

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



HACKMAN & PHILLIPS
ELDER LAW RI LLC

**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**

Husband's Full Legal Name: _____
(Please include your Middle Initial and Suffix if applicable) (Name on Driver's License)

Also Known As _____
(If name was legally changed list birth name)

Birth date _____ SS# _____ US Citizen? _____ If no please list year you came to America _____

Home Address _____ City _____ State _____ Zip _____

County of Residence _____

Home Telephone _____ Cell _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Have you ever been Divorced or Widowed? _____

If Widowed please list Name of Deceased, the date they passed and SSN _____

Date of Marriage _____ **Is this a first marriage?** _____ (If yes skip to Family Members)

Name of First Wife _____ Date the Divorce was finalized _____

Wife's Full Legal Name _____
(Please include Middle Initial if applicable) (Name on Driver's License)

Also Known As _____
(If name was legally changed list birth name or Maiden Name)

Birth date _____ SS# _____ US Citizen? _____ If no please list year you came to America _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Have you ever been Divorced or Widowed? _____

If Widowed please list Name of Deceased, the date they passed and SSN _____

Date of Marriage _____ **Is this a first marriage?** _____ (If yes skip to Family Members)

Name of First Husband _____ Date the Divorce was finalized _____

**Family Members
(PLEASE INCLUDE MIDDLE INITIALS AND SUFFIX)**

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name	Birth date	Relationship
Home Address	City	State Zip
Social Security #	Home Phone	Cell Phone Email

Name		Birth date	Relationship
Home Address		City	State Zip
Social Security #	Home Phone	Cell Phone	Email

Family Members

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name		Birth date	Relationship
Home Address		City	State Zip
County	Home Phone	Cell Phone	Email

Name		Birth date	Relationship
Home Address		City	State Zip
Social Security #	Home Phone	Cell Phone	Email

Advisors

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

Your Concerns

Please rate the following as to how important they are to you:
(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description	Level of Concern	
	Husband	Wife
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		

Important Family Questions

(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? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you (or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
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? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
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? <i>If so, are you interested in getting information on a Pet Trust?</i>		

Additional Information

Part II
Asset Information

Real Property

TYPE: Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

Furniture and Personal Effects

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Bank Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*).
Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

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.

Stocks and Bonds

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)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

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.

<i>Total</i>				_____

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.

<i>Total</i>				_____

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

Money Owed To You

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total _____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

Income Information

<u>Type of Income</u>	Monthly Net 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 information of person(s) who will act as your Executor in your Will.

Name and Address	Relationship
_____	_____
_____	_____

TRUSTEE(S): Name, addresses of any Trustee for a Trust you wish to create (The initial trustee would be you). List any persons who would act as a successor trustee.

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? List Primary and secondary agents.

HUSBAND'S AGENT

Name	Relationship	Address 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
_____	_____	_____
_____	_____	_____

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

Gifting Power Details: _____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____ Do you want to provide that your organs and tissues should be made available for transplant purposes? _____

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? List Primary and secondary agents.

HUSBAND'S AGENT

Name	Relationship	Address and Phone
_____	_____	_____
_____	_____	_____

WIFE'S AGENT

Name	Relationship	Address and Phone
_____	_____	_____
_____	_____	_____

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 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:
