

ESTATE PLANNING WORKSHEET
Will / Trust Questionnaire

The information which you provide is held in complete confidence, and is used solely for the purposes of analyzing your estate planning needs and designing estate planning documents. Although preparation of this worksheet is not mandatory prior to our meeting, a fully completed worksheet will enable us to better utilize our time together and cover more issues during our consultation.

The information requested on this worksheet is very important to the estate planning attorney. The information enables the estate planning attorney to understand your present situation and your desires for the future. *It is important that this information be as accurate and complete as possible* to enable the estate planning attorney to plan the estate to accomplish your goals and save on taxes and administrative expenses. The information provided will be relied upon in reviewing your estate plan and developing recommendations. ***If the information provided is incomplete or inaccurate, our review and recommendations may be inappropriate.***

During our consultation we will discuss your specific estate planning needs and goals. We will also examine the potential cost of probate and estate taxes which would be incurred under your current plan.

You will be provided with an exact quote on fees for developing and implementing the estate plan before you decide whether you would like to proceed.

LAW OFFICE OF DAVID S. WIGHT

8880 Rio San Diego Dr., Ste. 800
San Diego, CA 92108
(619) 209-6019
(619) 862-2295 Fax
Email: David@WightLawOffice.com

Please Print Date: _____

1. NAME _____

Last First Middle

RESIDENCE ADDRESS: _____

Telephone Number _____ Mobile/Business Number _____

Email Address _____ (Optional)

Date of Birth _____ Birthplace _____ U.S. Citizen: Yes/No

SSN _____ Maiden Name _____

MARITAL STATUS: Single: Yes/No Spouse Living: Yes/No Date Married _____

Previous Marriage? Yes/No If previous marriage, how terminated: Death _____ Divorce _____

Former Spouse: _____

When Terminated: _____ Where _____

2. SPOUSE _____

Last First Middle

Date of Birth _____ Birthplace _____ U.S. Citizen: Yes/No

SSN _____ Maiden Name _____

MARITAL STATUS: Single: Yes/No Spouse Living: Yes/No Date Married _____

Previous Marriage? Yes/No If previous marriage, how terminated: Death _____ Divorce _____

Former Spouse: _____

When Terminated: _____ Where _____

Children by Current Marriage:

Name Birth Date Address Phone

Husband's / Wife's Children by Previous Marriage:

Name Birth Date Address Phone

It is my intention, and I therefore direct that each reference in this will or trust to my children shall include any child or children hereafter born to or adopted by me. Yes ___ No ___

List names of Deceased children who left surviving children or issue:

Name _____ Birth Date: _____

Name _____ Birth Date: _____

3. If your spouse is living, do you desire wills with identical provisions? Yes ___ No ___

4. DISPOSITION OF MY ESTATE

• **Specific Gifts.** Do you desire to make specific gifts to individuals or charities. If so, should the gift be made at the time of your death or following the death of your spouse. _____

• At death, to whom do you desire to leave your personal property:

1) All to my spouse if my spouse survives me? Yes ___ No ___

2) Outright to children equally: Yes ___ No ___

3) Other Beneficiaries: Yes ___ No ___

If you would like to name other beneficiaries other than a spouse or child, list names and addresses:

Name Address

1) _____

2) _____

Rest, Residue or Remainder:

After all debts and credits have been paid from the estate, how would you like to distribute the remaining balance?

• All to my spouse if my spouse survives me? Yes ___ No ___

• To children or their issue in share and share alike: Yes ___ No ___

• In some manner other than to children or in equal shares: Yes ___ No ___

• If my entire immediate family were to die at one time I want everything distributed as follows:

Family ___ Friends ___ Church ___ Charity ___

1) _____ % to _____

2) _____ % to _____

3) _____ % to _____

4) _____ % to _____

5) _____ % to _____

5. DISPOSITION OF MY ESTATE (for Trusts only)

If property is being held for your children do you want them to receive their share outright or in distributions over time?
Outright _____ Over Time _____

- If over time, what would be your desire?
 ___ 1/2 at 21 and the remainder at 25? ___ 1/2 at earlier of college graduation or 25, remainder at 30?
 ___ 1/3 at 21, 1/2 of remainder at 25, rest at 30? or other _____ at: _____ at: _____ at: _____ rest
 at _____.
- If Trustee is holding property for a child, Trustee shall always have authority to make distributions of trust income or principal for child's health, education, support and welfare? Yes ___ No ___
- If a child predeceases you, that predeceased child's share shall be distributed to that predeceased child's children (your grandchildren by that child)? Yes ___ No ___
- Do you have a child with special needs due to disability or other reason? Yes ___ No ___
- Have gift tax returns ever been filed to report gifts made? Yes/No If yes, please bring copies to the appointment.

6. EXECUTOR / TRUSTEE. Who should be named to administer your estate after you pass.

Spouse to Serve: _____ Yes ___ No ___

IF NOT, then Executor / Trustee: _____ Address _____

Phone _____

Alternate Executor / Trustee: _____ Address _____

Phone _____

7. DURABLE POWER OF ATTORNEY. Who should be named to make financial decisions for you if you were incapable of making such decisions for yourself. (Typically is the same person named as Trustee.)
Use the same nominee as above for my Durable Power of Attorney? Yes ___ No ___

PERSON ONE

PERSON TWO (SPOUSE)

First Agent: _____

First Agent: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Alt. Agent: _____

Alt. Agent: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

8. HEALTH CARE AGENT. Who should be named to make health care decisions for you including decisions regarding medical consents, life support issues and nursing home admissions if you were unable to make such decisions? The person named may be different that your successor trustee.

Use the same nominee as above for my Advanced Health Care Agent? Yes ___ No ___

PERSON ONE

PERSON TWO (SPOUSE)

First Agent: _____

First Agent:

Address: _____

Address: _____

Phone: _____

Phone: _____

Alt. Agent: _____

Alt. Agent:

Address: _____

Address: _____

Phone: _____

Phone: _____

- 9. GUARDIAN OF THE PERSON.** If you have minor children you need to appoint a guardian. The guardian is responsible for the day-to-day care of your children.

Guardian _____ Address _____

Alternate: _____ Address _____

- 10. GUARDIAN OR TRUSTEE** for Management of Estate for Children (preferably resident in your state): If you have minor children you should appoint a guardian of the estate of the children. This person will be responsible for managing the finances of the child. This person does not have to be the same as the guardian of the person.

Guardian _____ Address _____

Alternate: _____ Address _____

I/We recognize that the information furnished will be relied upon and that if said information is incomplete or inaccurate any recommendations made or conclusions reached may be erroneous, inappropriate, or worse, harmful. I/We verify that the information provided is complete and accurate to the best of my/our knowledge.

Signature: _____

Signature: _____

Assets Worksheet to Fund Wills/Trusts

(Include Account Numbers, if known)

Description:	Purchase Date	Cost	FMV	Mortgage Amt.		His	Hers	Joint
Real Estate:								
1.								
2.								
Mutual	Purchased	Cost	FMV	His	Hers	Joint		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Saving/CD, Bank Account #								
1.								
2.								
3.								
Other: (Business, Art, etc.)								
1.								
2.								
3.								
Insurance/Policy#	Owner		Beneficiary		Current Value			
					Cash Val	Death Ben.		
1.								
2.								
3.								
Annuities	Owner		Beneficiary		Current Value			
IRA's								
Pension/Profit Sharing								

Approximate Gross Estate \$: _____