

# **ESTATE PLANNING WORKSHEET**

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The Law Office of Daintria W. McClure, CPA  
Estate Planning, Wills, Trusts and Probate

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.

**GENERAL INFORMATION**

**HUSBAND'S INFORMATION**

Legal name: \_\_\_\_\_

Nickname/aka: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Are you a U.S. citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Social Security Number: \_\_\_\_\_

Health: \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone \_\_\_\_\_

Home fax: \_\_\_\_\_ Work fax \_\_\_\_\_

email address: \_\_\_\_\_

Prior Marriage(s) \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Married/How Terminated \_\_\_\_\_

Date of Current Marriage: \_\_\_\_\_ State: \_\_\_\_\_

Prenuptial Agreement \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother's name: \_\_\_\_\_ age: \_\_\_\_\_ estate size: \_\_\_\_\_

Health: \_\_\_\_\_

Father's name: \_\_\_\_\_ age: \_\_\_\_\_ estate size: \_\_\_\_\_

Health: \_\_\_\_\_

Inheritance expected \_\_\_\_\_

Planning in place \_\_\_\_\_

**WIFE'S INFORMATION**

Legal name: \_\_\_\_\_

Nickname/aka: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Are you a U.S. citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Social Security Number: \_\_\_\_\_

Health: \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone \_\_\_\_\_

Home fax: \_\_\_\_\_ Work fax \_\_\_\_\_

email address: \_\_\_\_\_

Prior Marriage(s) \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Married/How Terminated \_\_\_\_\_

Date of Current Marriage: \_\_\_\_\_ State: \_\_\_\_\_

Prenuptial Agreement \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother's name: \_\_\_\_\_ age: \_\_\_\_\_ estate size: \_\_\_\_\_

Health: \_\_\_\_\_

Father's name: \_\_\_\_\_ age: \_\_\_\_\_ estate size: \_\_\_\_\_

Health: \_\_\_\_\_

Inheritance expected \_\_\_\_\_

Planning in place \_\_\_\_\_

**CHILDREN**

Child 1: \_\_\_\_\_

Parent:    Husband        Wife        Both (circle one)

Date of Birth: \_\_\_\_\_

Married/Name of Spouse: \_\_\_\_\_

Children(s) Names / Ages: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Child 2: \_\_\_\_\_

Parent:    Husband        Wife        Both (circle one)

Date of Birth: \_\_\_\_\_

Married/Name of Spouse: \_\_\_\_\_

Children(s) Names / Ages: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Child 3 \_\_\_\_\_

Parent:    Husband        Wife        Both (circle one)

Date of Birth: \_\_\_\_\_

Married/Name of Spouse: \_\_\_\_\_

Children(s) Names / Ages: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Child 4: \_\_\_\_\_

Parent:    Husband        Wife        Both (circle one)

Date of Birth: \_\_\_\_\_

Married/Name of Spouse: \_\_\_\_\_

Children(s) Names / Ages: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Child 5: \_\_\_\_\_

Parent:    Husband        Wife        Both (circle one)

Date of Birth: \_\_\_\_\_

Married/Name of Spouse: \_\_\_\_\_

Children(s) Names / Ages: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Child 6: \_\_\_\_\_

Parent:    Husband        Wife        Both (circle one)

Date of Birth: \_\_\_\_\_

Married/Name of Spouse: \_\_\_\_\_

Children(s) Names / Ages: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Any deceased children that left children of their own? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: Name of Child and their children, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **OTHER DEPENDANTS**

Do you now (or expect to) contribute to the support of any other persons:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **SPECIAL PROVISIONS**

Does any member of your family have a special health (mental or physical) condition:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Nature of Condition: \_\_\_\_\_











## SUMMARY OF VALUES

<b>ASSETS</b>	<b>Amount*</b>		<b>Total Value</b>
	<b>Husband</b>	<b>Wife</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>			

\* *Joint Property values enter 1/2 in husband's column and 1/2 in wife'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 the Maker 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
_____	_____
_____	_____

**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?

**FOR HUSBAND**

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

**FOR WIFE**

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?

**FOR HUSBAND**

Name and Address	Relationship
_____	_____
_____	_____

**FOR WIFE**

Name and Address	Relationship
_____	_____
_____	_____

**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

**HUSBAND'S AGENT**

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

**WIFE'S AGENT**

Name	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?

Husband:  Yes  No

Wife:  Yes  No

Gift Power Details: \_\_\_\_\_  
\_\_\_\_\_

**LIVING WILL:** Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?? 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

**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?

**HUSBAND'S AGENT**

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

**WIFE'S AGENT**

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

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

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? Husband:  Yes  No Wife:  Yes  No

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

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

**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.
  - Spouse, then to balance of trust.
  - Spouse, then other named individuals.
  - Children
  - To the balance of the trust.
  - Other named individuals. List on next line.

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

**FOR WIFE:**

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?

**PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE**

**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 surviving spouse.

**DIVIDE INTO MARITAL AND FAMILY TRUSTS:** Designed to maximize estate tax savings. To accomplish this an amount up to the "applicable exclusion amount" (currently \$2,000,000) 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". Also provides protection for surviving spouse from creditors and predators. You decide how much control you want the surviving spouse to have. In the event of remarriage protects property for your heirs from a new spouse in case of death or divorce.

**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. Allows surviving spouse to leave property to whomever he or she 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 Marital Share from 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).
- ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

**DESIGN OF FAMILY SHARE:**

- ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for needs (health, education and maintenance).  
Are descendants permissible beneficiaries of principal? \_\_\_\_\_
- 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? \_\_\_\_\_
- ONLY INCOME:** Only income is distributed to surviving spouse. 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 cotrustee (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? \_\_\_\_\_

**LIMITED POWER OF APPOINTMENT:** Do you want the surviving spouse to be able to modify the way property is to be distributed upon his or her death? \_\_\_\_\_

If so, 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 SPOUSE TO DIE**

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

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

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

**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 and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 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:

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