ESTATE PLANNING WORKSHEET

Confidential

The International Estate Law Firm, PLLC

1717 K St NW #900, Washington DC 20006, USA

+1 (202) 790-2500, ce@internationalestatelaw.com

This organizer will help us evaluate your particular situation better and allow us to make correct recommendations. Please return the completed worksheet to our office prior to your appointment via mail or e-mail.

All information provided will be held in the strictest confidence.

If you are uncertain as to how to respond to a particular question, simply note that fact.

All of your answers will be reviewed with you so that you will have the opportunity to clarify any answers after you have been made aware of all of the potential options and their respective legal and tax ramifications.

**DOCUMENTS TO BE BROUGHT TO THE FIRST CONFERENCE**

Please bring copies of the following documents which are relevant. They are essential for a correct evaluation of your situation.

1. Any existing wills or trusts of either spouse, including “Living Wills” or “Living Trusts”.

2. All federal **gift** tax returns that either spouse may have filed.

3. Any pre-nuptial, post-nuptial or marital settlement agreement that either spouse has signed.

4. Any divorce settlement documents.

5. If available, any will or trust instrument under which either spouse has an interest.

6. Any buy-sell agreement, stock option plan, salary continuation plan or other deferred compensation plan (other than qualified plans) to which either spouse is a party, including beneficiary designations.

7. Powers of Attorney for management of property or health care.

8. Ownership and beneficiary designations for life insurance policies, and beneficiary designations for IRAs and qualified retirement plans (pension, 401(k) & profit-sharing).

**NOTE:** Although this form requests information regarding both spouses, and other family members, this is not meant to imply that an attorney should, or can, in all situations provide such services for both spouses, or for other family members. Each situation must be considered individually. However, even when representing one spouse, information regarding the overall family situation is important so that the questionnaire should still be completed to the extent possible.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL INFORMATION**

**YOU:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER RESIDENCES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSION (prior profession, if retired): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER/POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITIZENSHIP(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIOR CITIZENSHIP(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MARITAL STATUS: \_\_\_Married \_\_\_\_\_\_Never Married\_\_\_\_Divorced\_\_\_\_\_\_Widowed\_

VISA STATUS in the US (if not a US citizen): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRANSLATOR / INTERPRETER requested? No / Yes: (what language?): \_\_\_\_\_\_

**SPOUSE** (if applicable):

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENCE IF OTHER THAN YOURS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSION (prior profession, if retired): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER/POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITIZENSHIP(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIOR CITIZENSHIP(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VISA STATUS in the US (if not a US citizen): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRANSLATOR / INTERPRETER requested? No / Yes: (what language?): \_\_\_\_\_\_

**CHILDREN AND OTHER FAMILY MEMBERS**

**CHILD Nr. 1**

NAME:

DATE OF BIRTH:

Both spouses are parents /Your child / your spouse’s child

CITIZENSHIPS:

ADDRESS:

OCCUPATION:

MARITAL STATUS:

NUMBER OF CHILDREN:

DECEASED/ADOPTED/DISABLED?

**CHILD Nr. 2**

NAME:

DATE OF BIRTH:

Both spouses are parents /Your child / your spouse’s child

CITIZENSHIPS:

ADDRESS:

OCCUPATION:

MARITAL STATUS:

NUMBER OF CHILDREN:

DECEASED/ADOPTED/DISABLED?

**CHILD Nr. 3**

NAME:

DATE OF BIRTH:

Both spouses are parents /Your child / your spouse’s child

CITIZENSHIPS:

ADDRESS:

OCCUPATION:

MARITAL STATUS:

NUMBER OF CHILDREN:

DECEASED/ADOPTED/DISABLED?

**CHILD Nr. 4**

NAME:

DATE OF BIRTH:

Both spouses are parents /Your child / your spouse’s child

CITIZENSHIPS:

ADDRESS:

OCCUPATION:

MARITAL STATUS:

NUMBER OF CHILDREN:

DECEASED/ADOPTED/DISABLED?

**OTHER FAMILY MEMBERS (SIBLINGS, DOMESTIC PARTNERS, ETC.) to whom you would like to leave assets:**

**FAMILY MEMBER 1:**

NAME:

DATE OF BIRTH:

CITIZENSHIPS:

ADDRESS:

OCCUPATION:

MARITAL STATUS:

NUMBER OF CHILDREN:

**FAMILY MEMBER 2:**

NAME:

DATE OF BIRTH:

CITIZENSHIPS:

ADDRESS:

OCCUPATION:

MARITAL STATUS:

NUMBER OF CHILDREN:

**FAMILY MEMBER 3:**

NAME:

DATE OF BIRTH:

CITIZENSHIPS:

ADDRESS:

OCCUPATION:

MARITAL STATUS:

NUMBER OF CHILDREN:

**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)*

|  |  |
| --- | --- |
| **Topics** | **Level of Concern** |
| **You** | **Spouse** |
| 1 | Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability. |  |  |
| 2 | Providing for and protecting a spouse. |  |  |
| 3 | Providing for and protecting children. |  |  |
| 4 | Providing for and protecting grandchildren. |  |  |
| 5 | Providing for charities at the time of death. |  |  |
| 6 | Plan for the transfer and survival of a family business. |  |  |
| 7 | Avoiding or reducing your estate taxes. |  |  |
| 8 | Avoiding probate. |  |  |
| 9 | Reduce administration costs at time of your death. |  |  |
| 10 | Avoiding a conservatorship (“living probate”) in case of a disability. |  |  |
| 11 | Avoiding will contests or other disputes upon death. |  |  |
| 12 | Protecting assets from lawsuits or creditors. |  |  |
| 13 | Preserving the privacy of affairs in case of disability or at time of death. |  |  |
| 14 | Plan for a child with disabilities or special needs. |  |  |
| 15 | Protecting children’s inheritance from the possibility of failed marriages. |  |  |
| 16 | Protect children’s inheritance in the event of a surviving spouse’s remarriage. |  |  |
| 17 | Provide that your death will not be unnecessarily prolonged by artificial means or measures. |  |  |
| 18 | Disinheriting a family member. |  |  |
| 19 | Other Concerns (Please list below): |  |  |

**ASSETS**

**Note**: Please show the approximate value of the following assets in the appropriate column. Feel free to prepare supplementary information with respect to any of the following categories.

|  |  |  |
| --- | --- | --- |
|  | **Assets in the** **United States** | **Non-US Assets** **(in which countries?)** |
| You | Spouse | Jointly titled | **You**  | **Spouse** | **Jointly titled** |
| 1 | Cash, Bank Accounts and Money Market Funds |  |  |  |  |  |  |
| 2 | Certificates of Deposit |  |  |  |  |  |  |
| 3 | Bonds and Bond Funds |  |  |  |  |  |  |
| 4 | Stocks and Mutual Funds |  |  |  |  |  |  |
| 5 | Annuities |  |  |  |  |  |  |
| 6 | Residence |  |  |  |  |  |  |
| 7 | Second Homes |  |  |  |  |  |  |
| 8 | Investment Real Estate |  |  |  |  |  |  |
| 9 | Businesses (Sole Proprietorships, Partnerships or Corporations) |  |  |  |  |  |  |
| 10 | Retirement plans (including IRAs) (Complete supplemental information on page 7) |  |  |  |  |  |  |
| 11 | Life Insurance (Complete supplemental information on page 9) |  |  |  |  |  |  |
| 12 | Interests in Estates or Trusts |  |  |  |  |  |  |
| 13 | Home Furnishings |  |  |  |  |  |  |
| 14 | Automobiles and Boats |  |  |  |  |  |  |
| 15 | Collections |  |  |  |  |  |  |
| 16 | Other Personal Effects |  |  |  |  |  |  |
| 17 | Money Owed to You |  |  |  |  |  |  |
| 18 | Anticipated Inheritance |  |  |  |  |  |  |
| 19 | Miscellaneous Assets |  |  |  |  |  |  |
| **TOTALS**: |  |  |  |  |  |  |

**SUPPLEMENTAL INFORMATION REGARDING RETIREMENT PLANS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | IRA | IRA | Pension | Profit Sharing |
| Participant |  |  |  |  |
| Beneficiary |  |  |  |  |
| Present Value |  |  |  |  |

**DEBTS AND OTHER LIABILITIES**

|  |  |  |
| --- | --- | --- |
| You/Spouse/Joint | Creditor | Amount of Debt |
|  |  |  |
|  |  |  |
|  |  |  |

**INCOME**

Please provide the following information regarding the ***monthly*** income of you and your spouse:

|  |  |  |
| --- | --- | --- |
| **Source** | **You** | **Spouse** |
| 1 | Work earnings |  |  |
| 2 | Social Security Retirement |  |  |
| 3 | Social Security Disability |  |  |
| 4 | Private Pension |  |  |
| 5 | IRA Distribution |  |  |
| 6 | Other income |  |  |

**LONG TERM CARE INSURANCE**

Do you have Long Term Care Insurance? \_\_\_\_\_\_\_\_\_.

If yes, how much does it pay? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long does it cover you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADVISORS**

Name, Address, Phone Number E-mail

Accountant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investment Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIFE INSURANCE**

**Life Insurance Policy Nr. 1**

Policy Owner:

Beneficiaries:

Insurance Company and Policy Number:

 Death Benefit:

Accidental Death Benefit, if any:

Type of Policy:

Annual Premium:

Cash Value/ Policy Loan:

**Life Insurance Policy Nr. 2**

Policy Owner:

Beneficiaries:

Insurance Company and Policy Number:

 Death Benefit:

Accidental Death Benefit, if any:

Type of Policy:

Annual Premium:

Cash Value/ Policy Loan:

**Life Insurance Policy Nr. 3**

Policy Owner:

Beneficiaries:

Insurance Company and Policy Number:

 Death Benefit:

Accidental Death Benefit, if any:

Type of Policy:

Annual Premium:

Cash Value/ Policy Loan:

**ADDITIONAL INFORMATION**

**1. Prior marriages:**

If you or your spouse were married previously, indicate to whom, when and how marriage was terminated, whether there were children of such marriage and whether there are any continuing rights or obligations arising pursuant to any property settlement agreement or divorce decree.

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

**2. Current marriage**: Where and when did your current marriage occur?

 **\_\_\_\_\_\_\_\_\_\_\_**

**3. Prior residencies**: In which states and/or countries have you resided during your marriage?

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

**4. Marital agreements**: Have you and your spouse entered into a pre-nuptial or post-nuptial agreement?

\_\_Yes (please provide a copy)\_\_\_\_\_\_\_No \_\_\_\_\_

**5. Significant gifts**: Has either spouse filed gift tax returns or made any gifts (outright or in trust) exceeding $10,000 per year to any person?

\_\_Yes (please provide a copy)\_\_\_\_\_\_No\_\_\_

6. Does either spouse have a power of appointment on behalf of somebody else?

\_\_Yes (please provide a copy)\_\_\_\_\_\_\_No \_\_\_\_\_

7. Does either spouse have an interest under a will or trust created by someone else?

\_\_Yes (please provide a copy)\_\_\_\_\_\_\_No \_\_\_\_\_

7. Does either spouse expect a significant inheritance?

\_\_\_ Yes \_\_\_\_\_\_ No \_\_

8. Is either spouse a party to a buy-sell agreement, stock option plan, salary continuation plan or other deferred compensation plan other than a qualified pension or profit sharing plan?

\_\_\_ Yes \_\_\_\_\_\_ No \_\_

9. In general, how do you want your estate distributed among your beneficiaries?

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

10. To what degree is each spouse capable of managing financial affairs?

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

11. Does either spouse want to control the way his or her assets pass after the other spouse dies (as opposed to giving the other spouse such control)?

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

12. If a trust is established for the surviving spouse, to what extent should he or she be permitted to invade the principal?

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

13. Is there anyone other than your spouse and children for whom you are financially responsible or to whom you or your spouse wish to leave a part of your estate?

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

14. Do you wish to make any charitable gifts in your Wills?

\_\_ Yes, to: \_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_

15. Do you want assets passing to your children or grandchildren to be held in trust until a specific age?

\_\_\_ Yes \_\_\_\_\_\_\_ No \_

16. If so, at what ages should the trust require distributions of income or principal to your children and grandchildren? (The Trustee can be given discretion to make such distributions prior to such ages, and all beneficiaries need not be treated the same.)

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

17. Should any special problems be considered or special allowances be made as to any person, for example, for physical or mental disabilities?

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

18. Do any of your children receive governmental support or benefits?

\_\_\_Yes\_\_\_\_No\_\_\_\_

19. If a child is under 18 when both spouses die, who would you like to raise the child?

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

20. Who do you and your spouse want the Personal Representatives of your estate to be? (Each of you should select at least two persons, one of them being a potential successor Personal Representative.)

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

21. Who do you and your spouse wish to serve as the Trustees of any trusts established in your Wills? (You may each select one or more individuals and/or a bank or trust company.)

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

22. If you or your children have adopted or will adopt a child, should the adopted child be treated the same as a natural child?

\_\_\_ Yes \_\_\_\_\_\_\_ No \_

23. If a child dies while assets are in trust for him or her, do you want such child to be able to leave any of such assets to his or her spouse?

\_\_\_ Yes \_\_\_\_\_\_\_ No \_

24. If neither of you and none of your issue (lineal descendants) survive, to whom do you want your assets to pass?

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

25. Do you have any specific preferences as to funeral, burial and/or anatomical bequests?

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

26. Do you or your spouse have a safe deposit box? If so, where is each located, and in what name or names is each maintained?

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

27. Where are your insurance policies kept?

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

28. Where are original wills and other important papers kept?

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

29. Do you wish to discuss Powers of Attorney or instructions regarding medical treatment (Living Wills)?

\_\_\_ Yes \_\_\_\_\_\_\_ No \_