ESTATE PLANNING DESIGN WORKBOOK
(For Married and Unmarried Individuals)

STONE LAW OFFICES

Wealth Preservation & Business Strategies

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL, FAX, OR EMAIL TO STONELAW@NVESTATEPLAN.COM.

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PART I - PERSONAL INFORMATION

Client's Legal Name _____
(name most often used to title property and accounts)

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

Prefer to be called _____

Gender: ❑ Male / ❑ Female US Citizen? ❑ Yes / ❑ No

Birth date _____ Social Security # _____

Home Address _____ City _____

State _____ Zip _____ County of Residence _____

Home Phone _____ Cell Phone _____ Business Phone _____

Employer _____ Position _____

Business Address _____

City _____ State _____ Zip _____

E-mail Address _____

❑ It is okay to communicate with me via my E-mail address.

❑ Married: Date of Marriage _____ ❑ Divorced ❑ Widowed ❑ Single

❑ Registered Domestic Partner: Date of Registration / Ceremony _____

CHILDREN AND/OR OTHER FAMILY MEMBERS / BENEFICIAIRIES

Please identify your children and other family members, friends, or persons who will be beneficiaries of your estate. Also list any persons that should be specifically excluded from receiving any benefit from your estate. Use full legal name.

Full Name **Sex** **DOB** **Relationship** **No. of Children**

1. _____ M F ___ / ___ / ___ _____ _____

Address _____

Home Phone (_____)_____-_____ Cell Phone (_____)_____-_____

E-mail _____ Marital Status _____

Are you concerned with this person's ability to manage money? ☐Y ☐N Omit as beneficiary ☐Y ☐N

Does this person have a Living Trust? ☐Y ☐N If so, was it prepared by us? ☐Y ☐N

Full Name **Sex** **DOB** **Relationship** **No. of Children**

2. _____ M F ___ / ___ / ___ _____ _____

Address _____

Home Phone (_____)_____-_____ Cell Phone (_____)_____-_____

E-mail _____ Marital Status _____

Are you concerned with this person's ability to manage money? ☐Y ☐N Omit as beneficiary ☐Y ☐N

Does this person have a Living Trust? ☐Y ☐N If so, was it prepared by us? ☐Y ☐N

Full Name **Sex** **DOB** **Relationship** **No. of Children**

3. _____ M F ___ / ___ / ___ _____ _____

Address _____

Home Phone (_____)_____-_____ Cell Phone (_____)_____-_____

E-mail _____ Marital Status _____

Are you concerned with this person's ability to manage money? ☐Y ☐N Omit as beneficiary ☐Y ☐N

Does this person have a Living Trust? ☐Y ☐N If so, was it prepared by us? ☐Y ☐N

Full Name **Sex** **DOB** **Relationship** **No. of Children**

4. _____ M F ___ / ___ / ___ _____ _____

Address _____

Home Phone (_____)_____-_____ Cell Phone (_____)_____-_____

E-mail _____ Marital Status _____

Are you concerned with this person's ability to manage money? ☐Y ☐N Omit as beneficiary ☐Y ☐N

Does this person have a Living Trust? ☐Y ☐N If so, was it prepared by us? ☐Y ☐N

Attach additional sheets if needed.

TRUSTED ADVISORS

We believe that your estate plan will be more effective and efficient if it is created in a collaborative environment with your most Trusted Advisors. As such, please identify your other Trusted Advisors that we may need to contact regarding your estate plan. *Please indicate if you do not have a Trusted Advisor in one of the following categories, but would like an introduction or referral for the same. We would be happy to provide the names of experienced colleagues who work in these areas.*

	Name	**Telephone**
Business Attorney	_____	_____
Family Attorney	_____	_____
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____
Property/Casualty Insurance Agent	_____	_____
Private Banker	_____	_____
Mortgage Planner	_____	_____
Philanthropic Advisor	_____	_____
Family Physician	_____	_____
Spiritual Advisor	_____	_____
Business / Life Coach	_____	_____
Family Wealth Counselor	_____	_____

YOUR CONCERNS

Please rate the following as to how important they are to you:
*(**H** high concern, **S** some concerned, **L** low concern, **N/A** no concern or not applicable)*

Description	**Level of Concern**
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 or life partner.	_____
Providing for and protecting children, grandchildren, or other beneficiaries.	_____
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 or other beneficiary with disabilities or special needs, such as medical or learning disabilities.	_____
Protecting children's or other beneficiary's inheritance from the possibility of failed marriages.	_____
Protect children's or other beneficiaries' inheritance in the event of a surviving spouse's or partner's remarriage / subsequent relationships.	_____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____

Other Concerns (Please list below):

_____

_____

_____

_____

_____

_____

_____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? *Describe* _____		
Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*		
Have you been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy*		
Have you signed a pre- or post-marriage contract, a cohabitation agreement, or a domestic partner agreement? *Please furnish a copy*		
Have you ever filed federal or state gift tax returns? *Please furnish copies of these returns*		
Have completed previous will, trust, or estate planning? *Please furnish copies of these documents*		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below*.		
Are there any other charitable organizations you wish to make provisions for at the time of your death? *If so, please explain below*.		
If married, have you lived in any of the following states while married to each other? *Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin*		
Are you currently the beneficiary of anyone else's trust? *If so, please explain below.*		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Do you have any state gaming licenses or in interests in any gaming businesses?		

ADDITIONAL RELEVANT INFORMATION

_____

_____

_____

_____

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION* CHECKLIST

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. You probably won't own property under all the headings, if not just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If own property in your name only	I
If Joint Tenancy with spouse or life partner	JTC
Joint Tenancy with someone other than a spouse or life partner, i.e. a child, parent, etc.	JTO
If existing separate trust(s)	TR
If existing joint trust with spouse or life partner	TC
If you cannot determine how the property is owned	?

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
	Total		

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property *(indicate type below and **give a lump sum value for miscellaneous**, less valuable items.).*

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)		
	Total	

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance. Please do not include leased vehicles:

Vehicle Description	Owner	Market Value	Loan Balance
	Total		

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below).* *Do not include IRAs or 401(k)s here*

Name of Institution and account number	Type	Owner	Amount
		Total	

Note: If Account is in your name (or your spouse's or partner's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *(indicate type below)*

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount

Total _____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Company	Type	Face Amount	Insured	Owner	Beneficiaries	Premium Payer	Agent

Total _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Type of plan	Plan Name	Participant	Current Value	Beneficiaries	Other Information

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Entity Name	Interest Type	Ownership Interest	Estimated Value	Other Information

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you,** or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance

Total _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: 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. **Describe in appropriate detail**.

Description _____

_____

Total estimated value _____

DIGITAL ASSETS / OTHER ASSETS

TYPE: Please identify any valuable digital assets, such as domain names, online profiles, avatars, etc. Other property is any property that you have that does not fit into any listed category.

Do you have an inventory of your "online" digital assets – account user names / passwords, email addresses, social media profiles, etc.? ❑ Yes / ❑ No

Type	Owner	Value

Total _____

SUMMARY OF VALUES

ASSETS	Amount* Client	Other's	Total Value
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds		`	
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

****Values for property owned with other put your percentage in client's column and other's percentage in other's column.***

PERSONAL LIABILITIES	Client	Other's	Total Value
Residence mortgages			
Other mortgages			
Bank loans			
Margin loans			
Taxes (due and owing)			
Credit cards			
Auto loans			
Leases			
Accounts payable			
Judgments			
Personal guarantees			
Other liabilities			
Total Liabilities			

APPROXIMATE ANNUAL INCOME	Client	Other's	Total Value
Salary and Wages	_____	_____	_____
Commissions	_____	_____	_____
Interest & Dividends	_____	_____	_____
Rents, Royalties, etc.	_____	_____	_____
Social Security	_____	` _____	_____
Pensions	_____	_____	_____
Disability Payments	_____	_____	_____
Other Income (please describe below)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Annual Income:	_____	_____	_____

PART III - DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian. Please indicate if anyone is to serve as a Co-Guardian.

Name and Address		Relationship
_____	□ Co-Guardian	_____
_____	□ Co-Guardian	_____
_____	□ Co-Guardian	_____

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. Allows you to control all of your assets as before.

Name and Address	Relationship
_____	_____
_____	_____

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets? It is important to name alternates if the initial named trustee cannot or is unavailable to serve. Please indicate if any persons are to serve jointly as Disability Cotrustees.

Name and Address		Relationship
_____	□ Co-Trustee	_____
_____	□ Co-Trustee	_____
_____	□ Co-Trustee	_____
_____	□ Co-Trustee	_____

DEATH TRUSTEE: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? Again, it is important to name alternates if the initial named trustee cannot or is unavailable to serve. Please indicate if any persons are to serve jointly as Death Cotrustees.

Name and Address		Relationship
_____	□ Co-Trustee	_____
_____	□ Co-Trustee	_____
_____	□ Co-Trustee	_____
_____	□ Co-Trustee	_____

FINANCIAL / PROPERTY POWER OF ATTORNEY: In addition to the assets inside a trust, it is important to name someone to administer assets outside of the trust. As such, if you were unable to make financial decisions for yourself, who do you want to make those decisions for you? Typically, the initial Financial Agent is the same as the Disability Trustees. However, you can name different persons if you like.

Name	Relationship	Instructions or Guidelines

*****Generally, a Financial Agent cannot continue to make gifts after you become incapacitated, even if you have a history or pattern of making such gifts on a frequent or periodic basis, i.e., birthday, anniversary or holiday gifts, tithes, charitable gifts, etc. Do you want to authorize your Financial Agent to continue to make these gifts on your behalf during any period of time you are incapacitated, so long as it is not contrary to your financial interests?**

❑ Yes / ❑ No

Gifting Power Details: _____

_____

HEALTH CARE: **If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? Typically, the initial Healthcare Agent is the same as the Disability Trustees. However, you can name different persons if you like.**

Name, Address & Telephone No.	Relationship	Instructions or Guidelines

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? ❑ Yes / ❑ No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

❑ Your needs and then the needs of others dependent upon you.

❑ Your needs and the needs of others dependent upon you equally.

LIVING WILL: **Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?** ❑ Yes / ❑ No

If you are female and pregnant, do you want to provide that life sustaining procedures will be taken to prolong your life until such time as the baby or fetus may be delivered? ❑ Yes / ❑ No / ❑ N/A

Do you want to provide that your organs and tissues should be made available for transplant or other donation purposes? ❑ Yes / ❑ No

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? ❑ Yes / ❑ No

Any property not listed on the memorandum should be distributed to:

❑ Spouse / Partner. ❑ Children equally.

❑ To the balance of the trust. ❑ Other named individuals. List on next line.

_____

SPECIFIC GIFTS: List any specific gifts of cash or certain assets you wish to make to either individuals or charities, ***before*** the rest and remainder of the estate is distributed. For example, "$500 to each of my nieces and nephews", or "$10,000 to church or charity", or "$20,000 in trust for grandchildren's education", or "my real estate to my cousin, John Doe." Indicate whether these gifts are to be made even if your spouse/partner is alive.

Individual or Charity	Amount or Property	Contingent on Spouse/Partner predeceasing?
_____	_____	❑ Yes / ❑ No

Gift #1 Directions (i.e., outright, in trust, etc.): _____

_____	_____	❑ Yes / ❑ No

Gift #2 Directions (i.e., outright, in trust, etc.): _____

_____	_____	❑ Yes / ❑ No

Gift #3 Directions (i.e., outright, in trust, etc.): _____

_____	_____	❑ Yes / ❑ No

Gift #4 Directions (i.e., outright, in trust, etc.): _____

DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH

❑ **DIVIDE EQUALLY BETWEEN MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN;**

❑ **DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

NAME	RELATIONSHIP	PERCENTAGE/AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

❑ **DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

❑ **STRUCTURED TRUST:** 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, maintenance or support). You decide who is the one to manage the property and to carry out your distribution instructions. You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. The following are examples of several structured trust options:

❑ AGES: You may provide for a staggered distribution of principal based the attained age of a beneficiary; i.e. 1/3 at age 25; ½ of balance at age 30, and balance at age 40.

❑ STAGES: You may provide for an interval distribution based on the passage of time; i.e., ¼ at first anniversary of my death; 1/3 at second anniversary; ½ at third anniversary; and balance at fourth anniversary.

❑ INCENTIVE: You may provide that principal is distributed upon the beneficiary achieving certain milestones, i.e., college graduation, marriage, purchase of first house, etc.

❑ DISCRETIONARY: You may provide that income and principal is distributed at the discretion of a trustee.
This provides greater asset protection for a beneficiary.

❑ BENEFICIARY CONTROLLED TRUST: You may provide that the assets are to remain in the trust for a long period of time or for the remainder of the beneficiary's life, while giving the beneficiary input into the investment and management of the assets and the opportunity to serve as a cotrustee and/or choose his or her own cotrustee. This provides the maximum asset protection for the beneficiary.

Please list your desires regarding the distribution of the trust assets to your beneficiaries:

_____

_____

_____

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

❑ To my heirs-at-law.

❑ To the following named individuals and/or charities:

NAME	RELATIONSHIP	PERCENTAGE/AMOUNT

PROPOSED NAME FOR TRUST: _____

OTHER ITEMS TO INCLUDE OR DISCUSS: Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

_____
_____
_____
_____
_____
_____
_____
_____
_____
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_____
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