ESTATE PLANNING WORKSHEET

Nancy L. Choate Attorney at Law Estate Planning and Administration

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.

PERSONAL INFORMATION

Client's Full Legal Name_		9 3 4 4 5	Locayata)		
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Personal Attorney	70 Al			-> .	8
Accountant	9 17		P	8	
Financial Advisor	* II	<u> </u>		10 21	120 8 8
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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	Leve	el of C	oncern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	1 A 4 4 10	ecent :	er joser i in
Providing for and protecting children.			7
Providing for and protecting grandchildren.			
Disinheriting a family member.			
Providing for charities at the time of death.	rā		
Plan for the transfer and survival of a family business.			3.
Avoiding or reducing your estate taxes.	(8)	93	
Avoiding probate.			4
Reduce administration costs at time of your death.	•		
Avoiding a conservatorship ("living probate") in case of a disability.			
Avoiding will contests or other disputes upon death.			
Protecting assets from lawsuits or creditors.			
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		- 4	
Plan for a child with disabilities or special needs, such as medical or learning disabilities.			
Protecting children's inheritance from the possibility of failed marriages.			
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		5	41
Other Concerns (Please list below):			W 8
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IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? Describe		
Are you making payments pursuant to a divorce or property settlement order? Please furnish a copy	A P. T.	****
Have you been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy		
Have you ever filed federal or state gift tax returns? Please furnish copies of these returns	3	3.
Have completed previous will, trust, or estate planning? Please furnish copies of these documents	ř. (4)	
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? If so, please explain below.	U	21
Are you currently the beneficiary of anyone else's trust? If so, please explain below.		
Do any of your children have special educational, medical, or physical needs?		ů.
Do any of your children receive governmental support or benefits?	9	
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

INSTRUCTIONS FOR COMPLETING THE PROPERTY INFORMATION CHECKLIST

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. You probably won't own property under all the headings, if not just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of 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, please use the following abbreviations:

Owner of Property	Use
If own property in your name only	I
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

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc. Loan Market Balance Value General Description and/or Address Total FURNITURE AND PERSONAL EFFECTS TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items.). Market Value Owner Type or Description Miscellaneous Furniture and Household Effects (Total) **Total AUTOMOBILES, BOATS AND RVS** TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance: **BANK & SAVINGS ACCOUNTS** TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRAs or 401(k)s here Amount Type Owner Name of Institution and account number Total

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below) Owner Acct. Number Amount Type Stocks, Bonds or Investment Accounts **Total** LIFE INSURANCE POLICES AND ANNUITIES TYPE: Term, whole life, split dollar, group life, annuity. ADDITIONAL INFORMATION: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent. Total RETIREMENT PLANS TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). ADDITIONAL INFORMATION: Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information. **Total**

BUSINESS INTERESTS

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SUMMARY OF VALUES

*		Amount*	1
ASSETS	Client	Other's	Total Value
Real Property			
-Furniture and Personal Effects	an and <u>an ang militimas y</u> a	4 <u>2 P 3 P 3</u>	* 120000 00 10 10 00 00 00
-Automobiles, Boats and RV's-		ې د نام چې و ده د د اه و د الس ې س	
Bank and Savings Accounts		<u> </u>	3
Stocks and Bonds	1	t St	
Life Insurance and Annuities			× 1
Retirement Plans			
Business Interests			
Money owed to you			· · · · · · · · · · · · · · · ·
Anticipated Inheritance, Etc.			
Other Assets	71 " <u>3 </u>		
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Total Assets:	· · · · · · · · · · · · · · · · · · ·		

^{*} Values for property owned with other put your percentage in client's column and other's percentage in other's column.

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name and Address	Relationship
INITIAL TRUSTEE(S): Usually you will be the Trustee of y before.	our own trust. Allows you to control all of your assets as
Name and Address	Relationship
	N
DISABILITY TRUSTEE: If you were unable to make d	ecisions for yourself, who would you want to make decisions fo
you with regard to your prop Name and Address	Relationship
	(a)
	¥ 8 S
desired, management of property fo	Relationship
	X
	N N
POWER OF ATTORNEY: If you were unable to make fithose decisions for you?	nancial decisions for yourself, who would you want to make
Name	Relationship Instructions or Guidelines
Do you want to authorize your Financial Agent to make gifts or Yes No	your behalf during any period of time you are incapacitated?
Gifting Power Details:	
	#

LIV	VING WILL:	Do you want to prov artificial means or m made available for to	easures?	Do you wa	death not be unt to provide t	unnecessarily prolo hat your organs an	nged by d tissues should be
HE	ALTH CARE:	If you were unable to with regard to your	make decisionedical treat	ons for yoursel nent?	lf, who would y		P2
		Name	water water	Rela	ationship	Instruction	ns or Guidelines
		2 87					
Do ;	you want to autho nursing home?	rize your Medical Agent	to take whate	ever steps are 1	necessary to ke	ep you in a persona	l residence rather
arra	ange for voluntary		□ No			·	
In n	naking distribution sideration to:	ns during any period of t	ime the client	is incapacitat	ed, the success	or Trustee shall giv	e primary
	8 ×	☐ Your needs and the☐ Your needs and the					
DIS	USE OF PERSO	F PERSONAL PROPER' ONAL PROPERTY MEM ant to a written list you ma	IORANDUM	: Do you want	14	your personal prope	aty will be
22	Any property not	listed on the memorandun	n should be dis	stributed to:		8	
		☐ Children equally.		□ To 1	the balance of t	he trust.	
	1322	☐ Other named indivi	duals. List on	next line.			
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DISTRIBUTE themselves.	OUTRIGHT TO	O MY BENI	EFICIARIES:	Provides no pro	otection from cre	editors, preda	ators, or
property is held in instructions to the staggered distribut	trustee outlining g	guidelines to	be followed in de	etermining the b	eneficiary's need	nanage the pr	operty a
carry out your dis	cide how the trust	is designed.	List your desires	ve a right to be	a contactor and		
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the rei	mote event	no one l	isted above	is alive to	receive n	ny proper	ty I want my	property	distribute	d as follo	ows:	×
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