

# ESTATE PLANNING WORKSHEET

## *Married Couples*

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Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. Preparation of this worksheet is not mandatory prior to the initial appointment with us, but if we are able to review the completed worksheet prior to your appointment, more information and value will be received during the 30-minute complimentary initial consultation.

**WE OFFER A FREE  
NO-OBLIGATION, 30-MINUTE CONSULTATION**

During the initial appointment, we will determine your specific estate planning needs and goals. The potential cost of probate and tax which would occur with your current plan will be analyzed, and methods of reducing costs and accomplishing goals will be discussed. An exact quote on fees for estate planning will be provided before you decide to authorize completion of your estate plan.

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**Part I**  
**Personal Information**

**Husband's Legal Name** \_\_\_\_\_  
(name most often used to title property and accounts)

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

Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer \_\_\_\_\_ Position \_\_\_\_\_

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

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

**Wife's Legal Name** \_\_\_\_\_  
(name most often used to title property and accounts)

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

Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer \_\_\_\_\_ Position \_\_\_\_\_

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

**Children and Other Family Members or Beneficiaries**

*(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)*

Name	Birth date	Daughter/Son/ Relationship
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		

**Advisors**

**Name**

**Telephone**

Personal Attorney \_\_\_\_\_

\_\_\_\_\_

Accountant \_\_\_\_\_

\_\_\_\_\_

Financial Advisor \_\_\_\_\_

\_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

\_\_\_\_\_

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? \_\_\_\_\_

**Husband**

**Wife**

Are you a U.S. citizen?

Yes  No

Yes  No

Do you presently have a will or Trust

Yes  No

Yes  No

Are you interested in avoiding probate of your estate?

Yes  No

Yes  No

How many living children do you have?

\_\_\_\_\_

\_\_\_\_\_

Are all children legally yours? (natural or legally adopted)

Yes  No

Yes  No

Do any of your children or other beneficiaries have disabilities?

Yes  No

Yes  No

Do you own a farm or business?

Yes  No

Yes  No

Have you entered into any agreements with your spouse (such as a prenuptial or community property agreement)?

Yes  No

Yes  No

Do you or any family member or potential beneficiaries have any serious health problems?

Yes  No

Yes  No

If yes, please describe briefly: \_\_\_\_\_

Do you own a long-term care (nursing home) insurance policy?

Yes  No

Yes  No

Do you have a divorce decree affecting your pension or other Property rights?

Yes  No

Yes  No

Other Concerns (Please list below):

\_\_\_\_\_  
\_\_\_\_\_

## Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married, have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you (or your spouse) 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>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) 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

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**Part II**  
**Design Information**

**PERSONS TO ACT FOR YOU:**

**INITIAL TRUSTEE(S):** Usually the Maker/Settlor will be the Trustee of his or her own trust. Often, both spouses, jointly.  
Allows you to continue to jointly control your assets as before.

Name and Address	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

(The following agents, Disability Trustee, Death Trustee and Power of Attorney can be the same individuals)

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

Name and Address	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**DEATH TRUSTEE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

Name and Address	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**POWER OF ATTORNEY:** If you were unable to make financial decisions with regard to assets not held in trust, Page 5 who would you want to make those decisions for you? Usually the spouses are the primary Agents and the Successor Trustees are the backup Agents

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve. If your guardian is out of country, you should designate an “interim” guardian to care for your child until your primary guardian arrives.

Name and Address	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

**Interim Guardian:**

_____	_____
_____	_____
_____	_____

**TESTAMENTARY TRUSTEE:** After your death, you may need a trustee to manage assets for beneficiaries until they reach age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary’s moneinvested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution.

Name and Address	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS**

**USE OF PERSONAL PROPERTY MEMORANDUM:** Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later?       Yes    No

Any property not listed on the memorandum should be distributed to:

**FOR HUSBAND:**     Spouse, then children equally.                       Children  
                           Spouse, then to balance of trust.                       To the balance of the trust.  
                           Spouse, then other named individuals.                       Other named individuals. List on next line.

**FOR WIFE:**         Spouse, then children equally.                       Children  
                           Spouse, then to balance of trust.                       To the balance of the trust.  
                           Spouse, then other named individuals.                       Other named individuals. List on next line.

**SPECIFIC GIFTS:** List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

**FOR HUSBAND:**

Individual or Charity	Amount or Property	Contingent on Wife predeceasing?
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**FOR WIFE:**

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?
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**DESIGN OF MARITAL SHARE:**

**OUTRIGHT:** We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever surviving spouse wants. Also allows a new spouse to possibly make claim on property in case of death or divorce

**GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the trust.

**ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his or her needs (health, education, and maintenance).

**WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS:** Is surviving spouse the sole trustee with a right to appoint cotrustees (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the cotrustee with the surviving spouse? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE**

**DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**

**DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW AND WHEN TO DISTRIBUTE MY PROPERTY:**

**DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:**

**STRUCTURED TRUST/CHILDREN’S TRUST/MINOR’S 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 follow in determining the beneficiary’s needs. You may provide for a staggered distribution of principal. For example:. 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 cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**REMOTE CONTINGENT BENEFICIARY:** 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. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To each spouse's heirs-at-law.
- One-half to Husband's heirs-at-law and one-half to Wife's heirs at law.
- To the following named individuals and/or charities:

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**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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**PETS:**

1. Do you have pets that you wish to give away upon your death?  Yes  No

If yes, who will care for your pets?

Primary Caregiver: \_\_\_\_\_

Alternate Caregiver: \_\_\_\_\_

2. Would you like to leave the Caregiver money for your pet's care?  Yes  No

If yes, how much? \_\_\_\_\_

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**HEALTH CARE DIRECTIVES:**

Do you want to authorize your Medical Agent to take steps necessary to keep you in a personal residence rather than nursing home? **Husband:**  Yes  No **Wife:**  Yes  No

Do you want to be kept alive indefinitely on life support if there is no quality of life and no hope of recover?

**Husband:**  Yes  No **Wife:**  Yes  No

Do you want to provide that your organs and tissues should be made available for transplant purposes?

**Husband:**  Yes  No **Wife:**  Yes  No

Do you want to provide that your organs or tissues be made available for educational or research purposes?

**Husband:**  Yes  No **Wife:**  Yes  No

Do you wish to donate your body to science? **Husband:**  Yes  No **Wife:**  Yes  No

Do you have post mortem wishes?

Burial **Husband:**  Yes  No **Wife:**  Yes  No

Cremation **Husband:**  Yes  No **Wife:**  Yes  No

Do you have other funeral or post mortem instructions?

**Husband:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wife:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

**HUSBAND'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WIFE'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part III  
Real Property**

**TYPE:** Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

**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.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

**Automobiles, Boats, and RVs**

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

_____
_____
_____
_____

**Bank 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

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

### 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)*

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

### Life Insurance Policies 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.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

### 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.

Institution Holding Plan	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

**Business Interests**

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

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*Total* \_\_\_\_\_

**Money Owed To You**

**TYPE:** Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**Anticipated Inheritance, Gift, or Lawsuit Judgment**

**TYPE:** Gifts or inheritances that you expect to receive in the near/immediate future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

**Description** \_\_\_\_\_

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*Total estimated value* \_\_\_\_\_

**Other Assets**

**TYPE:** Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

