For Office Use Only

Date of Initial Appt.: ___________________

KAH or ESP *(please circle one)*

POC: ____________________________

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Estate Planning Worksheet For Spouses

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. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.

Part I
Personal Information

First spouse's Legal Name ______________________________
(Name most often used to title property and accounts)

Also Known As ______________________________
(Other names used to title property and accounts)

Prefer to be called: ____________ Birth date: ____________ SS#: ____________ Gender: ____________

Home Address ____________ City ____________ State ________ Zip ________

County of Residence ____________ US Citizen? ____________

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.

Date of Marriage ____________

Second spouse's Legal Name ______________________________
(Name most often used to title property and accounts)

Also Known As ______________________________
(Other names used to title property and accounts)

Prefer to be called ____________ Birth date ____________ SS# ____________ Gender: ________

Home Address ____________ City ____________ State ________ Zip ________

Home Telephone ____________ Cell ____________ Business Telephone ____________

Employer: ____________ Position: ____________ US Citizen? ____________

Business Address ____________ City ____________ State ________ Zip ________

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

Family Members

(Use full legal name. Use "JT" if both spouses are the parents, "F" if first spouse, "SE" if second spouse, "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** ________

County ____________ **Home Phone** ____________ **Cell Phone** ____________ **Email** ____________

Family Members

(Use full legal name. Use "JT" if both spouses are the parents, "F" if first spouse, "SE" if second spouse, "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** ______

County __________ **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** First spouse	Second spouse
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.		
Providing for and protecting animals.		
Providing for and protecting grandchildren.		
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.		

Your Concerns (cont.)

Description	Level of Concern: First spouse	Level of Concern: Second spouse
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.		
Avoiding probate.		

Other Concerns (Please list below):

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____

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? *Describe* ______		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? *Please furnish a copy*		
If married, have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*		
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? *Please 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? *If so, please explain below.*		
Are there any other charitable organizations you wish to make provisions for at the time of your death? *If so, please explain below.*		
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? *If so, please explain below.*		
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

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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
	Total		

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)		
	Total	

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
		Total	

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. <u>If held in a brokerage account, lump them together under each account</u>. *(Indicate type below)*

Stocks, Bonds or Investment Accounts	Type	Acct. Number	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 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.

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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	

PART III

Income Information

Type of Income	Monthly Net Income: **First spouse**	**Second spouse**	**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?**

FIRST SPOUSE'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?**

SECOND SPOUSE'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?

First spouse: ☐ Yes ☐ No **Second spouse:** ☐ Yes ☐ No

Gifting Power Details: ______________________________

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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?**

FIRST SPOUSE'S AGENT

Name	Relationship	Address and Phone

SECOND SPOUSE'S AGENT

Name	Relationship	Address and Phone

Part V

Distributions you wish to make

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? ☐ Yes ☐ No

Any property not listed on the memorandum should be distributed to:

FOR FIRST SPOUSE: ☐ Spouse, then children equally. ☐ Children
☐ Spouse, then to balance of trust. ☐ To the balance of the trust.
☐ Spouse, then other named individuals. ☐ Other named individuals. List on next line.

____

FOR SECOND SPOUSE: ☐ Spouse, then children equally. ☐ Children
☐ Spouse, then to balance of trust. ☐ To the balance of the trust.
☐ Spouse, then other named individuals. ☐ Other named individuals. List on next line.

____

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

FOR FIRST SPOUSE:

Individual or Charity	Amount or Property	Contingent on Spouse predeceasing?

FOR SECOND SPOUSE:

Individual or Charity	Amount or Property	Contingent on Spouse predeceasing?

DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE

☐ **DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**

☐ **DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

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HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

☐ **DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

☐ **STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to follow in determining the beneficiary's needs. You may provide for a staggered distribution of principal. For example: 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

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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 First spouse's heirs-at-law and one-half to Second Spouse's heirs at law.

☐ To the following named individuals and/or charities:

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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:

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