Sustaining Treatment (“POLST”) Document:

Have you executed a POLST document?

Husband Yes ____ No ____ If yes, Physician Name: _____
Wife Yes ____ No ____ If yes, Physician Name: _____

3. Do Not Resuscitate (“DNR”) Order?

Have you executed a DNR?

Husband Yes ____ No ____ If yes, Location of Original: _____
Wife Yes ____ No ____ If yes, Location of Original: _____

Signature of Husband

Signature of Wife