



Estate Planning Worksheet (Single)

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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ESTATE PLANNING WORKSHEET (SINGLE)

PART ONE - PERSONAL INFORMATION

Fill out this form as completely and accurately as you can. Please return PART ONE of this form prior to your initial consultation with Mr. York.

Date:		-For Office use-	File #
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A. CLIENT DATA

Full Name:							
aka:							
Address:							
City:		State:		Zip:			
Home Ph#:		Cell Ph#:					
Email:							
Date of Birth:		US Citizen?		Veteran?			
When does your current ID EXPIRE?: (Driver's License, Senior ID or Passport)							

B. CONTACT INFO FOR PERSON ASSISTING ME (OPTIONAL)

Name:							
Relationship to me:							
Address:							
City:		State:		Zip:			
Home Ph#:		Cell Ph#:					
Email:							

B. MARITAL INFORMATION

Any Previous marriages? Yes No Divorced Widowed

C. CHILDREN (include adult and minor children, as well any who have predeceased you)

1 Name of Child: _____ Birth date: _____ Deceased
 Relationship to you Natural child Adopted Stepchild

2 Name of Child: _____ Birth date: _____ Deceased
 Relationship to you: Natural child Adopted Stepchild

3 Name of Child: _____ Birth date: _____ Deceased
 Relationship to you: Natural child Adopted Stepchild

4 Name of Child: _____ Birth date: _____ Deceased
 Relationship to you: Natural child Adopted Stepchild

*Please attach a separate page to list additional children

D. OTHER IMPORTANT FAMILY OR FRIENDS (include only those you may name in your Estate Plan)

1 _____
 Full Name: _____ Birth date: _____
 Relationship to you (i.e. friend, cousin): _____

2 _____
 Full Name: _____ Birth date: _____
 Relationship to you: (i.e. friend, cousin) _____

3 _____
 Full Name: _____ Birth date: _____
 Relationship to you: (i.e. friend, cousin) _____

F. FAMILY QUESTIONS

	Yes	No
1. Are you receiving social security, disability or other governmental benefits? Describe:		
2. Are you making payments pursuant to a divorce or property settlement order?		
3. If ever married, have you and your spouse signed a pre-marriage or post-marriage contract?		
4. Have you ever filed federal or state gift tax returns?		
5. Have you completed a previous will, trust, or other estate planning documents?		

FAMILY QUESTIONS (Continued)	Yes	No
6. 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.		
7. Are there any <u>other</u> charitable organizations you wish to make provisions for at the time of your death? If so, please explain below.		
8. Are you currently the beneficiary of anyone else's trust or will? If so, please explain below.		
9. Do any of your children have special educational, medical or physical needs? (explain below)		
10. Do any of your children receive governmental support or benefits? (explain below)		
11. Do you provide primary or other major financial support to adult children or others? If so, please explain below.		
12. Do you have any legal issues we should be aware of? If so, please explain below.		
13. Are there difficult family dynamics that could impact your planning? If so, please explain below.		

ADDITIONAL RELEVANT INFORMATION

YOUR CONCERNS

Please rate the following as to how important they are to you:				
H=HIGH S= SOME L=LOW NA= Not Applicable				
	H	S	L	NA
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.				
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.				
Advance planning for Medi-Cal long-term care.				

SUMMARY OF ASSETS

ASSETS	Approximate Value
REAL ESTATE	
CASH AND BANK ACCOUNTS	
SECURITIES	
RETIREMENT ACCOUNTS	
LIFE INSURANCE	
PERSONAL PROPERTY	
VEHICLES/BOAT/RV	
BUSINESS INTERESTS	
MONEY OWED TO YOU	
ANTICIPATED INHERITANCE, Etc.	
OTHER ASSETS	
Total:	\$

Additional Information you want us to know:

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ESTATE PLANNING WORKSHEET (SINGLE)
PART TWO - ASSETS AND RESOURCES

Name:		Date:	
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A. REAL ESTATE (any interest in real estate including family residence, vacation home, vacant land, etc.)

Description (Location)	How Title Held	Market Value	Loan Balance
(sample) 555 any street, city, state	Joint tenancy-self and daughter Ann Jones	\$xxx,xxx	\$xxx,xxx
		\$	\$
		\$	\$
		\$	\$
	TOTAL		

B. PERSONAL PROPERTY (include valuable artwork, collections, jewelry, etc.)

Description	Owner	Market Value
(sample) Art Collection	Self	\$ x,xxx.
Misc Furniture and Household Effects (Total)		\$
		\$
		\$
		\$
	TOTAL	

C. VEHICLES/BOAT/RV

Description	How Title Held	Market Value	Loan Balance
(sample) 2008 Toyota Sienna	Self	\$xx,xxx	\$ x,xxx
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	TOTAL		

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D. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, Money Market, etc.)

Name of Bank	Account No.	Type of Account	How Title Held	Balance
(sample) Big Bank	xxx-xxxx	Savings	Self	\$xx,xxx.xx
				\$
				\$
				\$
				\$
			TOTAL	

E. SECURITIES (Stocks, Bonds, Marketable Securities, etc.)

Name of Company	Type of Sec.	# Shares/ Value	How Title Held	Current Value
(sample) Acme Corp.	Common	xx shares	Self	\$xx,xxx.xx
				\$
				\$
				\$
			TOTAL	

F. RETIREMENT ACCOUNTS (IRAs, 401K, Annuities, Keoghs, etc.)

Name of Institution	Account No.	Owner	Beneficiary	Current Value
(sample) Big Broker	xxx-xxxx	Self		\$ xx,xxx.xx
				\$
				\$
				\$
				\$
			TOTAL	

G. LIFE INSURANCE (Whole Life, Term, etc.)

Name of Institution	Account No.	Owner	Beneficiary	Current Value
(sample) Prudential Life Ins. Co	xxx-xxxx	Self	Son and Daughter	\$ xx,xxx.xx
				\$
				\$
				\$
			TOTAL	

H. LONG TERM CARE INSURANCE

Name of Institution	Account No.	Owner	Current Value
(sample) Capital Ins. Co	xxx-xxxx	Self	\$ xx,xxx.xx
			\$
			\$
		TOTAL	

I. BUSINESS INTERESTS (General and Limited Partnerships, sole proprietorships, LLC, privately - owned corporations, oil interests, farm and ranch interests.)

Description of Interests	Who has the interest	Your ownership	Est. Value
(sample) Acme	Self	50%	\$ xxx,xxx
			\$
			\$

J. MONEY OWED TO YOU

Name of Debtor	Date of Note	Maturity Date	Owed to	Balance
				\$
				\$

K. ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT (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.)

Description	Est. Value
	\$
	\$
	\$

OTHER ASSETS

Description	Est. Value
	\$
	\$
	\$

ESTATE PLANNING WORKSHEET (SINGLE)
PART THREE - ESTATE PLAN DESIGN

NAME:		Date:	
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SELECTING FIDUCIARIES -Persons to act for you

Take some time to consider who you will name to take on these important roles. Who will be a good manager of money, who is organized and who would be good at making health care decisions? Think of these positions as manager(s) working for you.

FINANCIAL FUDUCIARIES

INITIAL TRUSTEE (The manager of the trust): Usually the Maker (of the trust, (The Trustor) will be the initial trustee. If the Trust Maker is not in good health, you may choose someone else to be the Initial Trustee.	
Initial Trustee	
Initial Co-Trustee (optional)	

TRUSTEE SUCCESSION

DISABILITY TRUSTEE: If the trustee(s) is(are) unable to serve due to illness, incapacity or resignation, who will be the Trustee?		
If there are two initial Trustees and one of them is unable to serve due to disability, will the remaining initial Trustee serve as Sole Trustee?	YES	
	NO	
Then the following will serve one at a time:		
1st		
2nd		
3rd		

DEATH TRUSTEE: At the death of the current Trustee(s), who will be the Trustee?		
If there are two initial Trustees and one of them dies, will the remaining initial Trustee serve as Sole Trustee?	YES	
	NO	
Then the following will serve one at a time:		
1st:		
2nd		
3rd		

EXECUTOR OF YOUR WILL (Personal Representative) Usually follows same order as your Trustee Succession list above.	
1st	
2nd	
3rd	

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you. The Power of Attorney is only valid while you are alive. It is recommended you choose one agent at a time to serve.	
Agent under the Power of Attorney	
1st	
2nd	
3rd	

Gifting Powers: Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?		
	YES	NO
For the purpose of Medi-Cal and government benefits and tax planning only.		

HEALTHCARE

HEALTHCARE DIRECTIVE: If you were unable to make your own health care decisions, who should make decisions for you regarding your medical treatment?	
HEALTHCARE AGENTS TO SERVE ONE AT A TIME	
1 st :	
2 nd	
3 rd	

Health Care Directive Instructions:	Yes	No
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?		
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?		
Do you want to provide that upon certification by two physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?		
Do you have any plans for your funeral or remains? (Burial, cremation, etc.)		

HIPAA: Healthcare Privacy document. List those persons you would want doctors and hospitals allowed to communicate with about your medical condition. The people listed here are <u>not</u> health care decision makers.	

I WANT THE FOLLOWING PEOPLE TO BE LISTED AS EMERGENCY CONTACTS:	
EMERGENCY CONTACTS	
1st	
2nd	
3rd	

CONTACT INFORMATION FOR ALL FUDUCIARIES LISTED: Please provide full contact information for all those you have chosen as Trustees, Successor Trustees, Health Care Agents or Emergency Contacts.		
LEGAL NAME		Relationship
Address		Work#
Home#	Cell#	Email
LEGAL NAME		Relationship
Address		Work#
Home#	Cell#	Email
LEGAL NAME		Relationship
Address		Work#
Home#	Cell#	Email
LEGAL NAME		Relationship
Address		Work#
Home#	Cell#	Email

DISTRIBUTION INSTRUCTIONS:

How do you want assets in your Trust to be distributed, and to whom and in what percentages?

DISTRIBUTION DURING INCAPACITY:	
In making distributions during any period of time I am incapacitated, my successor Trustee shall give primary consideration to: (Choose one option)	
<input type="checkbox"/>	My needs and then the needs of others dependent upon me.
<input type="checkbox"/>	My needs and the needs of others equally dependent upon me.

DISTRIBUTION OF PERSONAL PROPERTY AT DEATH		
Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? (Any personal property not listed on the memorandum will be distributed under the terms of the trust).	Yes	No

DISTRIBUTION OF SPECIFIC GIFTS: List any specific real estate or cash gifts you wish to make to either individuals or charities.	
Individual or Charity (Full legal name) (ex: ACME Charity/Jane Mary Doe)	\$ or property (\$5,000)

DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH		
I want the remaining assets to be divided as follows: (mark one choice)		
<input type="checkbox"/> Divide equally between my children and the descendants of any deceased children		
<input type="checkbox"/> Divide among the following named individuals and/or charities:		
Individual or Charity (Full legal name)	Relationship	Percentage
		%
		%
		%
		%
HOW AND WHEN TO DISTRIBUTE MY PROPERTY (mark one choice)		
<input type="checkbox"/> DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES: Provides no protections from creditors, predators and from themselves.		
<input type="checkbox"/> 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 will manage the property and to carry out your distribution instructions. Does the beneficiary have the 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 below:		

<u>REMOTE CONTINGENT BENEFICIARY</u>		
In the remote event that no one listed above is alive to receive my property, I want my property distributed as follows: (mark one choice)		
<input type="checkbox"/> To my heirs-at-law.		
<input type="checkbox"/> To the following named individuals and/or charities:		
Individual or Charity (Full legal name)	Relationship	Percentage
1.		%
2.		%
3.		%

OTHER ITEMS TO DISCUSS

I have completed this Worksheet as accurately and thoroughly as I could. I understand my attorney will rely on this information when recommending my Estate Plan.

_____ _____
 Date Signature