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ESTATE PLANNING: UPDATES WORKSHEET

This worksheet will assist us in getting updated information prior to our meeting so we can help spot any issues that may need to be updated in your plan. 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.

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 INFO

			Date of Consulto	ition:
Full Leaal Name				
Also Known As				
	(other names use	ed to title property and	accounts)	
Birth date	SS#		US Citizen? (Y/I	N):
Home Address		City/State/Zip		
Home Telephone	Cell Phone		Email	
Employer/Position _			It's OK to cor	mmunicate with me via e-mail
□ Single □ Domest	ic Partner (Registered? Y/N) 🗆	🕽 Married 🗖 Sepa	rated 🛛 Widowe	d
		ILDREN/DEPEND use full legal name		
Name			Birth date, Age	Parent or Relationship
				<u> </u>
	YO			
	Nan			Telephone
Personal Attorney				
Accountant Financial Advisor				
Life Insurance Agent				
	INSU	RANCE POLICIES	i	
Auto	□	Homeowners/Re	enters 🗆	
		Long-Term Care		
Umbrella	□	Other		
	WHO REFERRED Y	OU TO PHILLIPS	BALLENGER?	
l'm a current client	□	Google	□	
Avvo.com		Former Client	□	
Advisor		Other	□	



PART 2: IMPORTANT QUESTIONS

Please Indicate Yes or No	Y/N
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 my current estate plan	
Making sure my assets are properly titled within my estate plan	
Integrating an existing business into my estate plan	
Protecting my estate / assets from lawsuits / creditors	
Preserving the privacy of my affairs (personal and/or business)	
Planning in the event of my incapacity or disability	
Avoiding/reducing estate taxes	
Charitable Planning	
Planning for my pets (in the event of my incapacity or passing)	

Other Notes/Information:

PART 3: YOUR ESTATE

ASSETS & DEBTS

(You may alternatively attach a list of assets or include additional pages if necessary.)

1 ,	invery driden a list of assers of include additional pages in necessary.)
REAL PROPERTY Please include: Property Address, Property Type (i.e. primary residence/ investment property), Fair Market Value & Loan(s) Information	
BANK & SAVINGS Accounts Please include: Name of Institution, Type of Account, Approx Acct Value	
INVESTMENT ACCOUNTS (I.E. STOCKS/BONDS, MUTUAL FUNDS, ETC.) Please include: Name of Institution, Type of Account, & Approx Acct Value	
LIFE INSURANCE & ANNUITIES Please include: Name of Institution, Type of Policy, Owner of Policy, Beneficiary/ies	
RETIREMENT PLANS (I.E. 401(K), IRA, ETC. Please include: Name of Institution, Type of Acct, Approx Acct Value, Current Beneficiary/ies	
BUSINESS INTERESTS	
Furniture/Personal Effects/Vehicles	
DEBTS NOT LISTED ABOVE Please include: Type of Debt, Guarantor(s),& Approx. Amount of Debt Owed	

Are there any changes to the people you've nominated as Decision Makers in your Estate Plan?

- Changes to the order of succession?
- Changes to your Decision Makers' Contact Info?

If so, please complete. If not, skip.

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	j <u>ohn@johndoe.com</u>

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?

Name	Relationship to You	Address	Phone	Email

Memorial Instructions:

- o Burial
- o Cremation
- Other Wishes: ______

Any changes to the guardians you've named for minor children (under the age of 18)? 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

Other Notes/Information:

PART 5: ESTATE PLAN BENEFICIARIES

<u>Who</u> Gets My Stuff? Are there any changes to the beneficiaries you've named in your estate plan? If so-please complete (skip if not).eel free to attach additional pages if needed.

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

My Niece

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?

 \square DIVIDE EQUALLY AMONG MY CHILDREN (if applicable) \underline{OR} \square DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

Percentage of Total Estate	Relationship to You
25%	Son

HOW & WHEN to Distribute My Estate:

□ <u>EP I:</u> DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES- The simpler option, but doesn't provide any protection from creditors, predators, oversight

<u>EP II:</u> 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.

<u>Please note:</u> 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 RLT:	Signing Date:

OTHER ITEMS TO INCLUDE/DISCUSS

Any other notes, discussion points, changes to your current plan, or other concerns: