



## Estate Planning Worksheet

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### **D'TERRA LAW, LLC**

Real Estate, Business and Estate  
Planning

USE THIS WORKSHEET FOR A MARRIED COUPLE.

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

**PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR  
APPOINTMENT.**

**Part I  
Personal Information**

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

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

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.  
 Date of Marriage \_\_\_\_\_

Client's Spouse or Second Grantor's Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

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

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

**Children and Other Family Members**

(Use full legal name. Use "JT" if both spouses are the parents, "1" if client or first listed grantor is the parent, "2" if spouse or second listed grantor is the parent, "S" if a single parent.)

Name , address, phone and email:	Birth date	Parent or Relationship
Comments: _____	_____	_____
Comments: _____	_____	_____
Comments: _____	_____	_____
Comments: _____	_____	_____
Comments: _____	_____	_____
Comments: _____	_____	_____



### 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>	<input type="checkbox"/>	<input type="checkbox"/>
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>	<input type="checkbox"/>	<input type="checkbox"/>
If married, have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you (or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other major financial support to adult children or others?		

**List all beneficiaries who you want to receive a share of your estate:**

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**Part II**  
**Property Information**

**Instructions for completing the Property Information checklist:**

**General Headings**

This **Property Information** checklist helps you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings, you may own more property than can be listed on this checklist. If so, attach 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:

<b>Owner of Property</b>	<b>Use</b>
If married, Client’s name alone, with no other person	C
If married, Spouse’s name alone, with no other person	S
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	Don’t Know

### Real Property

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

General Description, Address or County APN	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	<b>Total</b>	_____	_____

### 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 (Lump Sum Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	<b>Total</b>	_____

### Automobiles, Motorcycles, Boats, and RVs

**TYPE:** For each motor vehicle, motorcycle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance/existing loan, if any:

_____
_____
_____
_____

### 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.

General Description and/or Address	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	<b>Total</b>	_____	_____

**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)*

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

### 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.

_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
<b>Total</b>	_____

### Retirement Plans

**TYPE:** Pension (P), Profit Sharing (PS), Keogh (HR 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.

_____	
_____	
_____	
_____	
_____	
_____	
_____	
<b>Total</b>	_____





### Summary of Property and Estimated Value

<b>Assets</b>	<b>Amount*</b>		<b>Total Value</b>
	<b>Client</b>	<b>Spouse</b>	
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, etc.			
Other Assets			
<b>Total Assets:</b>			

***\*For joint property values enter 1/2 in client's column and 1/2 in spouse's column.***

**Part III  
Design Information**

**Agents and Fiduciaries**

**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, Address and Phone	Relationship
_____	_____
_____	_____

**INITIAL TRUSTEE(S):** Usually the Maker/Grantor will be the Trustee of his or her own trust. Often, both spouses will serve jointly and this allows you to continue to control your assets together.

Name, Address and Phone	Relationship
_____	_____
_____	_____

**DISABILITY/SUCCESSOR TRUSTEE:** If you are unable to make decisions for yourself, who will make decisions for you regarding your property and assets? **Choose primary and TWO alternates.**

**FOR CLIENT**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

**FOR SPOUSE**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

**DEATH/SUCCESSOR TRUSTEE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? **Choose primary and TWO alternates.**

**FOR CLIENT**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

**FOR SPOUSE**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

**FINANCIAL POWER OF ATTORNEY:** If you are unable to make financial decisions for yourself, who will make those decisions for you? **Choose primary and TWO alternates.**

**CLIENT'S AGENT**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

**SPOUSE'S AGENT**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

**LIVING WILL:** Your living will allows your agent to make decisions when you are near death. This can be the same person that makes decisions regarding your medical care and treatment. You can provide that your death is not unnecessarily prolonged by artificial means. **Choose primary and TWO alternates.**

**CLIENT'S AGENT**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

**SPOUSE'S AGENT**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

**ADVANCE HEALTH CARE DIRECTIVE/HEALTH CARE POWER OF ATTORNEY:** If you are unable to make decisions for yourself, who will make decisions for you regarding your medical care and treatment? **Choose primary and TWO alternates.**

**CLIENT'S AGENT**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

**SPOUSE'S AGENT**

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

Do you have pets?  YES  NO

If YES, do you want to create a PET TRUST?  YES  NO

In creating a pet trust, you must establish a trustee to care for the pet when you are gone. Typically, the Grantors designate the amount of funds to distribute to the Pet Trustee for the care of the pet. You can be as detailed as you want.

### Distributions of Personal Property and Specific Gifts

**INCAPACITY:** In making distributions during any period of time the client or spouse is incapacitated, the Successor Trustee shall give primary consideration to:

- Disabled spouse, then needs of others.
- Disabled spouse and other spouse, then needs of others.
- Disabled spouse, then needs of others equally.

**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?

**Client**  Yes  No

**Spouse**  Yes  No

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

**FOR CLIENT:**

- 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

**FOR SPOUSE:**

- 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

**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. **NOTE:** It may be advisable to gift the family home to your spouse after you pass away.

**FOR CLIENT:**

Individual or Charity	Cash Amount or Property	Contingent on Spouse Predeceasing?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR SPOUSE:**

<b>Individual or Charity</b>	<b>Cash Amount or Property</b>	<b>Contingent on Spouse Predeceasing?</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part IV  
Death of Grantors**

**Providing for the Surviving Spouse/Grantor**

**TO SURVIVING SPOUSE WITHOUT TAX PLANNING:** We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

- All to surviving spouse                       \_\_\_\_\_ % to surviving spouse
- Minimum allowed by law to the surviving spouse

**DIVIDE INTO MARITAL AND FAMILY TRUSTS:** Creating a family and marital trust is designed to maximize estate tax savings in larger estates. To accomplish this, an amount up to the applicable federal exclusion amount will be transferred to the Family Trust and the balance, if any, to the Marital Trust. This is sometimes referred to as “A/B Trust Planning.”

The Marital Trust is sometimes referred to as the “A Trust” or “QTIP Trust.” The Family Trust is sometimes referred to as the “B Trust” “By-Pass Trust” or “Credit Shelter Trust.” These trusts also provide protection for the surviving spouse from creditors and predators. You can both determine how much control you want the surviving spouse to have. In the event of remarriage, this type of planning protects property for your heirs from a new spouse in case of death or divorce. **NOTE:** Division of the combined estate may also be appropriate with blended families.

**MARITAL DEDUCTION FORMULA (OFFICE USE ONLY)**

- Disclaimer Provision                       Clayton Election
- Marital Pecuniary                           Marital Fractional
- Credit Shelter Pecuniary

**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 and allows surviving spouse to leave property to whomever surviving spouse wants. A new spouse may make a claim on surviving spouse’s 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 Marital Share from the trust.

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

**ONLY INCOME:** Only income is distributed to surviving spouse. The principal is not available to the surviving spouse.

**DESIGN OF FAMILY SHARE:**

**ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse and the principal is available for his or her needs under the HEMS standard should be health, education, maintenance or support.

Are descendants permissible beneficiaries of principal?  **Yes**  **No**

**INCOME AND PRINCIPAL FOR NEEDS:** All income and principal is available for needs. Income may be accumulated and not distributed.

Are descendants permissible beneficiaries of income and/or principal?  **Yes**  **No**

**ONLY INCOME:** Only income is distributed to surviving spouse. The principal is not available to the surviving spouse.

**WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS:** Is surviving spouse the sole trustee with a right to appoint Co -Trustees (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone or a professional fiduciary to be the Co-Trustee with the surviving spouse? If so, who should serve as the Co-Trustee?

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

**LIMITED POWER OF APPOINTMENT:** Do you want the surviving spouse to be able to modify the way property is distributed upon the surviving spouse’s death?  **Yes**  **No**

If YES, to whom may the surviving spouse distribute your property:

- Your descendants
- Your descendants and their spouses
- Your descendants and charities
- Your descendants, their spouses and charities
- Anyone, no limitations

**Division of Property Upon Death of Second Grantor**

Divide equally between our children and the descendants of any deceased children.

Divide among named individuals and/or charities:

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**DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

**STRUCTURED 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, maintenance or support). 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 carry out your distribution instructions. Does the beneficiary have a right to be a Co-Trustee and/or choose his or her own Co-Trustee? You decide how your trust is designed. List your desires:

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**REMOTE CONTINGENT BENEFICIARY:** Who do you want to receive your property if none of your beneficiaries are alive to receive it? 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. If 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 Client’s heirs-at-law and one-half to Spouse’s heirs-at-law
- To the following named individuals and/or charities:

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