

ESTATE PLANNING WORKSHEET

Domestic Partners

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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Estate Planning Worksheet

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner 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 all information on this worksheet is identical for you and your domestic partner complete only one worksheet. If information for each partner differs, make a copy of this worksheet so each of you has a separate one.

			Date
Partner #1	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>
	<i>AKA</i>	<i>Date of Birth</i>	<i>Social Security Number:</i> <i>Employer:</i>
Partner #2	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>
	<i>AKA</i>	<i>Date of Birth</i>	<i>Social Security Number:</i> <i>Employer:</i>

Home Address

<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>
<i>Phone Number</i>	<i>Other Phone</i>	<i>Email</i>	
<i>Phone Number</i>	<i>Other Phone</i>	<i>Email</i>	

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

- | | |
|--|---|
| <input type="checkbox"/> <i>Plan of distribution to insure inclusion of domestic partner</i> | <input type="checkbox"/> <i>Business or farm planning</i> |
| <input type="checkbox"/> Probate avoidance | <input type="checkbox"/> Federal estate tax planning |
| <input type="checkbox"/> Guardianship for minor children | |
| <input type="checkbox"/> Other: _____ | |

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

	Client #1	Client #2
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a will or 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
How many living children do you have?	_____	_____
Are all children legally yours? (natural or legally adopted)	<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
Have you entered into any agreements with your spouse (such as a prenuptial or community property agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any family member or potential beneficiaries have 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 have a divorce decree affecting your pension or other Property rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Asset Value: What is the value of all property owned by yourself and your partner including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance?

Asset Value Client #1: _____ Asset Value Client #2: _____

What is the value of death benefits on life insurance?	Insuring Client #1 _____	Insuring Client #2 _____
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What is the total amount of your outstanding liabilities? (Attribute joint debt 50% to each.)

Liabilities Client #1: _____ Liabilities Client #2: _____

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.) (e.g., partner as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.)

Personal Representative: _____

Address & Phone: _____

Alternate: _____

Address & Phone: _____

Second Alternate: _____

Address & Phone: _____

- 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 were unable due to incapacity or death. The successor trustee would distribute assets to beneficiaries after death.

Successor Trustee: _____

Address & Phone: _____

Alternate: _____

Address & Phone: _____

Second Alternate: _____

Address & Phone: _____

a. Do you want the surviving partner to serve as trustee by him/herself? Yes No

b. Do you want the surviving partner to have full power to amend or revoke the entire trust after first spouse dies? Yes No

c. Do you want the surviving partner to have full power to amend or revoke only their one-half of the trust after the first spouse dies? Yes No

d. Do you wish to compensate your successor trustee for their job? Yes No

1. Reasonable Compensation? (usually .5% - 1.0% of the estate) Yes No

2. Dollar Amount? \$ _____

3. Percentage Amount? _____%

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? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

Partner 1

Partner 2

Health Care Agent: _____

Address & Phone: _____

Alternate: _____

Address & Phone: _____

Second Alternate: _____

Address & Phone: _____

Partner 1: Life Support if Terminally Ill? Yes No

Donation of Organs? Yes No

Transplant Yes No

Research Yes No

Education Yes No

Body to Science Yes No

Post Mortem Wishes: (burial/cremation/services/scattering of ashes) _____

- Partner 2:** Life Support if Terminally Ill? Yes No
 Donation of Organs? Yes No
- Transplant Yes No
 Research Yes No
- Education Yes No
 Body to Science Yes No

Post Mortem Wishes: (burial/cremation/services/scattering of ashes) _____

Plan of Distribution

1. **Specific Gifts.** Do you want to make charitable gifts, such as to a house of worship 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?

2. Briefly describe the plan of distribution for assets remaining after any specific gifts described above are made. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

All to domestic partner; if domestic partner does not survive, then to the following beneficiaries who survive: _____.

All to domestic partner; if domestic partner does not survive, then to the following beneficiaries, or if a beneficiary does not survive, to the children of the deceased beneficiary. Beneficiaries are: _____.

As follows: _____

3. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, your partner, nor your children/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 child(ren)/beneficiary(ies) or child(ren)/beneficiary(ies) with special needs, you may 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 to act if your first choice cannot serve.

Guardian: _____

Alternate: _____

2. **Testamentary Trustee.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary'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 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.

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 or 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 25, 1/3 at 30, and 1/3 at 35. You may use any age or combination of ages that you choose.

- a. Do you want the testamentary trustee to have the ability to make lump sum advancements out of trust to enable beneficiary to

Purchase a house for primary residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Start a business or professional practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Get Married	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other, please explain: _____

- b. If a child predeceases you, do you want that child's share to go to that child's children (your grandchildren) Yes No Or

That child's share to be divided among only your other living children Yes No

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? _____

General Questions

Notes and Questions: Please note anything else which may be of importance in planning your estate, or note any questions you may have.

Income/Asset/Liability Information

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

	Client #1	Client #2
Income		
Earned Monthly Income from Labor	_____	_____
Monthly Social Security Income	_____	_____
Monthly Pension Income	_____	_____
Other Monthly Income	_____	_____

Type of Asset	Title in Which Held (Client #1 sole, client #2 sole, Joint with partner, Joint with third party, Tenants in common, etc.)	Current Value
Real Estate (Include type of property e.g., residential, agricultural, commercial, or manufacturing.)		
Personal Residence		
Vacant Land		
Other:		
Liquid Assets (Include account number and address 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		

Type of Asset	Title in Which Held (Client #1 sole, client #2 sole, Joint with partner, Joint with third party, Tenants in common, etc.)		Current Value	
Checking Accounts				
Savings Account				
Certificates of Deposit				
Automobiles				
Other Personal Property				
Annuities	Owner	Beneficiary	Current Value	
IRAs/401ks				
Pension/Profit Sharing				
Life Insurance			Cash Value	Death Benefit
Other Assets				
Liabilities	Name Loan Taken In (Client #1, Client #2, etc.)		Amount Owed	