FLETCHER
ESTATE PLANNING

ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

We are looking forward to your estate planning session with attorney Jim Fletcher!

To have the most meaningful and productive planning session, we request that you provide us with background information so that we can understand the specifics of your situation, and develop analysis and recommendations which are tailored to you.

The financial information helps us identify potential issues regarding estate taxes, gift taxes, potential probate expenses, and other issues which help guide the recommended planning strategies.

Some of the details are sought for later use in the drafting process, but we have found it is most efficient to seek all of the information at once.

At least three days prior to your scheduled meeting, please provide us with:

1. This completed worksheet,
2. Any existing estate plan (including wills, trusts, and ancillary documents such as powers of attorney, health care directives, living wills, etc.),
3. Other documents identified throughout this worksheet.

We maintain the highest standards of confidentiality, and the information you provided is protected from disclosure by the attorney-client privilege.

If you need assistance completing the information, call our office (404) 409-5665 and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

PERSONAL INFORMATION

Client's Signature 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 _____ Cell Phone Number_____ Business Telephone _____

Occupation _____ Employer _____

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

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

❑ Cohabiting or Domestic Partnership

Spouse/Partner's Signature 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 _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

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

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

(Use full legal name. For stepparents, please identify the biological or adopted parent(s))

Name	Birth date	Parent or Relationship

ADVISORS

	Name	Telephone
Accountant		
Financial Advisor		
Life Insurance Agent		

YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

Preserve and Maximize Assets

- ☐ By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- ☐ By minimizing or eliminating estate taxes upon your death (up to 55% of your assets & life insurance)
- ☐ By reducing estate administration costs and stress through probate avoidance
- ☐ Avoid or limit Medicaid claims on your assets should you require long-term care
- ☐ Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- ☐ Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what
- ☐ By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

Protect Yourself and Your Spouse

- ☐ From malpractice or other creditor claims
- ☐ From guardianship proceedings (aka "living probate") if you or your spouse/partner are incapacitated
- ☐ From probate delays and stress upon your death or the death of your spouse/partner
- ☐ From hospital policies requiring life sustaining procedures when you would rather not endure them
- ☐ From healthcare decisions made by people other than those you trust most

Protect Your Children or other Beneficiaries

- ☐ From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- ☐ From claims of divorced spouses to take half of your child or beneficiary's inheritance
- ☐ From malpractice claims, for beneficiaries in the professions
- ☐ From other creditors' claims (such as car accident plaintiffs)
- ☐ From the stress and delays of the average 16-month process of probate
- ☐ From the child's or beneficiary's financial immaturity resulting in a quick loss of an inheritance
- ☐ From sharing assets with heirs you would rather disinherit
- ☐ From litigation claims by disinherited heirs
- ☐ *For parents only:* to protect your children from relatives who would be poor, abusive or even dangerous guardians or from foster care
- ☐ *For parents only:* to protect your children from acquaintances and relatives who should not be allowed to be alone with your children
- ☐ *For special needs beneficiary only:* to protect a special needs beneficiary from government care system neglect

Achieve your Dreams

- ☐ Have clarity about your life purpose, goals and dreams
- ☐ Benefit a charitable organization or activity
- ☐ Support a common family goal through coordinated planning
- ☐ *For parents only:* By providing guidelines for how the children should be supported while their assets are in trust.
- ☐ *For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
- ☐ *For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

IMPORTANT FAMILY QUESTIONS

	FIRST SPOUSE		SECOND SPOUSE	
Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents*	☐ Yes	☐ No	☐ Yes	☐ No
Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*	☐ Yes	☐ No	☐ Yes	☐ No
If married, have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*	☐ Yes	☐ No	☐ Yes	☐ No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below*	☐ Yes	☐ No	☐ Yes	☐ No
Do you own a business?	☐ Yes	☐ No	☐ Yes	☐ No
Do you own a long-term care (nursing home) insurance policy?	☐ Yes	☐ No	☐ Yes	☐ No
Do you own any property that is not separate property?	☐ Yes	☐ No	☐ Yes	☐ No
Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*	☐ Yes	☐ No	☐ Yes	☐ No
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*.	☐ Yes	☐ No	☐ Yes	☐ No
Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.*	☐ Yes	☐ No	☐ Yes	☐ No

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.
Attach additional pages, if necessary.

INCOME:	**First Spouse**	**Community/Joint**	**Second Spouse**
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

ASSETS:

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.
(please list manner in which title held – Joint Tenant, Joint Tenant with Right of Survivorship [JTWROS], etc.)

General Description and/or Address	**Owner**	**Market Value**	**Equity**
	Total		

PERSONAL PROPERTY

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	

BANK & SAVINGS ACCOUNTS

** IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS*
TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below).*
Do not include IRA's or 401(k)'s here

Name of Institution (Optional: include account # for later work)	**Type**	**Owner**	**Estimated Amount**
		Total	

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name. If any of your accounts are "payable on death" to another person, please specify.

STOCKS AND BONDS

- *IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS*

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 (optional)**	**Owner**	**Estimated 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.

	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 approximate value of the plan, and any other pertinent 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.

_____

_____

_____

_____

_____

_____

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 _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value

Total _____

SUMMARY OF VALUES

	Amount*		
ASSETS	**First Spouse**	**Second Spouse**	**Total Value**
Real Property			
Furniture and Personal Effects			
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:			

* ***Joint Property values enter 1/2 in First Spouse's column and 1/2 in Second Spouse's column.***

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number **Relationship**

_____

_____

_____

_____

_____

_____

_____

GUARDIAN FOR PETS:

Pet's name and type of animal (e.g. Dog / Fluffy) **Desired Guardian Name** **Address & Phone #**

_____ _____ _____

_____

_____ _____ _____

_____

_____ _____ _____

_____

FINANCIAL DECISION MAKERS

DEATH TRUSTEE: After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

Name, Address and Phone Number **Relationship**

_____

_____

_____

_____

_____

_____

_____

HEALTH CARE DECISION MAKERS

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?

FIRST SPOUSE'S AGENT(s)

Name, Address, and Phone Number **Relationship**

_____

_____

_____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes?

_____

Do you prefer ___ burial, ___ cremation, or ___ my health care agent should choose

SECOND SPOUSE'S AGENT

Name, Address, and Phone Number **Relationship**

_____

_____

_____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____

If you are pregnant, do you want your life to be prolonged artificially during the pregnancy? __yes; __no

Do you want to provide that your organs and tissues should be made available for transplant purposes?

_____

Do you prefer ___ burial, ___ cremation, or ___ my health care agent should choose