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ESTATE PLANNING WORKSHEET

Using this organizer will assist us in getting to know you prior to our consultation and designing a plan that meets your needs and goals. **All information provided is strictly confidential.**

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Not every section will apply to you and your situation- you can leave those areas blank or write "N/A". If you are unsure of an answer, or would rather discuss the issue in person, feel free to leave the section blank.

Please return the completed worksheet (along with any supporting documents) to our office prior to your appointment via email, fax, or mail. Should you have any questions, please contact legal assistant, Becky DeCoite, via phone at (702) 997-5701 or becky@phillipsballenger.com.

Thank you and we look forward to meeting with you soon!

Disclaimer: Please note that providing this information and/or consulting with our firm does not establish an Attorney/Client relationship. You acknowledge your understanding that an Attorney/Client relationship does not exist unless we are formally engaged through a written retainer agreement, signed by both law firm and client.

PART 1: PERSONAL INFORMATION

Date of Consultation: _____

Partner 1 Legal Name _____

Also Known As _____
(Other names used to title property and accounts)

Birth date _____ SS# _____ US Citizen? (y/n) _____

Home Address _____ City/State/Zip _____

Home Telephone _____ Cell Phone _____ Email _____

Employer/Position _____ It's OK to communicate with me via e-mail

Partner 2 Legal Name _____

Also Known As _____
(Other names used to title property and accounts)

Birth date _____ SS# _____ US Citizen? (y/n) _____

Home Address _____ City/State/Zip _____

Home Telephone _____ Cell Phone _____ Email _____

Employer/Position _____ It's OK to communicate with me via e-mail

Date of Marriage/DP Filing: _____

YOUR CHILDREN/DEPENDENTS

(Please use full legal name)

Name	Birth date, Age	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR ADVISERS:

Accountant _____	_____
Financial Adviser _____	_____
Insurance Agent _____	_____

WHO REFERRED YOU TO PHILLIPS BALLENGER?

I'm a current client <input type="checkbox"/>	_____	Google <input type="checkbox"/>	_____
Avvo.com <input type="checkbox"/>	_____	Former Client <input type="checkbox"/>	_____
Adviser <input type="checkbox"/>	_____	Other <input type="checkbox"/>	_____

PART 2: IMPORTANT QUESTIONS

<u>Please Indicate Yes or No</u>	Partner 1	Partner 2
Are you making payments pursuant to a divorce or property settlement order? <i>If you have copies available, please send or bring to meeting</i>		
Have you ever completed a will, trust, or any other estate planning documents? <i>If so, please make sure to send copies to us before your meeting!</i>		
Have you ever filed federal or state gift tax returns? <i>If you have copies available, please send or bring to meeting</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your dependents/children have special educational, medical, or physical needs?		
Do you or any of your dependents (i.e. children, spouse) receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Are you currently involved in a bankruptcy proceeding? <i>If so, please explain below.</i>		
Are you currently involved in a lawsuit (plaintiff/defendant)? <i>If so, please explain below.</i>		
Are you subject to any judgments/liens/garnishments? <i>If so, please explain below.</i>		

YOUR CONCERNS Please rate the following as to how important they are to you: (**H** = high concern; **S** = some concern; **L** = low concern; **N/A** = not applicable)

Description	Level of Concern
Implementing/forming an estate plan	
Making updates to our current estate plan	
Making sure our assets are properly titled within our estate plan	
Integrating an existing business into our estate plan	
Protecting our estate / assets from lawsuits / creditors	
Preserving the privacy of our affairs (personal and/or business)	
Planning in the event of an incapacity or disability	
Avoiding/reducing estate taxes	
Charitable Planning	
Planning for pets (in the event of incapacity or passing)	

Other Notes/Information:

PART 3: YOUR ESTATE

ASSETS:

ASSET TYPE	PARTNER #1	PARTNER #2	JOINT
REAL PROPERTY <i>Please include: Property Address, Property Type (i.e. primary residence/investment property), Fair Market Value</i>			
BANK & SAVINGS ACCOUNTS <i>Please include: Name of Institution & Approx Acct Value</i>			
INVESTMENT ACCOUNTS (I.E. STOCKS/BONDS, MUTUAL FUNDS, ETC.) <i>Please include: Name of Institution & Approx Acct Value</i>			
LIFE INSURANCE & ANNUITIES <i>Please include: Name of Institution & Type of Policy</i>			
RETIREMENT PLANS (I.E. 401(K), IRA, ETC.) <i>Please include: Name of Institution & Approx Acct Value</i>			
BUSINESS INTERESTS			
FURNITURE & PERSONAL EFFECTS <i>Approx. Total Value</i>			
VEHICLES <i>please note loans, if applicable</i>			

DEBT:

TYPE OF DEBT:	PARTNER #1	PARTNER #2	JOINT
MORTGAGE(S) <i>(institution, approx. balance, interest rate & terms)</i>			
CREDIT CARD(S) <i>(please list institution & approx balance)</i>			
STUDENT LOANS <i>(please list institution & approx balance)</i>			
PERSONAL LOANS <i>(please describe)</i>			
OTHER DEBT(S)			

PART 4: ESTATE PLAN DESIGN INFO- DECISION MAKERS

This section helps us to design your Estate Plan. Here, you will list your choices for person(s) you would like to serve in your place (if your partner was not available) should you be incapacitated, or you pass away. Please list in order of succession (you can attach additional pages if necessary). *If decision makers are to serve jointly, please indicate.*

Note: Most couples forming joint trusts choose the same Successor Trustees, however you may choose separate designations. If you are undecided as to your decision makers, or want to discuss further during your consultation, please leave blank.

Please list in order of succession (you can attach additional pages if necessary)

SUCCESSOR TRUSTEE: Who would you want to nominate to handle your finances/estate if you were incapacitated/after death?

Name	Relationship to You	Address	Phone	Email
EX: John Doe	My Son	1234 Royal St., Las Vegas, NV 89135	702-555-5555	john@johndoe.com

HEALTH CARE AGENTS: If you were unable to make health care decisions for yourself, who would you want to make decisions for you regarding your medical treatment?

Partner 1:

Name	Relationship to You	Address	Phone	Email

Partner 2:

Name	Relationship to You	Address	Phone	Email

Guardians for Minor Children

If you have minor children (under the age of 18), please complete this section.
If not, skip.

PERMANENT CUSTODIAL GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference, who you wish to be custodial/physical, guardian of the children (if both parents/legal guardians were not available).

Name	Relationship to You	Address	Phone	Email

TEMPORARY CUSTODIAL GUARDIAN FOR MINOR CHILDREN: If your choices for Permanent Guardians listed above live out of town, please list any person(s) who you would allow to have temporary guardianship (i.e. in an emergency) over your children.

Name	Relationship to You	Address	Phone	Email

Memorial Instructions:

Partner 1:

Burial	Cremation	Other Wishes?:
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Partner 2:

Burial	Cremation	Other Wishes?:
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PART 5: ESTATE PLAN BENEFICIARIES

Who Gets Our Stuff? In this section, please list your beneficiaries, i.e. the person(s)/charities you want to inherit your estate after you pass.

SPECIFIC GIFTS (OPTIONAL): List any specific gifts of real property or cash gifts (i.e. "Our house" or "\$10,000") that you wish to make to either individuals or charities. **Note-** Don't worry about listing personal property items (i.e. jewelry, art, etc.)- it's handled separately.

Name of Beneficiary	Description of Property	Relationship to You
EX: Jane Smith	\$10,000	Niece (Wife)

The Rest of your Estate (everything else...)

RESIDUARY ESTATE: Who do you want the rest of the estate (after the Specific Gifts listed above are given) to go to?

DIVIDE EQUALLY AMONG OUR CHILDREN (if applicable) **OR** DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

Name of Beneficiary	Percentage of Total Estate	Relationship to You
EX: John Doe	25%	Son

HOW & WHEN to Distribute Our Estate:

EP I: DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES- The simpler option, but doesn't provide any protection from creditors, predators, oversight

EP II: STRUCTURED TRUST- Your beneficiaries would receive their shares in Trust. You determine how long the property is to remain in trust. The trust can provide for asset protection for your beneficiaries and can be structured so that the inheritance stays within your family.

Please note: There are many options for distribution to the beneficiaries (outright, structured/staggered trusts, special needs trusts, asset protection trusts, etc.) – we can discuss these options in detail during your consultation.

PB Law: Distribution Trustee? _____ RCD? _____
 Name for RL: _____ Signing Date: _____

