

NETWORK LEGAL ASSOCIATES, INC.

Estate Planning Worksheet

Type of Plan _____ Individual _____
Attorney _____ Date _____
Delivery _____
Notarized _____ Trust Date _____
Trust Name _____

Date _____ 20____

Client 1 Phone # H _____ W _____ SS# _____
Email _____ Cell _____

Client 2 Phone # H _____ W _____ SS# _____
Email _____ Cell _____

Marital Status: Single [] Married [] Divorced [] Separated [] Widowed []

Client 1 _____ (Nickname) _____ DOB _____

Client 2 _____ (Nickname) _____ DOB _____

Address _____ City _____ State _____ Zip _____

Children (indicate if stepchild / specify whose child) DOB SS#

Estate planning can cover everything from preparing your wills and trusts to sophisticated tax-saving strategies. The following questions will help determine what type of estate plan best fits your needs.

Does your combined gross estate exceed \$1 million? (include all life insurance) [yes] [no]
Does your combined gross estate exceed \$2 million? [yes] [no]

List the total amount of life insurance

Client 1 Term _____ Whole _____ Universal _____ Variable Universal _____ Group _____
Client 2 Term _____ Whole _____ Universal _____ Variable Universal _____ Group _____

Client 1 IRA _____ 401K _____ CD _____ Savings _____ Investment Accounts _____ Equity in home _____
Client 2 IRA _____ 401K _____ CD _____ Savings _____ Investment Accounts _____ Equity in home _____

Do you or your spouse expect any inheritance? [yes] [no]
Do you own a business? [yes] [no]
Do you have partners in your business? [yes] [no]
Do you have personal questions regarding you life insurance, investments, retirement or tax issues? [yes] [no]
Would you like a review of your current financial plan? [yes] [no]

I have been told that I can take advantage of a credit shelter trust to save on federal estate taxes. I do not wish to do this at this time. initial _____

Executor(s) or Personal Representative

This person will handle settling your estate.

[yes] [no] pourover will

1. *An executor also referred to as personal representative may be from out of state.*
2. *You may choose co-executors.*
3. *An executor may be a bank or an attorney.*

_____/_____
Client 1 First Choice (if married usually spouse) Second Choice

_____/_____
Client 2 First Choice (if married usually spouse) Second Choice

Third Choice (only if desired)

Trustee(s)

Living Trust [yes] [no] **Unified Credit Trust** [yes] [no] **Life Ins. Trust** [yes] [no]

If a beneficiary is under the age of 18 years (or if they are over 18 and you do not want them to receive their share until they reach a more responsible age) you must appoint a person to manage the money.

1. *Trustees may be from out of state and more than one person may be named.*
2. *A bank may be named.*
3. *Anyone over the age of 18 may qualify as a trustee.*
4. *The trustee does not have to be the guardian.*

First Choice
_____/_____
Second Choice Third Choice (only if desired)

_____/_____
Trustee for Unified Credit Trust First choice Second Choice
(This may not be a spouse.)

AGE DISTRIBUTION OF TRUST

Beneficiaries may receive the balance of their trust fund at the age of _____.

You may divide the trust distribution into different percentages and distribute at different ages. Example: 50% at age 21 and remainder at age 25.

_____% at age _____ % at age _____ remainder at age _____

Guardian(s)

This person will raise your children

1. *Natural parents will always retain custody of their natural or adopted children, even if a parent does not have contact with the children.*
2. *A guardian may be a resident of another state.*
3. *Children over the age of 18 are considered adults and do not need guardians.*

_____/_____
First Choice
_____/_____
Second Choice Third Choice (only if desired)
_____/_____
Separate Guardian Name of child
(If different guardians are needed.)

BENEFICIARY

Do you want to include stepchildren as natural children []yes []no

[] Everything to my spouse. If my spouse does not survive me, then equally to my children or to my grandchildren if one of my children does not survive me. A trust will be established for children. See page 2 of this form.

[] Everything to my children, or to their children if one of my children does not survive me.

[] Everything to my spouse. If my spouse does not survive me then to:

[] Everything divided to or divided between:

[] If my above choice does not survive me I leave my estate to: **SPECIFIC BEQUEST [] NOTES []**

Financial Power of Attorney

- 1. If you become unable to manage your financial affairs you must legally appoint someone to do this for you.
- 2. You do not have to name an attorney. Anyone you trust over the age of 18, who is capable of handling your financial affairs may represent you.
- 3. **I have been told the consequences of not having a POA. I do not wish to prepare one.** _____
- 4. **Do you want the Power limited to only if incapacitated [yes] [no]**

Client 1 First Choice (if married usually spouse)

_____/_____
Second Choice Third Choice (only if desired)

Client 2 First Choice (if married usually spouse)

_____/_____
Second Choice Third Choice (only if desired)

Health Care Power of Attorney

This document gives you the ability to legally name a person to make medical decisions for you if you are unable to make them yourself. **I have been told the consequences of not having a Health Care POA. I do not wish to prepare one.** _____

Can this person make the decision to donate organs? Client 1 [yes] [no] Client 2 [yes] [no]

Can this person make the decision to donate your body to science? Client 1 [yes] [no] Client 2 [yes] [no]

Client 1 First Choice (if married usually spouse)

_____/_____
Second Choice Third Choice (only if desired)

Client 2 First Choice (if married usually spouse)

_____/_____
Second Choice Third Choice (only if desired)