For Office Use Only
Date of Initial Apt.:
KAH or ESP (please circle one)
POC:

Estate Planning Worksheet For Couples

Hackman & Phillips Elder Law RI LLC
Dedicated to Serving Elders and their Families in
Rhode Island and Southeastern Massachusetts



USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. NOT ALL SECTIONS OR QUESTIONS MAY APPLY.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Part I Personal Information

Also Known As Birth date Home Address County of Residence Home Telephone Employer Business Address E-mail Address Have you ever been Divor	SS#Cell	Ille Initial and Suffix if applicable) (If name was legally changed list birt US Citizen? City Busy City	h name) If no please list y State siness Telephone		to America
Birth date Home Address County of Residence Home Telephone Employer Business Address E-mail Address Have you ever been Divor	SS#Cell	US Citizen?CityBu	If no please list y State siness Telephone		
Home Address County of Residence Home Telephone Employer Business Address E-mail Address Have you ever been Divor	Cell	City Bu	State siness Telephone		
County of Residence Home Telephone Employer Business Address E-mail Address Have you ever been Divor	Cell	Bu	siness Telephone		Zip
Home Telephone Employer Business Address E-mail Address Have you ever been Divor	Cell	Bu:	_		
Employer Business Address E-mail Address Have you ever been Divor			_		
Business Address E-mail Address Have you ever been Divor			Position		
E-mail Address Have you ever been Divor		City	OSITION		
Have you ever been Divor				State	Zip
•			kay to communicate w	rith me via my	E-mail address.
TO \$ \$ 7 . 1 . 1 . 4 . 5 .	ced or Widowed?				
li Widowed piease list Na	ame of Deceased, the	e date they passed and SSN			
Date of Marriage		Is this a fir	st marriage?	(If yes skip	to Family Members)
Name of First Wife		Date the Di	vorce was finalized		
Wife's Full Legal Name _					
A1 IZ A .		ude Middle Initial if applicable) (Name	on Driver's License)		
Also Known As		ne was legally changed list birth name of	or Maiden Name)		
Birth date	SS#	US Citizen?	_If no please list year	you came to A	merica
Home Address		City	State		Zip
Home Telephone	Cell	Bu	siness Telephone		
Employer			Position		
Business Address		City		State	Zip
E-mail Address			cay to communicate w	rith me via my	E-mail address.
Have you ever been Divor	ced or Widowed?				
If Widowed please list N	ame of Deceased, the	e date they passed and SSN			
Date of Marriage		Is this a fir	st marriage?	(If yes skip	to Family Members)
Name of First Husband		Date the Di	vorce was finalized		
	(DI EACE	Family Members INCLUDE MIDDLE INITIA	CAND CHEETY)		
(Use full logal name Use	`	are the parents, "H" if husban	ŕ	fwife is the ne	want "S" if a
(Ose juit tegat name. Ose single parent.)	51 y voin spouses	are the parents, 11 lj husbah			·
Name			Birth date	Re	elationship
Home Address		City		State	Zip
Social Security #	Home Pho	ne Cell Pi	none	Email	

Name			Birth date	Relationsh	ip Page 2
Home Address		City	Sta	ate Zip	
Social Security #	Home Phone	Cell	Phone	Email	
		Family Members			
(Use full legal name. Use single parent.)	"JT" if both spouses are the po	arents, "H" if husband i	is the parent, "W" if wife	is the parent, "S	" if a
Name			Birth date	Relationsh	ip
Home Address		City	Sta	ate Zip	
County	Home Phone	Cell Phone	En	nail	
Name			Birth date	Relationsh	ip
Home Address		City	Sta	ate Zip	
Social Security #	Home Phone	Cell Pho	ne	Email	
		Advisors			
Parsonal Attornay	N	ame		Telepho	one
		Your Concerns			
	ng as to how important the me concerned, L low concerned.	ey are to you:	n or not applicable)		
Description				Level of	Concern
_				Husband	Wife
Desire to get affairs in death or disability.	order and create a compre	ehensive plan to ma	nage affairs in case o	of	
Providing for and prot	ecting a spouse.				

Providing for and protecting children.

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Providing for and protecting grandchildren.	_
Providing for and protecting animals.	
Disinheriting a family member.	
Providing for charities at the time of death.	
Plan for the transfer and survival of a family business.	
Avoiding or reducing your estate taxes.	
Avoiding probate.	
Reduce administration costs at time of your death.	
Avoiding a conservatorship ("living probate") in case of a disability.	
Avoiding will contests or other disputes upon death.	
Protecting assets from lawsuits or creditors.	
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	
Protecting children's inheritance from the possibility of failed marriages.	
Protect children's inheritance in the event of a surviving spouse's remarriage.	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	
Other Concerns (Please list below):	

(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>		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married, have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy		
Have you (or your spouse) ever filed federal or state gift tax returns? Please furnish copies of these returns		
Have you (or your spouse) completed previous will, trust, or estate planning? <i>Please</i> furnish copies of these documents		
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> .		
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>		
If married, have you lived in any of the following states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Do you have pets? If so, are you interested in getting information on a Pet Trust?		

Additional Information

Part II

Asset Information

Real Property

General Description and/or Address	Owner	Market Value	Loan Balance
Furniture ar	nd Personal Effects		
TYPE: List separately only major personal effects such as jew personal property (indicate type below and give a lump sum va			ble non-business
Type or Description	,	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)			
Automobile	es, Boats, and RVs	Total	
TYPE: For each motor vehicle, boat, RV, etc. please list the fo	ollowing: description, how titled	, market value and	encumbrance:
Ban	k Accounts		
TYPE: Checking Account "CA", Savings Account "SA", Cert <i>Do not include IRAs or 401(k) s here</i>	ificates of Deposit "CD", Mone	ey Market "MM" (i	ndicate type below)
Name of Institution and account number	Type	Owner	Amount

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.

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*) Acct. Number Stocks, Bonds or Investment Accounts Type Owner Amount **Total 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. **Total Retirement Plans** TYPE: Pension (P), Profit Sharing (PS), H.R. 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. **Total**

Business Interests

TYPE: General and Limited Partners arm, and ranch interests. ADDITION				
ownership in the interests, and the esti	mated value of the interests.	r		, 🕽
			T-4-1	
	Money Owed	To You	Total	
ΓΥΡΕ: Mortgages or promissory note	•			
	Date of	Maturity	Owed	Current
Name of Debtor	Note	Date	to	Balance
			Total	
An	ticipated Inheritance, Gift	. or Lawsuit Jud	gment	
ΓΥΡΕ: Gifts or inheritances that you	•			eceiving through a
udgment in a lawsuit. Describe in ap		, ,	, 1	2 2
Description				
		Total estin	nated value	
	Other As	sets		
TYPE: Other property is any property	y that you have that does not fit in	nto any listed category	<i>.</i>	
Гуре			Own	er Value
				<u> </u>
			Total	

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Income Information

	Mon	Monthly Net Income			
Type of Income	Husband	Wife	Total Income		
Monthly Social Security					
Monthly Pension					
Monthly IRA (RMD)					
Monthly Rental Income					
Annuity Income					
Other Monthly Income					
Total Monthly Net Income:					
	Part IV				
	Fiduciary Information				
PERSONS TO ACT FOR YOU:	·				
EXECUTORS: Name, address and contact	ct information of person(s) who will act as you	r Executor in you	r Will.		
Name and Address		Relationsh	ip		
TRUSTEE(S): Name, addresses of any Tr persons who would act as a successor trus	ustee for a Trust you wish to create (The initiatee.	l trustee would be	you). List any		
Name and Address		Relationsh	ip		
	rere unable to make financial decisions for your ecisions for you? List Primary and secondary a		ou want to make		
HUSBAND'S AGENT					
			ess and Phone		

POWER OF ATTORNEY:

If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? List Primary and secondary agents.

WIFE'S AGENT				
Name		Relationship	Address and Phone	
-	orize your Financial Agent to make gifts band: □ Yes □ No	on your behalf during any perio	od of time you are incapacitated?	
Gifting Power Details	s:			
LIVING WILL:	Do you want to provide that the momens or measures? Do you available for transplant purposes?	want to provide that your organ	ns and tissues should be made	
HEALTH CARE:	If you were unable to make decision with regard to your medical treatme			
HUSBAND'S AGEN	Г Name	Relationship	Address and Phone	
WIFE'S AGENT	Name	Relationship	Address and Phone	

Part V

Distributions you wish to make

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

	AL PROPERTY MEMORANDUM: t to a written list you may prepare later		de that your personal property will be
Any property not li	sted on the memorandum should be dis	tributed to:	
FOR HUSBAND:	☐ Spouse, then children equally.	☐ Children	
	☐ Spouse, then to balance of trust.	☐ To the balan	ice of the trust.
	☐ Spouse, then other named individu	uals.	d individuals. List on next line.
FOR WIFE:	☐ Spouse, then children equally.	☐ Children	
	☐ Spouse, then to balance of trust.	☐ To the balan	ice of the trust.
	☐ Spouse, then other named individu	uals.	d individuals. List on next line.
	S: List any specific gifts of real estate or these gifts are to be made even if the		o make to either individuals or charities.
FOR HUSBAND: Individual or Cha	-	t or Property	Contingent on Wife predeceasing?
FOR WIFE: Individual or Cha	arity Amount	or Property	Contingent on Husband predeceasing

DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE

	QUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:
□ DIVIDE A	MONG NAMED INDIVIDUALS and/or CHARITIES:
HOW AND W	WHEN TO DISTRIBUTE MY PROPERTY:
□ DISTR	RIBUTE OUTRIGHT TO OUR BENEFICIARIES: Provides no protection from creditors, predators, or from statements.
property is instruction staggered property a	CTURED TRUST: You determine how long the property is to remain in trust. During the period of time the sheld in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written to the trustee outlining guidelines to follow in determining the beneficiary's needs. You may provide for distribution of principal. For example: 1/3 at age 30 and balance at age 40. You decide who will manage the und to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose he cotrustee? You decide how the trust is designed. List your desires:
-	

you to delay completion of your entire estate plan. It can always be changed at a later date. In the remote event 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 Husband's heirs-at-law and one-half to Wife's heirs at law. ☐ To the following named individuals and/or charities: OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause