

LANE & RUSU CO., L.P.A.
ESTATE PLANNING WORKSHEET

The information requested on this worksheet may seem like *none of an attorney's business*, but it is very important that an estate planning attorney understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If you are married and all information on this worksheet is identical for you and your spouse, complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each spouse has a separate one.

For those of you who are single, we apologize for phrasing everything based on husband and wife. This is for simplicity of the form only. To complete this worksheet, please fill in the wife's blanks if you are female and the husband's blanks if you are male.

Estate planning is very important for singles as well as couples. Plan of distribution for singles is not obvious and most or all assets will be probated since joint tenancy with a spouse is not an available method of avoiding probate.

Date: _____ Phone Number: _____

HUSBAND: _____
First Middle Initial Last

_____ *Date of Birth* _____ *Social Security Number*

WIFE: _____
First Middle Initial Last

_____ *Date of Birth* _____ *Social Security Number*

_____ *Street* _____ *City* _____ *State* _____ *Zip*

County _____

Marital Status: Married Divorced
 Separated Single (including widowed and not remarried)

What is your primary motivation for considering estate planning? (*Select one or more*)

- | | |
|--|--|
| <input type="checkbox"/> Probate Avoidance | <input type="checkbox"/> Federal Estate Tax planning |
| <input type="checkbox"/> Guardianship for Minor Children | (For estates approaching the \$1,000,000 range - Although tax credits increase incrementally allowing for transfer of up to 1,000,000, estates approaching \$1,000,000 should be analyzed for federal estate tax planning options since inflation, growth and other factors may create tax issues in these estates.) |
| <input type="checkbox"/> Business or Farm Planning | |
| <input type="checkbox"/> Other: _____ | |

TYPE OF ASSET (Include account number and where held)	TITLE IN WHICH HELD (Husband sole; Wife sole; Joint with spouse; Joint with third party; or Tenants in common, etc.)		CURRENT VALUE	
Checking Accounts				
Savings Accounts				
Certificates of Deposit				
Automobiles				
Other Personal Property				
Annuities	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>	
IRA's				
Pension/Profit Sharing				
Life Insurance			<u>Cash Value</u>	<u>Death Benefit</u>
Other Assets				
LIABILITIES	Name Loan Taken In: (Husband, Wife, Joint, Other)		<u>Amount Owed</u>	

CHILDREN OR OTHER BENEFICIARIES

NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP

GIFT TAX RETURNS

Have gift tax returns ever been filed to report gifts made? _____ *** If YES, please bring copies of the returns to your appointment.

APPOINTMENTS

1. **PERSONAL REPRESENTATIVE.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) Most people name their spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.

PERSONAL REPRESENTATIVE: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

2. **SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you, or in the case of a joint trust, neither you nor your spouse, could not manage assets due to incompetency. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, when neither you nor your spouse survive.

SUCCESSOR TRUSTEE: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

3. **HEALTH CARE AGENT.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues and nursing home admission if you were unable to make these decisions yourself? (Typically, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent(s).

HEALTH CARE AGENT: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

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

	<u>Husband</u>	<u>Wife</u>
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in avoiding probate of your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children not from your current marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into any agreements with your spouse (such as pre-nuptial or community property agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any serious health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe briefly: _____		

Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold everything jointly with your spouse, or is some Property separate?	<input type="checkbox"/> All Joint (except IRA's, pensions, etc.)	<input type="checkbox"/> Some separate

NET WORTH: If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance, what is the approximate total value of the estate of yourself and your spouse?

What is the value of death benefits on life insurance?	Insuring Husband _____	Insuring Wife _____
What is the total amount of your outstanding liabilities?	_____	

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate category below.
Attach a separate page if necessary.

	<u>Husband</u>	<u>Community/Joint</u>	<u>Wife</u>
INCOME:			
Earned Monthly Income from Labor	_____	_____	_____
Monthly Social Security Income	_____	_____	_____
Monthly Pension Income	_____	_____	_____
Other Monthly Income	_____	_____	_____

TYPE OF ASSET	TITLE IN WHICH HELD (Husband sole; Wife sole; Joint with spouse; Joint with third party; or Tenants in common, etc.)	TYPE OF PROPERTY (Residential, Commercial, Manufacturing, Agricultural)	CURRENT VALUE
REAL ESTATE			
Personal Residence			
Vacant Land			
Other:			
LIQUID ASSETS (Include account number and where held)			
Cash on Hand			
Government and Publicly Traded Securities			
Unlisted Securities (Not Publicly Traded)			
Money Market Accounts			
Equity in Business <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership			
Notes and Loans Receivable			

PLAN OF DISTRIBUTION

3. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

4. Briefly describe where you would want assets remaining after any specific gifts are distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

- All to spouse; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
- All to spouse; then equally between surviving children.
- All to spouse, then _____
- _____
- As follows: _____
- _____

3. **ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if neither you, your spouse or your children or other beneficiaries named above survive.

PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR BENEFICIARIES OR BENEFICIARIES WITH DISABILITIES

1. **GUARDIAN.** If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot serve.

GUARDIAN: _____

ALTERNATE: _____

2. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for children until they reach an age when you believe they should be capable of managing property on their own. A trustee can keep the children's money invested 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 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.

TESTAMENTARY TRUSTEE: _____

ALTERNATE: _____

3. **AGE OF DISTRIBUTION.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.
