

ESTATE PLANNING WORKSHEET



KRASA LAW
PLANNING FOR EACH GENERATION

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

Husband'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 _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

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

Date of Marriage _____

Wife'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 _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

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

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name	Birth date	Parent or Relationship
------	------------	------------------------

_____	_____	_____
-------	-------	-------

Comments: _____

_____	_____	_____
-------	-------	-------

Comments: _____

_____	_____	_____
-------	-------	-------

Comments: _____

_____	_____	_____
-------	-------	-------

Comments: _____

_____	_____	_____
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Comments: _____

_____	_____	_____
-------	-------	-------

Comments: _____

_____	_____	_____
-------	-------	-------

Comments: _____

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

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

Husband Wife

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.

Providing for and protecting children.

Providing for and protecting grandchildren.

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 with disabilities or special needs, such as medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Protect children’s inheritance in the event of a surviving spouse’s remarriage.

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 (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
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?		

ADDITIONAL RELEVANT INFORMATION

PROPERTY 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. If you do not own property under a particular heading, just leave that section 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.

“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 married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

MONEY MARKET ACCOUNTS:

NAME AND <u>LOCAL</u> ADDRESS OF INSTITUTION	ACCOUNT NUMBER	BALANCE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

CERTIFICATES OF DEPOSIT:

NAME AND <u>LOCAL</u> ADDRESS OF INSTITUTION	ACCOUNT NUMBER	BALANCE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

SAFE DEPOSIT BOXES:

NAME AND <u>LOCAL</u> ADDRESS OF INSTITUTION	BOX NUMBER	OWNER(S)	OFFICE USE
_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

TAXABLE BROKERAGE ACCOUNTS:

DO NOT LIST RETIREMENT ACCOUNTS HERE – PLEASE LIST THEM IN THE RETIREMENT PLAN SECTION

Please list taxable accounts with brokerage firms that hold stock certificates, bonds, mutual funds, money market accounts and CDs for you. Please provide complete address information for the brokerage firm.

NAME AND ADDRESS OF BROKERAGE	ACCOUNT NUMBER	BALANCE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

U. S. TREASURY DIRECT:

ACCOUNT NAME	ACCOUNT NUMBER	FACE VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

LIMITED PARTNERSHIPS:

PARTNERSHIP NAME AND ADDRESS	GENERAL PARTNER	LIMITED PARTNER	VALUE	OWNER(S)	OFFICE USE
_____	_____ %	_____ %	\$ _____	_____	_____

_____	_____ %	_____ %	\$ _____	_____	_____

GENERAL PARTNERSHIPS:

PARTNERSHIP NAME AND ADDRESS	GENERAL PARTNER	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

LIMITED LIABILITY COMPANIES:

LLC NAME AND ADDRESS	OWNERSHIP INTEREST	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

CORPORATE BUSINESS INTERESTS:

COMPANY NAME AND ADDRESS	NUMBER OF SHARES	PERCENTAGE OWNERSHIP	BUY/SELL	VALUE	OWNER(S)	OFFICE USE
_____	_____	_____ %	_____	\$ _____	_____	_____

_____	_____	_____ %	_____	\$ _____	_____	_____

SOLE PROPRIETORSHIPS:

NAME OF BUSINESS	DESCRIPTION OF BUSINESS	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

REAL PROPERTY INTERESTS:

ADDRESS AND/OR GENERAL DESCRIPTION	LOANS	FAIR MARKET VALUE	OWNER(S)	OFFICE USE
_____	\$ _____	\$ _____	_____	_____

_____	\$ _____	\$ _____	_____	_____

_____	\$ _____	\$ _____	_____	_____

_____	\$ _____	\$ _____	_____	_____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH REAL PROPERTY:

	POLICY NUMBER	COMPANY NAME AND ADDRESS	AGENT NAME	OFFICE USE
TITLE INSURANCE	_____	_____	_____	_____

HOMEOWNER'S INSURANCE	_____	_____	_____	_____

MORTGAGE COMPANY	_____	_____	_____	_____

OIL AND GAS INTERESTS:

DESCRIPTION, AND OIL/GAS LESSEE NAME AND ADDRESS	ESTIMATED VALUE	OWNER(S)	OFFICE USE
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

MORTGAGES AND DEEDS OF TRUST:

DO NOT LIST MORTGAGES THAT ARE LIABILITIES; ONLY LIST MORTGAGES THAT ARE ASSETS

NAME AND ADDRESS OF DEBTOR	DATE OF NOTE	CURRENT BALANCE OWED	OWED TO	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

LEASES:

ADDRESS OR DESCRIPTION OF PROPERTY	NAME AND ADDRESS OF LESSEE	ANNUAL RENTS	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

TIME SHARES/CO-OPS:

PROPERTY NAME AND ADDRESS	DEVELOPMENT OWNER(S)	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

NOTES RECEIVABLE:

NAME AND ADDRESS OF DEBTOR	DATE OF NOTE	NOTE AMOUNT	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____

LIFE INSURANCE:

PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

COMPANY NAME AND ADDRESS	TYPE	FACE AMOUNT	CASH VALUE	BENEFICIARIES	INSURED	OWNER	OFFICE USE
_____	_____	\$ _____	\$ _____	1 ^{ry} _____	_____	_____	_____
_____				2 ^{ry} _____			
_____				POLICY NUMBER: _____			
_____	_____	\$ _____	\$ _____	1 ^{ry} _____	_____	_____	_____
_____				2 ^{ry} _____			
_____				POLICY NUMBER: _____			
_____	_____	\$ _____	\$ _____	1 ^{ry} _____	_____	_____	_____
_____				2 ^{ry} _____			
_____				POLICY NUMBER: _____			

ANNUITIES:

PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

COMPANY NAME AND ADDRESS	TYPE	ANNUITY AMOUNT	BENEFICIARIES	OWNER/ ANNUITANT	OFFICE USE
_____	_____	\$ _____	LIFETIME: _____	_____	_____
_____			DEATH: _____		
_____			CONTRACT NUMBER: _____		
_____	_____	\$ _____	LIFETIME: _____	_____	_____
_____			DEATH: _____		
_____			CONTRACT NUMBER: _____		

INVESTMENT RETIREMENT ACCOUNTS (IRAs):

PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

COMPANY NAME AND ADDRESS FOR NOTICE	ACCOUNT NUMBER & DEATH BENEFICIARY	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____			
_____	_____			
_____	_____	\$ _____	_____	_____
_____	_____			
_____	_____			

QUALIFIED PLANS (PENSION PLANS):

PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

COMPANY NAME AND ADDRESS	TYPE	% VESTED	DEATH BENEFICIARY	VALUE	OWNER(S)	OFFICE USE
_____	_____	_____ %	_____	\$ _____	_____	_____
_____				Account #: _____		

_____	_____	_____ %	_____	\$ _____	_____	_____
_____				Account #: _____		

INTELLECTUAL PROPERTY INTERESTS:

Please list all REGISTERED copyright, trademark, patent and royalty interests. If you have not registered any of these interests, please see the "Informational Items" section at the end of this booklet.

NOTE: If you have licensed or assigned any rights to your registered intellectual properties, please discuss these items with the attorney before transferring them into your trust. Provide copies of any license or assignment agreements you have signed.

BRIEF DESCRIPTION	TYPE	CERTIFICATE NUMBER	CERTIFICATE DATE	OWNER(S)	OFFICE USE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LAWSUIT JUDGMENTS:

Please list all judgments where you have been awarded money damages in a court proceeding. Enter the name and address of the judgment debtor.

CASE NUMBER	COURT	JUDGMENT	JUDGMENT DEBTOR	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____	_____
STATE & COUNTY:	_____		_____		

_____	_____	\$ _____	_____	_____	_____
STATE & COUNTY:	_____		_____		

AUTOMOBILES, MOTORCYCLES, BOATS, RV'S, AIRPLANES, AND OTHER VEHICLES:

DESCRIPTION (YEAR, MAKE AND MODEL)	TYPE	REGISTRATION NUMBER	NET MARKET VALUE	OWNER(S)	OFFICE USE
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____

PERSONAL PROPERTY:

Please list the approximate value of all valuable art, jewelry, furniture, collections or other personal items with an individual value exceeding \$20,000 or for which you have an appraisal.

PROPERTY DESCRIPTION	VALUE	OFFICE USE
Husband's Personal Property _____	\$ _____	_____
Wife's Personal Property _____	\$ _____	_____
Both Husband's and Wife's Personal Property _____	\$ _____	_____

BURIAL PLOTS:

NAME AND ADDRESS OF BURIAL PLOT LOCATION	TYPE	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

MEMBERSHIPS:

Please list all memberships that have monetary value and permit your interest to be transferred.

DESCRIPTION AND ADDRESS	VALUE	OWNER(S)	OFFICE USE
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

OTHER ASSETS:

DESCRIPTION	VALUE	OWNER(S)	OFFICE USE
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

INSURANCE:

Please answer the following questions, which will allow us to provide specific information about your estate plan to insurance companies that are currently protecting the assets you are transferring into your trust.

	POLICY NUMBER	COMPANY NAME AND ADDRESS	AGENT NAME	OFFICE USE
AUTO INSURANCE	_____	_____	_____	_____

LIABILITY INSURANCE	_____	_____	_____	_____

Total Estimated Value of Estate: \$ _____.

Acknowledgement by Clients

I/We hereby agree that I/we have completely and accurately filled out the above Asset Information Booklet, including all assets owned by me/ us.

I/We also hereby agree that any assets which have not been listed on this Asset Information Booklet will **NOT** be transferred into my/our living trust by KRASA LAW, **and MAY be subject to Probate or other adverse consequences.**

Dated: _____

Signature: _____

Printed Name: _____

Dated: _____

Signature: _____

Printed Name: _____