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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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Personal Information Part 1:

Part 2: Important Family Questions o **Part 3**: Your Estate- Assets & Debts

Part 4: Estate Plan Design Information-Decision Makers o Part 5: Estate Plan Design Information-Beneficiaries

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 Consulto	ıtion:
Partner 1 Legal Name				
Also Known As				
	(Other names use	ed to title property an	d accounts)	
Birth date	SS#		US Citizen? (y/r	n)
Home Address		City/	State/Zip	
Home Telephone	Cell Phone		Email	
Employer/Position			_ It's OK to comm	nunicate with me via e-mail
Partner 2 Legal Name				
Also Known As				
	•	ed to title property an	•	
Birth date	SS#		US Citizen? (y/r	n)
Home Address		City/	State/Zip	
Home Telephone	Cell Phone		Email	
Employer/Position			_ It's OK to commu	nicate with me via e-mail
		ILDREN/DEPEN use full legal nar		
Name			Birth date, Age	Parent or Relationship
				<u> </u>
				<del>-</del>
Accountant		OUR ADVISERS:		
Financial Adviser Insurance Agent				
	WHO REFERRED Y	OU TO PHILLIPS	BALLENGER?	
Avvo.com		Google Former Client Other	o	

### **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? If you have copies available, please send or bring to meeting		
Have you ever completed a will, trust, or any other estate planning documents? If so, please make sure to send copies to us before your meeting!		
Have you ever filed federal or state gift tax returns? If you have copies available, please send or bring to meeting		
Are you currently the beneficiary of anyone else's trust? If so, please explain below.		
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? If so, please explain below.		
Are you currently involved in a lawsuit (plaintiff/defendant)? If so, please explain below.		
Are you subject to any judgments/liens/garnishments? If so, please explain below.		

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

DEBT:

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

### Partner 2:

Burial	Cremation	Other Wishes?:

### **PART 5: ESTATE PLAN BENEFICIARIES**

<u>Who</u> 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 <u>specific</u> gifts of real property or cash gifts (i.e. "Our house" or "\$10,000") that you wish to make to either individuals or charities. <u>Note-Don't</u> worry about listing personal property items (i.e. jewelry, art, etc.)- it's handled separately.

The given) to go to?  DIVIDE EQUALLY AMONG OUR CHILDREN (if applicable)  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 does provide any protection from creditors, predators, oversight  EP II: STRUCTURED TRUST- Your beneficiaries would receive their shares in The found determine how long the property is to remain in trust. The trust can provide for a protection for your beneficiaries and can be structured so that the inheritance structured for the property is to remain in trust. The trust can provide for a protection for your beneficiaries and can be structured so that the inheritance structure in the property is to remain in trust.	eparately.  Name of Beneficiary	Description of Property	Relationship to You
RESIDUARY ESTATE: Who do you want the rest of the estate (after the Specific Gifts listed abore given) to go to?  DIVIDE EQUALLY AMONG OUR CHILDREN (if applicable) OR DIVIDE AMONG NATINDIVIDUALS and/or CHARITIES:  Name of Beneficiary Percentage of Total Estate Relationship to You  EX: John Doe 25% Son  HOW & WHEN to Distribute Our Estate:  Per I: DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES- The simpler option, but does provide any protection from creditors, predators, oversight  Per II: STRUCTURED TRUST- Your beneficiaries would receive their shares in The You determine how long the property is to remain in trust. The trust can provide for a protection for your beneficiaries and can be structured so that the inheritance structured so that the inheritance structured are solved.		\$10,000	Niece (Wife)
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	<b>Please note:</b> There are n	nany options for distribution t	o the beneficiaries (outright
structured/staggered trusts, special needs trusts, asset protection trusts, etc.) – we can disc these options in detail during your consultation.	structured/staggered trusts, s	special needs trusts, asset protect	

Name for RLT:\_\_\_\_\_\_ Signing Date: \_\_\_\_\_

**PB Law:** Distribution Trustee?

# OTHER ITEMS TO INCLUDE/DISCUSS Any other notes, discussion points, or other concerns: