

LANE & BURKE CO., L.P.A.
ESTATE PLANNING WORKSHEET
(Single)

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.

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: _____

Client: _____
First Middle Initial Last

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

E-mail: _____

Street City State Zip

County _____

Marital Status: 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 (Client 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: (Client, Joint, Other)		<u>Amount Owed</u>	

CHILDREN OR OTHER BENEFICIARIES

NAME	ADDRESS	DATE OF BIRTH	TELEPHONE	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

- 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 child as primary personal representative, with a relative, friend, or corporate trustee as alternate.

PERSONAL REPRESENTATIVE: _____
 ALTERNATE: _____
 SECOND ALTERNATE: _____

- 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 could not manage assets due to incompetency. The successor trustee would distribute assets to beneficiaries after death.

SUCCESSOR TRUSTEE: _____
 ALTERNATE: _____
 SECOND ALTERNATE: _____

- 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 administer.) 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? _____

Client

Do you presently have a will? Yes No

Do you presently have a trust? Yes No

Are you interested in avoiding probate of your estate? Yes No

Were there any previous marriages? Yes No

Do any of your children or other beneficiaries have disabilities? Yes No

Do you own a farm or business? Yes No

If yes, do any of your children work in the business with you? Yes No

If yes, does the child working in the business have an ownership interest in the business? Yes No

Are you a U.S. citizen? Yes No

Are there any serious health problems? Yes No

If yes, please describe briefly: _____

Do you own a long-term care (nursing home) insurance policy? Yes No

NET WORTH: If you added the value of all property owned by yourself 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?

Insuring

What is the value of death benefit on life insurance? Client _____

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.

Client

INCOME:

Earned Monthly Income from Labor _____
Monthly Social Security Income _____

Monthly Pension Income _____
Other Monthly Income _____

TYPE OF ASSET	TITLE IN WHICH HELD (Client 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

1. **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?

2. 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.)

As follows: _____

3. **ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if your beneficiaries named above do not 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.
