

Estate Planning Worksheet

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Estate and Trust Planning

(Married)

PLEASE COMPLETE AS MUCH AS POSSIBLE AND EMAIL TO THE OFFICE PRIOR TO OUR TO ENSURE A MORE MEANINGFUL AND USEFUL CONVERSATION ABOUT YOUR ESTATE PLANNING OPTIONS THAT MEET YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

CONFIDENTIAL
ESTATE PLANNING WORKSHEET

Please Read Carefully and Sign Below:

This estate planning intake form and the initial consultation does not form an attorney-client relationship. Unless and until both of us sign a Legal Services Agreement, neither I nor the firm represent you on matters described in this client intake form or discussed during the initial consultation. No action of any kind will be taken on your behalf until you authorize us to do so by executing a Legal Services Agreement.

Signature: _____

Date: _____

Date _____

PERSONAL INFORMATION

1. Husband's Legal Name: _____
0. Alias: (are you known by other names) _____
1. Husband's Date of Birth: _____
2. Is Husband a U.S. Citizen? _____
3. Wife's Legal Name: _____
4. Wife's Date of Birth: _____
5. Is Wife a U.S. Citizen? _____
6. Address: _____
7. Phone Number: Husband Cell: _____ Wife Cell: _____
8. Email Address: Husband: _____ Wife: _____
9. Date of Marriage: _____
10. City and State of Marriage: _____
11. Date Began Living In California: _____
12. Any Prenuptial or postnuptial Agreements? If Yes, please explain: _____

13. Describe if any premarital property either spouse has kept separate: _____

14. Occupation(s): _____
15. Are you disabled? Husband: Yes No Wife: Yes No
16. Are you a Veteran? Husband: Yes No Wife: Yes No
17. Prior Marriage? Husband: Yes No Wife Yes No
18. Number of children from this marriage: _____
21. Contact Information for your Accountant: _____
22. Contact Information for your Attorney, if any: _____
23. Contact Information for your Insurance Agent, if any: _____

CHILDREN

Full Name	Date of Birth	Special Needs?	Adopted?
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21. Oldest child's marital status, occupation, and whether the child is on good terms with parents. _____
22. Second child's marital status, occupation, and whether the child is on good terms with parents. _____
23. Third child's marital status, occupation, and whether the child is on good terms with parents. _____
24. Fourth Child's marital status, occupation, and whether the child is on good terms with parents. _____
25. Are there any deceased children? Yes No
26. Do you have grandchildren? Yes No If "Yes", how many grandchildren?
27. Are any of your grandchildren special needs? Yes No
28. Are any of your grandchildren adopted? Yes No
29. Any children from a prior marriage or relationship? _____
 Husband: If yes, provide name(s) and date(s) of birth _____

Wife: If yes, provide name(s) and date(s) of birth _____

EXISTING ESTATE PLANNING DOCUMENTS

30. Do you have any existing documents (please check yes or no). If yes, please provide a copy of the document.

Document	Husband		Wife	
Last Will and Testament	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TAX INFORMATION

31. Do you have any outstanding federal or state income tax liabilities? Yes No If you answered Yes, please provide details:

32. Have you ever filed a federal gift tax return—Form 709? Yes No If Yes, please provide copies of all gift tax returns.

EXPECTED INHERITANCES

33. Do you expect an inheritance? Yes No. If Yes, please provide details.
Are you the beneficiary of a trust? Yes No. If Yes, please provide a copy of the trust instrument.

JUDGMENTS

34. Do you have any judgments against you or your business? If yes, please explain: _____

TRUSTED PERSONS TO HELP IN IMPLEMENTING YOUR PLAN

TRUSTEE

35. **TRUSTEE**: Who would be the Trustees of your Estate? (Preferably California residents)? If your estate plan involves the creation of a revocable living trust, the initial trustee will be yourself, but you will need to choose a successor trustee to manage the assets held in trust after both your deaths and/or if you become incapacitated.

The Trustee should be trustworthy, detail oriented, and able to meet deadlines. The Trustee will be in charge of administering the trust after the death of Husband and Wife or handling it after either Husband or Wife is dead, and the other is alive but lacks capacity (incompetent).

TRUSTEE

First Choice

Second Choice

Name

Full Address

Phone

Number

*The people you pick must be US citizens.

*The people you pick must be 18 years of age or older.

*You can pick a corporation to serve as executor or trustee, for example, a bank or trust company (corporate trustees charge for their service).

EXECUTOR (Personal Representative)

36. **EXECUTOR:** This is the person or entity who gathers your assets upon your death, pays your debts, and distributes your assets to the beneficiaries of your last will and testament.

EXECUTOR

First Choice

Second Choice

Name

Full Address

Phone

Number

GUARDIANS

37. **GUARDIAN:** If you have minor children, then you will need to choose a guardian to care for your child in the event both parents are deceased while children are still minors.

GUARDIAN

First Choice

Second Choice

Name

First Choice

GUARDIAN

Second Choice

Address & Phone
No.

PLANNING FOR INCAPACITY

POWER OF ATTORNEY (Durable/Springing)

38. **POWER OF ATTORNEY**: Planning for incapacity means choosing a person (called an “agent” or “attorney-in-fact”) who can make decisions on your behalf while you are still alive but, for any number of reasons, you are unable to make decisions for yourself. The two documents that deal with these issues are called: Durable Power of Attorney for Property, and Durable Power of Attorney for Health Care (or Advance Medical Directive).

A **Durable Power of Attorney** is a document in which you designate an agent to act on your behalf and make the decisions necessary to manage your financial affairs. Powers of attorney can be created to become effective right when they are created (an “immediate” power of attorney) or they can be limited to take effect only if you become incapacitated (a “springing” power of attorney).

Who do you want to serve as your designated agent? Please indicate a successor if your designated agent is unable to serve.

AGENT UNDER DURABLE POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY First Choice

Second Choice

Name

Full Address

Phone Number

39. An **Advance Medical Directive** designates an agent who will make health care decisions for you in the event your treating physician determines you no longer possess the capacity to make those decisions for yourself. You retain the right to make all your health care decisions as long as your attending physician determines you have the capacity to do so. The spouse of the incapacitated person is usually named as the primary agent.

Whom do you want to serve as your designated agent? Please indicate a successor if your designated agent is unable to serve.

AGENT UNDER MEDICAL POWER OF ATTORNEY

**ADVANCE
MEDICAL
DIRECTIVE**

First Choice

Second Choice

Name

Full Address

Phone Number

END OF LIFE INSTRUCTIONS

40 What are your desires at the end of your life/ If you have a terminal condition where the application of life-prolonging procedures—including artificial respiration, cardiopulmonary resuscitation, artificially administered nutrition, and artificially administered hydration—would serve only to artificially prolong the dying process, then what are your desires? Please check a box below indicating your wishes currently.

	Husband:	Wife:	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	Not Sure
Do you want life-prolonging procedures?	<input type="checkbox"/> No		<input type="checkbox"/>

	Husband:	Wife:	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	Not Sure
Do you want to donate your organs?	<input type="checkbox"/> No		<input type="checkbox"/>

	Husband:	Wife:	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	Not Sure
Do you have a burial plot? If Yes, Provide address and location.	<input type="checkbox"/> No		<input type="checkbox"/>

41. Do you wish to be buried or cremated?
Husband Buried Cremated Other

Wife Buried Cremated Other

42. Do you have other instructions you would like your family and friends to consider?

REAL PROPERTY

IMPORTANT: Unless requested to do so in writing, your attorney will not independently verify the ownership, value, or title of any of your property and will take no responsibility or assume any liability for errors or damages that result from inaccurate information. It is important, however, that you understand that this information is crucial to your estate planning and, if incorrect, can dramatically alter the results.

43. Do you own your home (primary residence)?

44. If yes, approximate fair market value?

45. Mortgage value on home: _____

46. Value of any other real estate which Husband and Wife own net of mortgages:

Please provide copy of the Deed for each property:

REAL PROPERTY

(1)

Address

How Title Held

Approximate Value

Mortgage Balance

REAL PROPERTY

(2)

Address

How Title Held

Approximate Value

Mortgage Balance

BANK ACCOUNTS

47. Value of liquid assets (cash, checking accounts, savings accounts, certificate of deposit:

Bank Name

How Title
Held/Account Type

Payable at Death?

Approximate Value

Bank Name

How Title
Held/Account Type

Payable at Death

Approximate Value

RETIREMENT ACCOUNTS

48. **RETIREMENT ACCOUNTS:** List your retirement Accounts: (IRA, 401(k), TSP, etc.) If you are not sure who the beneficiary is, please contact your financial institution and get the information. This information is extremely important.

Account Type	Value	Primary Beneficiary	Secondary Beneficiary
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Ex: IRA

\$50,000

Son, John

Sister, Susie

INVESTMENT ACCOUNT

49. **INVESTMENT ACCOUNTS:** Please fill out this section for your investment accounts that are NOT retirement accounts. If the account is a TOD account (transfer on death), please mark the TOD column with a Y.

Description	Sole Name	Joint with Another Person	Pay on Death (Y/N)	TOD
Ex: Fidelity	\$25,000			Y

LIFE INSURANCE

50. **LIFE INSURANCE:** If you are not sure who the beneficiary is, please contact your life insurance company and find out. This information is extremely important.

Owner	Name of Insured	Face Value (death benefit)	B	Primary Beneficiary	Secondary Beneficiary

PERSONAL PROPERTY

51. **PERSONAL PROPERTY:** Do you have personal property items of either significant value or sentimental value which could cause issues if your children or other beneficiaries are unable to come to an agreement on how to divide them? If so, do you want to designate who should receive those items in a separate document or specify in the Trust a method to achieve an equal distribution among those beneficiaries? _____

for example, jewelry, antiques, artwork, or other tangible items.

Description	Who Should Get Item of Personal Property?
Example: Jewelry	

DEBTS

52. DEBTS: Please provide details on debts: Ex. Credit Cards/loans/judgments/etc.:

53. If you own any other property not accounted for above, please explain here:

CONCERNS

- Please check all that apply:
- Providing for and protecting spouse.
- Providing for and protecting children.
- Disinheriting a family member.
- Providing for charities at time of death.
- Avoiding Probate.
- Plan for a child with disabilities, or special needs.
- Protecting children’s inheritance from the possibility of failed marriages.
- Protecting children’s inheritance in the event of a surviving spouse’s remarriage.
- Avoiding/reducing your estate taxes
- Avoiding a conservatorship
- Avoiding will contests and other disputes at death.
- Plan for transfer and survival of a family business.
- Avoiding Conservatorship in case of disability.
- Protecting assets from lawsuits and creditors.
- Other Concerns: _____

PLEASE TELL US ABOUT YOUR OBJECTIVES

Please describe in your own words who should receive your property at your death and any other concerns or questions you would like to discuss with the attorney.