



Estate Planning Worksheet (Married)

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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THE LAW OFFICE OF DANIEL R. YORK

ESTATE PLANNING WORKSHEET (MARRIED)

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:	
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File #		-for office use-
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A. CLIENT DATA

HUSBAND

Full Name: _____
aka: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Business Phone: _____
Email: _____
Date of Birth: _____
US Citizen? _____ Veteran? _____
Expiration date of current ID:
(Driver License, Senior ID or Passport) _____

WIFE

Full Name: _____
aka: _____
Address: Same as spouse
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Business Phone: _____
Email: _____
Date of Birth: _____
US Citizen? _____ Veteran? _____
Expiration date of current ID:
(Driver License, Senior ID or Passport) _____

B. CONTACT INFO FOR PERSON ASSISTING US (OPTIONAL)

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

B. MARITAL INFORMATION

Date of current marriage: _____
Any Previous marriages? Husband Yes No Divorced Widowed
Wife Yes No Divorced Widowed

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

1
Name of Child: _____ Birth date: _____ <input type="radio"/> Deceased
Relationship to Husband: <input type="radio"/> Natural child <input type="radio"/> Adopted <input type="radio"/> Stepchild
Relationship to Wife: <input type="radio"/> Natural child <input type="radio"/> Adopted <input type="radio"/> Stepchild
2
Name of Child: _____ Birth date: _____ <input type="radio"/> Deceased
Relationship to Husband: <input type="radio"/> Natural child <input type="radio"/> Adopted <input type="radio"/> Stepchild
Relationship to Wife: <input type="radio"/> Natural child <input type="radio"/> Adopted <input type="radio"/> Stepchild
3
Name of Child: _____ Birth date: _____ <input type="radio"/> Deceased
Relationship to Husband: <input type="radio"/> Natural child <input type="radio"/> Adopted <input type="radio"/> Stepchild
Relationship to Wife: <input type="radio"/> Natural child <input type="radio"/> Adopted <input type="radio"/> Stepchild
4
Name of Child: _____ Birth date: _____ <input type="radio"/> Deceased
Relationship to Husband: <input type="radio"/> Natural child <input type="radio"/> Adopted <input type="radio"/> Stepchild
Relationship to Wife: <input type="radio"/> Natural child <input type="radio"/> Adopted <input type="radio"/> Stepchild
5
Name of Child: _____ Birth date: _____ <input type="radio"/> Deceased
Relationship to Husband: <input type="radio"/> Natural child <input type="radio"/> Adopted <input type="radio"/> Stepchild
Relationship to Wife: <input type="radio"/> Natural child <input type="radio"/> Adopted <input type="radio"/> 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 Husband (i.e. friend, cousin): _____
Relationship to Wife: (i.e. friend, cousin) _____
2
Full Name: _____ Birth date: _____
Relationship to Husband: (i.e. friend, cousin) _____
Relationship to Wife: (i.e. friend, cousin) _____
3
Full Name: _____ Birth date: _____
Relationship to Husband: (i.e. friend, cousin) _____
Relationship to Wife: (i.e. friend, cousin) _____

F. FAMILY QUESTIONS

	Yes	No
1. Are you (or your spouse) receiving social security, disability or other governmental benefits? <i>Describe:</i>		
2. Are you (or your spouse) making payments pursuant to a divorce or property settlement order?		
3. Have you and your spouse signed a pre-marriage or post-marriage contract?		
4. Have you (or your spouse) ever filed federal or state gift tax returns?		
5. Have you (or your spouse) completed a previous will, trust, or estate planning documents?		
6. 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>		
7. Are there any <u>other</u> charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
8. 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>		
9. Are you (or your spouse) currently the beneficiary of anyone else's trust or will? <i>If so, please explain below.</i>		
10. Do any of your children have special educational, medical or physical needs? <i>(explain below)</i>		
11. Do any of your children receive governmental support or benefits? <i>(explain below)</i>		
12. Do you provide primary or other major financial support to adult children or others? <i>If so, please explain below.</i>		
13. Do you have any legal issues we should be aware of? <i>If so, please explain below.</i>		
14. Are there difficult family dynamics that could impact your planning? <i>If so, please explain below.</i>		

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	✓ Your level of concern								
	Husband					Wife			
	H	S	L	NA		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 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.									
Advance planning for Medi-Cal long-term care.									
Other Concerns (Please list below):									

SUMMARY OF ASSETS

ASSETS	Approximate Value (Joint property values split 50/50 between Husband and Wife)		
	Husband	Wife	Total 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 (MARRIED)
PART TWO - ASSETS AND RESOURCES

Names:	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-husband and wife	\$xxx,xxx	\$xxx,xxx
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	TOTAL		

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

Description	Owner	Market Value
(sample) Art Collection	Husband and Wife	\$ 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	Husband and wife	\$xx,xxx	\$ x,xxx
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	TOTAL		

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

Name of Bank	Account No.	Type of Acct.	How Title Held	Balance
(sample) Big Bank	xxx-xxxx	Savings	husband & wife Jointly	\$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	Wife as sole owner	\$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	Husband	Wife	\$ 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	Husband	Son and Daughter	\$ xx,xxx.xx
				\$
				\$

(LIFE INSURANCE CONTINUED)				
Name of Institution	Account No.	Owner	Beneficiary	Current Value
				\$
				\$
			TOTAL	

H. LONG TERM CARE INSURANCE

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

I. BUSINESS INTERESTS (General and Limited Partnerships, Sole Proprietorships, privately owned corporations, oil interests, farm and ranch interests.)

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

J. MONEY OWED TO YOU

Name of Debtor	Date of Note	Maturity Date	Owed to	Current 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 (MARRIED)

PART THREE - ESTATE PLAN DESIGN

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 being a manager for you.

FINANCIAL FUDUCIARIES

INITIAL TRUSTEE (The manager of the trust): <i>Usually the maker(s) of the trust, (the trustors) will be the initial trustee(s). Often, both spouses are co-trustees. If the Trust Makers are not in good health, they may choose someone else to be the Initial trustee.</i>	
Initial Trustee	
Initial Co-Trustee (optional)	

TRUSTEE SUCCESSION

DISABILITY TRUSTEE: <i>If the trustee(s) is(are) unable to serve due to illness, incapacity or resignation who will be the Trustee?</i>		
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: <i>At the death of the current Trustee(s) who will be the Trustee?</i>		
If there are two initial Trustees and one of then 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) <i>Usually follows same order as your Trustee Succession listed above.</i>			
Executor for Husband's Will		Executor of Wife's Will	
1st		1st	
2nd		2nd	
3rd		3rd	

POWER OF ATTORNEY: <i>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.</i>			
Agent for Husband		Agent for Wife	
1st		1st	
2nd		2nd	
3rd		3rd	

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

HEALTHCARE

HEALTHCARE DIRECTIVE: <i>If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?</i>			
HUSBAND'S HEALTHCARE AGENT		WIFE'S HEALTHCARE AGENT	
1 st :		1 st :	
2 nd :		2 nd :	
3 rd :		3 rd :	

Healthcare Directive Instructions:			Yes	No
<i>Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?</i>	Husband			
	Wife			
<i>Do you want to provide that your organs and tissues should be made available for transplant purposes?</i>	Husband			
	Wife			
<i>Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?</i>	Husband			
	Wife			
<i>Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?</i>	Husband			
	Wife			
<i>Do you have any plans for your funeral or remains? (Burial, cremation, etc.)</i>				
Husband:				
Wife:				

HIPAA: Health Care Privacy document- List those persons you would want doctors and hospitals to be allowed to communicate with about your medical condition. The HIPAA document does <u>not</u> give power to make health care decisions.	
HUSBAND'S CHOICES	WIFE'S CHOICES

IN CASE OF AN EMERGENCY, I WANT THE FOLLOWING PEOPLE TO BE LISTED ON MY DOCUBANK CARD AS EMERGENCY CONTACTS:			
HUSBAND'S EMERGENCY CONTACTS		WIFE'S EMERGENCY CONTACTS	
1st		1st	
2nd		2nd	
3rd		3rd	

CONTACT INFORMATION FOR ALL FUDUCIARIES LISTED: Please provide full contact information for all those you have chosen as Trustees, Successor Trustees, Healthcare 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, to who and in what percentage?

DISTRIBUTION DURING INCAPACITY OF EITHER OR BOTH SPOUSES:	
<i>In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to: (Choose one option)</i>	
<input type="checkbox"/>	Disabled spouse, then the needs of others.
<input type="checkbox"/>	Disabled spouse and other spouse, and then needs of others
<input type="checkbox"/>	Disabled spouse needs and the needs of others equally.

DISTRIBUTION OF PERSONAL PROPERTY AT DEATH			
<i>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 to my spouse [if alive], and then under the terms of the trust to be distributed as specified by us).</i>		Yes	No
	Husband		
	Wife		

DISTRIBUTION OF SPECIFIC GIFTS: <i>List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.</i>		
Individual or Charity (Full legal name) <i>(ex: ACME Charity / Jane Mary Doe)</i>	\$ or property (\$5,000)	
At death of both spouses		
At death of Husband but wife alive.		
At death of Wife but Husband alive.		

LIMITED POWER OF APPOINTMENT			
<i>Do you want the surviving spouse to be able to modify the way property is to be distributed upon his or her death?</i>	Yes	<input type="checkbox"/>	No
If so, to whom may the surviving spouse distribute your property? (mark one choice)			
<input type="checkbox"/>	Your descendants		
<input type="checkbox"/>	Your descendants and their spouses		
<input type="checkbox"/>	Your descendants and charities		
<input type="checkbox"/>	Your descendants, their spouses and charities		
<input type="checkbox"/>	Anyone, no limitations		

<u>DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE</u>		
<i>After the second of us to die we want the remaining assets to be divided as follows: (mark one choice)</i>		
<input type="checkbox"/>	Divide equally between our children and the descendants of any deceased children;	
<input type="checkbox"/>	Divide equally between our living children only;	
<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)	
	DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES: <i>Provides no protections from creditors, predators, or from themselves.</i>
	STRUCTURED TRUST: <i>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 principle: 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:</i>

REMOTE CONTINGENT BENEFICIARY		
<i>In the remote event no one listed above is alive to receive our property, we want our property distributed as follows: (mark one choice)</i>		
	To each spouse's heirs-at-law.	
	One-half to Husband's heirs-at-law and one-half to Wife's heirs-at-law.	
	To the following named individuals and/or charities:	
	Individual or Charity (Full legal name)	Relationship
		Percentage
1.		%
2.		%
3.		%

OTHER ITEMS TO DISCUSS

We have completed this Worksheet as accurately and thoroughly as we could. We understand you will rely on this information when designing our Estate Plan.

_____ _____ _____ _____
 Date Husband's signature Date Wife's signature