Allen Law Group, P.C. Estate Planning Worksheet

DO NOT SUBMIT THIS FORM ONLINE

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

Part I Personal Information

Client's Legal Name	ame most often used to title property	and accounts)	
Also Known As	other names used to title property ar	,	
	other names used to title property ar	,	S Citizen?
Home Address			
Home Telephone County of Re			
Employer			
Business Address	City	State	Zip
E-mail Address	It is okay to com	nmunicate with me via	a my E-mail address.
☐ Divorced ☐ Widowed ☐ Single			
Children and	Other Family Men	<u>ıbers</u>	
Use full legal name).			
Name	Date of Birth	Parent or	Relationship
Home Address	City	State	Zip
☐ He/Him/His ☐ She/Her/Hers Comments:			
	City		Zip
Home Address	City	State	Zip
☐ He/Him/His ☐ She/Her/Hers Comments:			
Home Address	City	State	Zip
☐ He/Him/His ☐ She/Her/Hers Comments:			r
	Advisors		
	Vame		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	Concern Level
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	
Providing for and protecting children.	
Providing for and protecting grandchildren.	
Disinheriting a family member.	
Providing for charities at the time of death.	
Plan for the transfer and survival of a family business.	
Avoiding or reducing your estate taxes.	
Avoiding probate.	
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.	
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	
Protecting children's inheritance in the event of a failed marriage(s).	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	
Other Concerns (Please list below):	

Important Family Questions

(Please check "Yes" or "No" for your answers)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>If Yes, describe below</i> :		
A 1' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i> .	Ш	
Have you been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.		
Have you 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 a the time of your death? <i>If so, please explain below.</i>		
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?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other financial support to adult children or others?		
Additional Information		

Part II Property Information

Instructions for completing the Property Information checklist:

General Headings	own and what it is worth. You prol headings; if not, just leave those by own more property than can be list sheets of paper to list your addition	bably won't own property thank. Under certain heading and this checklist. If so,	under all the gs, you may
Туре	Immediately after the heading for explanation of what property you shad		
"Owner" of Property	How you own your property is exproperly designing and implementing please indicate how the property is following abbreviations:	ng your estate plan. For ea	ch property,
	Owner of Pr	operty	Use
	If own property in your name onl	y.	I
	Joint Tenancy with someone, i.e.	a child, parent, etc.	JTO
	If you cannot determine how the	property is owned.	?
TYPE: Any interest in real estate including General Description and/or Address	Real Property ng your family residence, vacation home, time Owner	eshare, vacant land, etc. Market Value	Loan Balance
	Total:		
1 2 2 1	Furniture and Personal Effect al effects such as jewelry, collections, antique d give a lump sum value for miscellaneous, le	es, furs, and all other valuable no	n-business
Type or Description <i>Miscellaneous Furniture and Household</i>	Effects (Total)	Owner	Market Value
		Total·	

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please lis	st the following: desc	cription, how titled, m	arket value and enc	umbrance:
TYPE: Checking Account "CA", Savings Account "SA Do not include IRAs or 401(k)s here	Bank Accoun ", Certificates of De		Aarket "MM" (<i>indic</i>	rate type below
Name of Institution and Account Number		Type	Owner	Amount
Note: If Account is in your name for the benefit of a min	or, please specify a	nd give minor's name.	Total:	
Stocks, Bonds or Investment Accounts	tocks and Bor brokerage account, h		der each account. (Owner	indicate type Amount
Stocks, Bollus of Investment Accounts				
			Total:	
TYPE: Term, whole life, split dollar, group life, annui amount (death benefit), whose life is insured, who own life insurance agent.		INFORMATION: I		

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.I the plan name, the current value of the plan, a					21 1
				Total:	
				10	
TYPE: General and Limited Partnerships, S arm, and ranch interests. ADDITIONAL IN the interests, and the estimated value of the	NFORMATION: Give	vately-owned	corporations, profe of the interests, wh	essional corporation has the interest,	ons, oil interes your ownersh
				Total:	
	Money Ow	ad Ta Vai			
YPE: Mortgages or promissory notes paya	•				
Name of Debtor	•	Date of		Owed To	Current
Name of Debtor		Note	Maturity Date		Balance
				Total:	
				10iui.	
Anticipated	d Inheritance, G	Gift, or La	wsuit Judgn	ient	
YPE: Gifts or inheritances that you expect adgment in a lawsuit. Describe in appropri	t to receive at some time				ving through a
Description:					
			Total	Estimated Value	:
	Othor	A aa a4a			
VDF. Other property is any property that	Other		ad entagowy		
YPE: Other property is any property that y	you nave mat does not I	n mw any nst	eu calegory.		
Туре				Owner	Value
					
				Total:	

Summary of Values

		Amount*		
Assets	Client	Others	Total Value	
Real Property			v aluc	
Furniture and Personal Effects				
Automobiles, Boats and RVs				
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:			-	
* Values for property owned with other(s), put your percenta	ge in Client's column and other's p	percentage in Others	s column.	
Comments:				

Part III Design Information

PERSONS TO ACT FOR YOU:

☐ Yes ☐ No

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	Addr	ress	Relationship
☐ He/Him/His ☐ She/Her/Her			
☐ He/Him/His ☐ She/Her/Her			
INITIAL TRUSTEE(S): Usual	y you will be the Trustee of your own to	rust. Allows you to c	control all of your assets as before.
Name	Addr	ress	Relationship
☐ He/Him/His ☐ She/Her/Her			
☐ He/Him/His ☐ She/Her/Her			
	ou were unable to make decisions for y about your property and assets?	ourself, who would	you want to make decisions for
Name	Addr	ress	Relationship
☐ He/Him/His ☐ She/Her/Her			
☐ He/Him/His ☐ She/Her/Her			
	our death, who do you want carrying on the control of property for your be		s, for distribution to and, if
Name	Addr	ress	Relationship
☐ He/Him/His ☐ She/Her/Her			
☐ He/Him/His ☐ She/Her/Her			
POWER OF ATTORNEY:	If you were unable to make financial de those decisions for you?	ecisions for yourself	, who would you want to make
Name	Pronoun ☐ He/Him/His ☐ She/Her/Hers ☐ He/Him/His ☐ She/Her/Hers ☐ He/Him/His ☐ She/Her/Hers	Relationship	Instructions or Guidelines

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

He/Him/His She/Her/Hers She/Her/Hers He/Him/His She/Her/Hers She/Her/Hers He/Him/His She/Her/Hers She/Her/Hers He/Him/His She/Her/Hers She/Her/Hers She/Her/Hers She/Her/Hers He/Him/His She/Her/Hers	ary to keep you in a personal residence nological or substance treatment, Agent may the Successor Trustee shall give primary de that your personal property will be No To the balance of the trust.	LIVING WILL:	Do you want to provide that the mome artificial means or measures? Ye and tissues should be made available for	s 🗆 No Do you w	ant to provide that your organs
He/Him/His She/Her/Hers She/Her/Hers He/Him/His She/Her/Hers She/Her/Hers He/Him/His She/Her/Hers She/Her/Hers He/Him/His She/Her/Hers She/Her/Her	ary to keep you in a personal residence nological or substance treatment, Agent may the Successor Trustee shall give primary de that your personal property will be No To the balance of the trust.	HEALTH CARE:		=	-
Do you want to provide that upon certification by 2 physicians of need for psychological or substance trea arrange for voluntary admission?	the Successor Trustee shall give primary the that your personal property will be \[\subseteq \text{No} \] To the balance of the trust.	Name	☐ He/Him/His ☐ She/Her/Hers ☐ He/Him/His ☐ She/Her/Hers		
In making distributions during any period of time that the client is incapacitated, the Successor Trustee shatensideration to: Your needs, and then needs of others dependent upon you. Your needs and the needs of others dependent upon you equally. DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to include that your personal proper distributed pursuant to a written list you may prepare later? Yes No Any property not listed on the memorandum should be distributed to: Children equally. Other named individuals (list below).	the Successor Trustee shall give primary de that your personal property will be No To the balance of the trust.			e necessary to keep y	you in a personal residence
Your needs, and then needs of others dependent upon you. ☐ Your needs and the needs of others dependent upon you equally. DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to include that your personal proper distributed pursuant to a written list you may prepare later? ☐ Yes ☐ No Any property not listed on the memorandum should be distributed to: ☐ Children equally. ☐ To the balance of the trust. ☐ Other named individuals (list below). SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals	de that your personal property will be ☐ No To the balance of the trust. o make to either individuals or charities.			or psychological or s	substance treatment, Agent may
		☐ Your needs and the needs of DISTRIBUTIONS OF PERSONAL PROdistributed pursuant to a writing Any property not listed on the prop	f others dependent upon you equally. ONAL PROPERTY AND SPECIFIC GIFT OPERTY MEMORANDUM: Do you want tten list you may prepare later? he memorandum should be distributed to: Children equally.	to include that your p	
Individual or Charity Amount or	Amount or Property	SPECIFIC GIFTS: List at	ny specific gifts of real estate or cash gifts yo	u wish to make to eith	ner individuals or charities.
		Individual or Charity			Amount or Property
	_				

DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH

	DIVIDE AMONG NAMED INDIVIDUALS AND/OR CHARITIES:
НО	OW AND WHEN TO DISTRIBUTE MY PROPERTY:
	□ DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES: Provides no protection from creditors, predators, or themselves.
	□ STRUCTURED TRUST: You determine how long the property is to remain in trust. During the period of time property is held in trust it is available to the beneficiary for needs (health, education, maintenance, and support). Yo may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's need You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a co-trust and/or choose his or her own co-trustee? You decide how the trust is designed. List your desires:
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is a	E CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one lister live to receive your property? Determining the remote contingent beneficiary is not so important that it should cause yn pletion of your entire estate plan. It can always be changed at a later date.
rem	ote event no one listed above is alive to receive my property I want my property distributed as follows: \[\subseteq \text{To my heirs-at-law.} \] \[\subseteq \text{To the following named individuals and/or charities:} \]

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously, your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:		

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