

For Staff use only:  
TBDs? [ ]Yes [ ]No

# ESTATE PLANNING WORKSHEET

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THIS COMPLETED WORKSHEET WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

TO KEEP YOUR APPOINTMENT PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE 3 DAYS PRIOR TO YOUR CONSULT.

Give 3Rlaw permission to send text notifications:

Client 1:      No      Yes, text # \_\_\_\_\_

Client 2:      No      Yes, text # \_\_\_\_\_

# PERSONAL INFORMATION

(Please note, whichever client is listed as client 1 will appear first on all documents.)

Client 1 Legal Name: \_\_\_\_\_  
(First Middle Last)

Also Known As: \_\_\_\_\_  
(other names used during your lifetime or to title property and accounts)

Prefer to be called: \_\_\_\_\_ Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

E-mail Address: \_\_\_\_\_  Preferred method of communication: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (W): \_\_\_\_\_ Gender: \_\_\_\_\_

Married  Divorced  Widowed  Single  Cohabiting  Date of Marriage: \_\_\_\_\_

Client 2 Legal Name: \_\_\_\_\_  
(First Middle Last)

Also Known As: \_\_\_\_\_  
(other names used during your lifetime or to title property and accounts)

Prefer to be called: \_\_\_\_\_ Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

E-mail Address: \_\_\_\_\_  Preferred method of communication: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (W): \_\_\_\_\_ Gender: \_\_\_\_\_

## CHILDREN AND/OR INDIVIDUALS TO RECEIVE ASSETS

Under *Relationship to You* indicate if children are of C1, C2, or joint (Ex. Daughter of C1).

Full Legal Name (First Middle Last)	Gender	Date of Birth	Relationship to You
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1: _____	_____	_____	_____
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Phone _____	Address _____	Email _____
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Comments (Disinherited?): \_\_\_\_\_

2: _____	_____	_____	_____
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Phone _____	Address _____	Email _____
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Comments (Disinherited?): \_\_\_\_\_

3: _____	_____	_____	_____
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Phone _____	Address _____	Email _____
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Comments (Disinherited?): \_\_\_\_\_

4: _____	_____	_____	_____
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Phone _____	Address _____	Email _____
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Comments (Disinherited?): \_\_\_\_\_

## COMPANION ANIMALS/PETS

Are you interested in naming a guardian for your pets? \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

*(If you have more animals, please list on a separate page.)*

## ADVISORS

Name	Telephone / Email
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 concern, L low concern, N/A no concern or not applicable)*

Description	Level of Concern
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 grandchildren.	_____
Disinheriting a family member.	_____
Providing for charities at the time of death.	_____
Planning for the transfer and survival of a family business.	_____
Avoiding or reducing your estate taxes.	_____
Avoiding probate.	_____
Reducing administration costs at the time of your death.	_____
Avoiding a conservatorship/guardianship 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.	_____
Planning for a child with disabilities or special needs, such as medical or learning disabilities.	_____
Protecting children's inheritance from the possibility of failed marriages.	_____
Protecting children's inheritance in the event of a surviving spouse's remarriage.	_____
Ensuring that your death shall not be unnecessarily prolonged by artificial means or measures.	_____
Other Concerns (Please list here): _____	
_____	
_____	

## IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are either of you receiving social security, disability, or other governmental benefits? <i>Describe</i>		
Are either of you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>		
If married, or previously married, have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i>		
Have either of you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have either of you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>		
Have either of you completed a 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, or Wisconsin</i>		
Are either of you 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?		

## ADDITIONAL RELEVANT INFORMATION

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## PROPERTY INFORMATION

### INSTRUCTIONS FOR COMPLETING THE PROPERTY INFORMATION CHECKLIST

#### General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

#### Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

#### “Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, in Client 1 name only	C1
If married, in Client 2 name only	C2
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

## REAL PROPERTY

**TYPE:** Any interest in real estate including your family residence, vacation home, investments, time shares, 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 loan amount:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BANK & SAVINGS ACCOUNTS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRA's or 401(k)'s here. If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<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.

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*Total* \_\_\_\_\_

## LIFE INSURANCE POLICES AND ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity, AD&D. **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.

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*Total* \_\_\_\_\_

## MUTUAL FUNDS, STOCKS, AND BONDS

**TYPE:** List any Mutual Funds (ex. Fidelity, Vanguard, Schwab, etc.) and all stocks and bonds you own. Do not include retirement accounts. 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*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 money owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

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

**Description** \_\_\_\_\_

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*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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>



## SUMMARY OF VALUES

<b>ASSETS</b>	<b>Amount*</b>		
	<b>Client 1</b>	<b>Client 2</b>	<b>Total Value</b>
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Retirement Plans			
Life Insurance and Annuities			
Mutual Funds, Stocks, and Bonds			
Business Interests			
Money Owed to You			
Anticipated Inheritance, Etc.			
Other Assets			
<b>Total Assets:</b>			

*\* Joint Property values enter ½ in Client 1's column and ½ in Client 2's column.*

# DESIGN INFORMATION

## PERSONS TO ACT FOR YOU:

**DISABILITY REPRESENTATIVE (financial): If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?**

### FOR CLIENT 1:

Name:	Address:	Phone & email:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### FOR CLIENT 2:

Name:	Address:	Phone & email:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DISABILITY REPRESENTATIVE (health care): If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your health care?**

### FOR CLIENT 1:

Name:	Address:	Phone & email:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### FOR CLIENT 2:

Name:	Address:	Phone & email:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Power of Attorney(s) are

- FOR CLIENT 1:**       **Immediately Effective**       **Springing** (effective upon proof of incapacity)  
**FOR CLIENT 2:**       **Immediately Effective**       **Springing** (effective upon proof of incapacity)

If upon incapacity, what determines incapacity? (Ex. Spouse & physician, 2 licensed physicians, etc.) Explain below:

\_\_\_\_\_  
\_\_\_\_\_

**DEATH REPRESENTATIVE: After your death, who do you want carrying out your instructions for distribution to, and if desired, management of property for your beneficiaries?**

### FOR CLIENT 1:

Name:	Address:	Phone & email:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### FOR CLIENT 2:

Name:	Address:	Phone & email:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be guardian if both parents are deceased.

Name:	Address:	Phone & email:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIVING WILL/ADVANCE DIRECTIVE:**

Do you want an advanced healthcare directive (which is a written document that your disability representative/health care agent can use to end life support in the event of vegetative state or if you are actively dying from a terminal illness).

FOR CLIENT 1:       Yes       No

FOR CLIENT 2:       Yes       No

Do you want to provide that your organs and tissues should be made available for transplant and/or research purposes?

FOR CLIENT 1:       Transplant & Research       Transplant Only       Research Only       Neither

FOR CLIENT 2:       Transplant & Research       Transplant Only       Research Only       Neither

**DISPOSITION OF REMAINS:**

FOR CLIENT 1:       Burial                       Cremation                       Other\_\_\_\_\_

FOR CLIENT 2:       Burial                       Cremation                       Other\_\_\_\_\_

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than a nursing home?

FOR CLIENT 1:       Yes       No

FOR CLIENT 2:       Yes       No

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

**FOR CLIENT 1:**

<b>Individual or Charity</b>	<b>Amount or Property</b>	<b>Contingent on Client 2 predeceasing?</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR CLIENT 2:**

<b>Individual or Charity</b>	<b>Amount or Property</b>	<b>Contingent on Client 1 predeceasing?</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE:**

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

**DIVIDE AMONGST NAMED INDIVIDUALS and/or CHARITIES:**

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**In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:**

Disabled spouse, the needs of others.      Disabled spouse and other spouse, and then needs of others.

Disabled spouse needs and the needs of others equally.      No spouse, does not apply.

**Are you interested in adding provisions to protect your estate from state and federal estate taxes? The current tax exemption amount in WA is \$2.193 million for couples.**      Yes      No

**HOW AND WHEN TO DISTRIBUTE MY PROPERTY:**

**DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides no protection from creditors, predators and from themselves. However, beneficiary is given the right to maintain the property in trust, which may give some protection from creditors and predators.

**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 be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who is the one to manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a co-trustee and/or choose his or her own co-trustee? You decide how the trust is designed. List your desires:

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**REMOTE CONTINGENT DISTRIBUTION IF ALL BENEFICIARIES ARE DECEASED:**

**DEFAULT TO HEIRS AT LAW**

**INCLUDE CONTINGENTS:** Please list who would inherit, individual or charity, in case of failure of beneficiaries and include percentages if multiple individuals/entities.

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**ITEMS TO INCLUDE OR DISCUSS:** Your estate plan should address all your hopes, fears and wishes. Please list any other items you would like to discuss:

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**ADDITIONAL CONTACTS**  
(Extra space for contacts from pages 2, 10, and 11.)

Full Legal Name (First Middle Last)	Gender	Date of Birth	Relationship to You
1: _____	_____	_____	_____
Phone _____		Address _____	Email _____
Comments (Disinherited?): _____			
2: _____	_____	_____	_____
Phone _____		Address _____	Email _____
Comments (Disinherited?): _____			
3: _____	_____	_____	_____
Phone _____		Address _____	Email _____
Comments (Disinherited?): _____			
4: _____	_____	_____	_____
Phone _____		Address _____	Email _____
Comments (Disinherited?): _____			