*ESTATE PLANNING WORKSHEET*

All information you provide is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate-planning documents.

If we are able to review the completed worksheet prior to your appointment, more information and value will be received during the initial consultation.

*WHAT SHOULD YOU BRING TO THE FIRST MEETING?*

During the initial appointment, we will discuss your specific estate planning needs and goals. The potential cost of probate and tax which would occur with your current plan will be analyzed, and methods of reducing costs and accomplishing goals will be discussed.

It is helpful if you bring the following items to the initial meeting or mail them to the law office prior to the initial meeting:

* A copy of your current will, if you have one, and copies of any other existing estate planning documents.
* Copies of any deeds to real estate, including timeshares.

The Law Office of Richard F. Nevins provides legal services in the areas of taxation, trust & probates, and business law. The main office is located in downtown Riverside.

In the area of estate planning, Mr. Nevins prepares wills, living trusts and provides estate planning advice. As a tax attorney, Mr. Nevins provides legal advice on a wide range of issues that affect the operation of most small business and non-profit organizations. These issues include formation of a for-profit or non-profit corporation, partnership, or Limited Liability Company. Mr. Nevins also prepares tax returns and provides tax-planning advice for individuals and owner-operated businesses.

Richard Nevins is admitted to practice at the U.S. Tax Court and represents taxpayers during audits by the Internal Revenue Service, the Franchise Tax Board and the Employment Development Department of California.

In addition to his training as a tax attorney, Richard Nevins was also a senior tax accountant for Ernst & Young. Mr. Nevins obtained his law degree from Loyola Law School in Los Angeles and was admitted to practice law in California in 1988. Mr. Nevins also has an undergraduate degree in newspaper journalism from Northwestern University and a degree in French from the University of Paris-Sorbonne in Paris, France.

Richard Nevins is the author of many articles on a variety of topics, which have been published in newspapers, law reviews and other professional publications. Mr. Nevins also serves as a Trustee for New Hope Missionary Baptist Church in San Bernardino.

**Client #1 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#** **US Citizen?** \_\_

**Home Address** **City**  **State** **Zip**

**Home Telephone** **Mobile Telephone** **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**

**Client #2 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#** **US Citizen?** \_\_

**Home Address** **City** **State** **Zip**

**Mobile Telephone** **Business Telephone**

**Employer**  **Position**

**Business Address** **City** **State** **Zip**

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

Children of this Marriage: None

Name (First, Middle, Last) Address, City, State, Zip Code Date of Birth

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**Number of grandchildren: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Range of Ages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children from prior marriage: Wife Husband Date of Birth**

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**Treat all children as if they were the children of this marriage? No Yes**

**Any deceased children? YES NO**

 If yes, name:

 If yes, survived by issued?

Advisors / Name / Email/ Telephone

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** |
|  | **Client** | **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 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. |  |  |
| 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. |  |  |

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***. |  |  |
| 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? |  |  |

**Real Property**

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

 **Address or Timeshare description Owner**

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: year, make and model:

Bank Accounts

Name of Institution Owner

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)*

Name of Institution Owner

Life Insurance Policies and Annuities

Name of Institution Owner

Retirement Plans

Name of Institution Owner

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.

Money Owed To You

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

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

Other Assets

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

Description Owner

**APPOINTMENTS**

**SUCCESSOR TRUSTEE** The successor trustee would be responsible for managing assets if you were unable, or in the case of a joint trust, if neither you nor your spouse were able to manage assets due to incompetence. The successor trustee would also distribute assets to beneficiaries after death, or in a joint trust, when neither you nor your spouse survives.

**FIRST SUCCESSOR**

|  |
| --- |
| Name: Relationship:  |
|  |
| **SECOND SUCCESSOR** |
| Name: Relationship: |
|  |

**HEALTH CARE AGENT.** After your spouse, 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?

**FIRST SUCCESSOR**

|  |
| --- |
| Name: Relationship:  |
|  |
| Home Telephone: Cell Phone: |
| **SECOND SUCCESSOR** |
| Name: Relationship: |
|  |
| Home Telephone: Cell Phone: |

**Children’s Custodial Guardian.** The name of the person(s) that you want to raise your child if both spouses die:

**FIRST SUCCESSOR**

|  |
| --- |
| Name: Relationship:  |
| Address: |
| **SECOND SUCCESSOR** |
| Name: Relationship: |
| Address: |

**DISTRIBUTIONS**

**Distribution Plan.** Briefly describe the plan of distribution for assets remaining after any specific gifts described above are made.

 All to spouse, then equally among your children.

 Other:

**Specific Gifts.** Do you want to make charitable gifts, such as to a house of worship 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?

**Age of Distribution.** You may want to give your child their inheritance at a time when they will be mature enough to responsibly manage assets on their own, such as at age 30.

PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE

**WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS:** Is surviving spouse the sole trustee with a right to appoint cotrustees (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the cotrustee with the surviving spouse?

**🞏 LIMITED POWER OF APPOINTMENT:** Do you want the surviving spouse to be able to modify the way property is distributed upon the surviving spouse’s death? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, to whom may the surviving spouse distribute your property:

**🞏** Your descendants

**🞏** Your descendants and their spouses

**🞏** Your descendants and charities

**🞏** Your descendants, their spouses and charities

**🞏** Anyone, no limitations

**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:**

**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 health, education and maintenance needs. You may give written instructions to the trustee outlining guidelines to follow in determining the beneficiary’s needs. You decide who will 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:

**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 Client’s heirs-at-law and one-half to Spouse’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:

**INSTRUCTIONS FOR HEALTH CARE**

**LIFE-SUPPORT TREATMENT** includes medical devices to help you breathe, feeding tubes, dialysis, antibiotics and blood transfusions.

Client #1 Client #2 **END-OF-LIFE DECISIONS**: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

 || (a) Choice Not To Prolong Life

 I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits.

 || (b) Choice To Prolong Life

 I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

 **FEEDING TUBES:** If I am **CLOSE TO DEATH, or IN A COMA AND NOT EXPECTED TO WAKE UP OR RECOVER,** as determined by two physicians who have personally examined me, the following are my directions:

 || YES, I want feeding tubes used

 || NO, I do not want feeding tubes used

 **CPR: Check only one of the following 3 choices regarding Cardiopulmonary Resuscitation**

 || YES, I want to be resuscitated.

 || NO, I do not want to be resuscitated.

 || I want resuscitation, unless my physician determines one of the following:

 ► I have an incurable illness or injury and am dying; or

 ► I have no reasonable chance of survival if my heart stops; or

► I have little chance of long term survival if my heart stops and the process of resuscitation would cause significant suffering.

 **AUTOPSY:** Check one or more of the following applicable choices regarding an Autopsy

 || I would allow an autopsy if it can help my relatives understand the cause of my death or assist them with their future health care decisions.

 || I would allow an autopsy if it can help the advancement of medicine or medical education.

 || I do not want an autopsy performed on me.

**Client #1 Client #2 DONATION OF ORGANS AT DEATH**: Upon my death (mark applicable box):

 || (a) I DO NOT give any needed organs, tissues, or parts; OR

 || (b) YES, I give any needed organs, tissues, or parts.

 (c) My gift is for the following purposes (mark the applicable boxes):

 || (1) Transplant

 || (2) Therapy

 || (3) Research

 || (4) Education

**BURIAL PLANS**

 || (a) I prefer burial; OR

 || (b) I prefer cremation.