

Estate Planning Worksheet



ARROYO | MCARDLE

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 VIA YOUR SECURE FOLDER

Your Priorities

Please mark the following based on how important they are to you:

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.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

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? | | |

Additional Information

ESTATE PLANNING QUESTIONNAIRE

Date: _____

I. Client Information

Name: _____ Yes No

First Name
Middle Name
Last Name
U.S. Citizen?

How would you like your name to read on your estate planning documents? _____

Other Names Known By _____

Date of Birth

Place of Birth

Social Security No.

Cell Phone No.

Email Address

Employment Info: Presently employed? Yes No If Yes, for how long? _____ Occupation: _____

Employer/Business Name

Business Street Address

City

State

Zip Code

Title

Business Phone No.

Business Fax No.

Business Email Address

Primary Residence: _____

Street Address
City
County
State
Zip Code

Telephone No.

Fax No.

Seasonal Dates (if any)

Date Residence Established

Secondary Residence (if any): _____

Street Address
City
County
State
Zip Code

Telephone No.

Fax No.

Seasonal Dates (if any)

Date Residence Established

II. Family Information

Client's Father's Name

Client's Mother's Name

Children (if any):

| Name of Client's Child | Child's Current Address & Phone Number | Name of Child's Other Parent | Child's Date of Birth | Child's Spouse's Name (if married) |
|------------------------|--|------------------------------|-----------------------|------------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

VI. Estate Planning Information - General

Have you ever been married? Yes No If yes, how did the marriage end? Divorce Death of spouse

Do you have any obligations under a divorce decree from a prior marriage? Yes No If Yes, provide copy of decree.

Please check any of the following community property states in which you have lived or acquired property during a marriage:

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Texas | <input type="checkbox"/> None |
| <input type="checkbox"/> California | <input type="checkbox"/> Nevada | <input type="checkbox"/> Washington | |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Wisconsin | |

Have you ever received a substantial amount by inheritance? Yes No If Yes, when and amount? _____

Do you anticipate receiving a substantial inheritance? Yes No If Yes, approximate amount? _____

Do you have a safe deposit box? Yes No If Yes, where? _____

Do you own property in a foreign country? Yes No If Yes, where? _____

Do you have any relatives (other than your minor children) dependent upon you for support? Yes No If Yes, who? _____

Are you concerned that one or more of your children/grandchildren will not behave responsibly with money that you give them? Yes No

VII. Estate Planning Information - Fiduciaries

The selection of your fiduciaries is one of the most important steps in the estate planning process. This section of the questionnaire is intended to introduce you to the various fiduciary roles and responsibilities and encourage you to begin considering who is best suited to serve on your behalf. Your Arroyo | McArdle attorney will discuss the selection of your fiduciaries in detail with you.

Personal Representative – A Personal Representative (often called an “executor”) is the person or company appointed by the court to administer a decedent’s probate estate. Responsibilities of the Personal Representative generally include the collecting of all assets, paying debts of the estate, filing applicable tax returns, and distributing the remainder of the estate according to the terms of a Will. Who would you designate as your Personal Representative in the event of your death? *Note - If this person is not a blood relative, he or she must be a resident of the State of Florida. Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | |
|---------------------------------------|--------------------|
| 1) _____ Name of Person or Company | _____ Relationship |
| 2) _____ Name of Person or Company | _____ Relationship |
| 3) _____ Name of Person or Company | _____ Relationship |

Trustee – A Trustee is the person or company designated to manage the affairs of your trust. Duties of a Trustee include the duty to carry out the express terms of the trust instrument, the duty to defend the trust, the duty to prudently invest trust assets, the duty of impartiality among the beneficiaries, and the duty to account for trust transactions. Who would you designate as the Trustee of your trust? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | |
|---------------------------------------|--------------------|
| 1) _____ Name of Person or Company | _____ Relationship |
| 2) _____ Name of Person or Company | _____ Relationship |
| 3) _____ Name of Person or Company | _____ Relationship |

Guardian for Minor Children – Who would you designate as guardian of your children in the event you die or become incapacitated while your children are minors? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | |
|----------------|--------------|
| 1) _____ | _____ |
| Name of Person | Relationship |
| 2) _____ | _____ |
| Name of Person | Relationship |
| 3) _____ | _____ |
| Name of Person | Relationship |
-

Durable Power of Attorney – Who would you designate to make financial and business decisions for you?

Please list at least one backup designee in the event a designee is unable or unwilling to act.

- | | |
|----------------|--------------|
| 1) _____ | _____ |
| Name of Person | Relationship |
| 2) _____ | _____ |
| Name of Person | Relationship |
| 3) _____ | _____ |
| Name of Person | Relationship |
-

Health Care Surrogate – Who would you designate to make medical decisions for you if you become incapacitated?

Please list at least one backup designee in the event a designee is unable or unwilling to act.

- | | |
|----------------|--------------|
| 1) _____ | _____ |
| Name of Person | Relationship |
| 2) _____ | _____ |
| Name of Person | Relationship |
| 3) _____ | _____ |
| Name of Person | Relationship |
-

VIII. Financial Information

Please provide the following financial information. Attach additional sheets or supporting documentation as needed.

| Asset: | Form of Ownership: | | |
|---|--|---|---|
| | Your Individual Name Approximate Value: | Joint with Others Approximate Value: | Other (e.g., trust) Approximate Value: |
| A. Cash Accounts. Please indicate name of each bank or other institution and type of account (e.g., Checking, Savings, CDs, Money Market, etc.). | | | |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| B. Brokerage Accounts and Securities. Please indicate name of each brokerage account (or name of each security and number of shares if not held in a brokerage account). | | | |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| C. Notes and Mortgage Receivables. Please indicate the obligor, rate, and due date for each note and mortgage receivable. | | | |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| D. Closely Held Business Interests. Please describe each closely held business interest and type of interest (e.g., C corp., S corp., LLC, partnership, sole proprietorship, etc.). | | | |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| E. Real Estate. Please list the address of each real estate parcel. Please separately list the approximate value of any mortgage(s) for each parcel. | | | |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| F. Retirement Plans. Please indicate the type of retirement plan (e.g., traditional IRA, Roth IRA, 401(k), profit sharing, pension, annuities, etc.) and employer affiliation, if any. | | | |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| G. Tangible Personal Property. Please list motor vehicles, jewelry & art, and other valuable items. | | | |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| H. Liabilities. Please list any mortgages or other substantial debts owned by you that are not already listed above. | | | |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

IX. Life Insurance

Please list each of your insurance policies below. Please include policies that insure your life and policies that you own that insure the lives of others. Attach additional sheets or supporting documentation as needed.

| | Company | Policy # | Policy Type ¹ | Effective Date | Face Value ² | Cash Value | Person Insured | Policy Owner ³ | Beneficiary | Loan Against Policy |
|---|---------|----------|--------------------------|----------------|-------------------------|------------|----------------|---------------------------|-------------|---------------------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |

¹ Policy types include: Term, Whole Life, Group Life, Split Dollar, etc.

² The face value of a life insurance policy is ordinarily the policy's death benefit.

³ The owner of a life insurance policy is ordinarily the person who has the power to change its beneficiary.

Other Information

Other Information