KRUSSLAW P.C WWW.KRUSSLAW.COM (503) 490-4020 Estate Planning Worksheet

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 VIA EMAIL PRIOR TO YOUR APPOINTMENT

QUESTIONNAIRES NOT RECEIVED BEFORE THE DATE OF YOUR APPOINTMENT
WILL REQUIRE A RESCHEDULE OF YOUR COURTESY TIME WITH ATTORNEY KRUSS

Part I Personal Information

Client's Legal Name					
Also Known As	(name most often used to title p				
THISO TENOWII TIS	(other names used to title pro	perty and accounts)			
Prefer to be called		Birth date	SS	#	_US Citizen?
Preferred pronoun		_			
Home Address	City		State _		Zip
Home Telephone	County of Residence		Business T	elephone	
Employer		Position			
Business Address	C:	ity		_ State _	Zip
E-mail Address		It is okay to c address.	ommunicat	e with me	e via my E-mail
Date of Divorce		address.			
	Children and Other F	amily Member	rs		
Name		DOB		Parent or Relationship	
	City _				
Comments:					
3.T				Parent or Relationship	
Home Address	City _		State	Zip _	
Comments:					
Name		DOB	F F	arent or Relationship	
Home Address	City _		State	Zip _	
Comments:					
Name		DOB	P	arent or elationship	
Home Address	City _		State	Zip _	
Comments:					
	Advisor	rs			Tolonhono
Personal Attorney	Name				Telephone
				-	

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 Concer
	Client
Desire to get affairs in order and create a comprehensive plan to manage affairs in case o death or disability.	f
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.	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	
Other Concerns (Please list below):	
Additional Information	

Part II Property Information

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps 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, attach 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
Client's name alone, with no other person	С
Joint Tenancy with someone other than a spouse/partner, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

Real Property

General Description and/or Address	Owner	Market Value	vacant land, etc. Loan Balance
	Total		
Furniture and	d Personal Effects		
TYPE: List separately only major personal effects su valuable non-business personal property (<i>indicate type less valuable items.</i>).	•	-	
Type or Description		Owner	Market Value
Miscellaneous Furniture and Household Effects (Total	al)		
			·
		 Total	
TYPE: For each motor vehicle, boat, RV, etc. please and encumbrance:	s, Boats, and RVs list the following: descrip	otion, how titled	l, market value
Rank	Accounts		
TYPE: Checking Account "CA", Savings Account "S (indicate type below). <u>Do not include IRAs or 401(k)s</u>	SA", Certificates of Depo	esit "CD", Mone	ey Market "MM"
Name of Institution and account number	Туре	Owner	Amount
		Total	

Stocks and Bonds

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
			Total	
Life Insura	ance Policies an	d Annuities		
company, type, face amount (death benefit), who beneficiaries, who pays the premium, and who			icy, the curre	nt
			Total	
]	Retirement Pla	ns		
TYPE: Pension (P), Profit Sharing (PS), H.R. Describe the type of plan, the plan name, the cu				
_				
			Total	

Business Interests

TYPE: General and Limited Partnership corporations, oil interests, farm, and ranc he interests, who has the interest, your o	th interests. ADD	ITIONAL INFOR	RMATION: Give	e a description of
le interests, who has the interest, your o	whership in the in	terests, and the esti	imated value of the	ie interests.
			Total _	
	Money Owed			
TYPE: Mortgages or promissory notes		•	•	
Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
	<u> </u>			
			 Total	
-	•	t, or Lawsuit Jud		
TYPE: Gifts or inheritances that you ex anticipate receiving through a judgment in				hat you
Description				
		Total est	imated value	
	Other As			
FYPE: Other property is any property the	hat you have that d	loes not fit into any		
Гуре			Ow	ner Value
			Total	

Summary of Values

Amount totals:	
Assets	
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:	

Part III APPOINTEES

<u>Please provide:</u> <u>Full legal name, relationship to you (or indicate they are a friend), address and phone number.</u>

APPOINTEES FOR YOUR FRONT WHEEL WILL AND SUPPORTING MEMOS

<u>Personal Representative (aka Executor).</u> This person will collect your assets, pay your bills, and make distributions to the beneficiaries of your estate.

1. Name/Relationship:
Address:
Phone:
2. Name/Relationship:
Address:
Phone:
3. Name/Relationship:
Address:
Phone:
<u>Trustees.</u> This person will manage your assets and make distributions to the beneficiaries of any trusts you establish (e.g., your grandchildren, or adults who need creditor protection or have disabilities).
1. Name/Relationship:
Address:
Phone:

Physician Advance Directive: Medical Agent. List the person who should make decisions concerning your medical care in the event you become incapacitated. The HIPAA will name these same individuals. 1. Name/Relationship:
Address:
Phone and Email:
2. Name/Relationship:
Address:
Phone and Email:
3. Name/Relationship:
Address:
Phone and Email:

Personal Representative

Also called an Executor/Executrix or Administrator in some jurisdictions.

Your Personal Representative will be responsible for the following:

- Locating and protecting your assets that will be subject to probate.
- Obtaining the date of death values for all of your probate assets, including appraisals of real estate and business interests.
- If your estate is taxable, obtaining the date of death values for any non-probate assets, including appraisals of real estate and business interests.
- Determining whom you owed money to and then paying off these debts.
- Assessing your income and estate tax liabilities.
- Preparing and filing all required income and estate tax returns.
- Paying the ongoing expenses of administering your estate until it can be closed, etc.

Trustee

A trustee's purpose is to invest trust assets and distribute trust income or principal to beneficiaries as directed in the trust document.

A trustee's most important duty is to implement the Trust's instructions concerning how the trust property should be used to aid the beneficiaries. Whereas guardians decide how to take care of a beneficiary's physical needs, the trustee decides how to use trust assets to pay for those needs.

Among other responsibilities, a trustee has the following responsibilities:

- Making an inventory of trust assets;
- Protecting trust assets and making sure they are properly invested;
- Preparing an accounting for beneficiaries;
- Implementing the Trust's instructions as to how trust assets are to be distributed to the beneficiaries or otherwise used for their benefit.

The trustee need not make these decisions alone. The trust authorizes the trustee to obtain whatever professional services are necessary to carry out the trust's instructions. Such professionals may include investment advisors, attorneys, insurance agents or certified public accountants.

Agent for DPOA

The Durable Power of Attorney (DPOA) for Finances allows a trusted person to spend money on your behalf and manage your property if you are incapacitated.

In taking care of business under a DPOA for Finances, your Agent is supposed to do what is in your best interest and use your money and property only for your benefit. By giving someone a DPOA for Finances, you are giving that person some or all of the following powers:

- To spend your money, cash checks and withdraw money from your bank accounts.
- To sell your property, including real estate and personal property.
- To enter into contracts on your behalf.

One of the few powers not granted is the power to write your Last Will and Testament. Only you personally can write your own Will. The Agent is also not authorized to make gifts to himself or to others unless the DPOA for Finances explicitly authorizes such gifts.

Also, your Agent will not have any authority with respect to your property when you die. (At that point the "Personal Representative" or "Executor" named in your Will or appointed by the Court will take control of your assets and their distribution.)

An advantage of the DPOA for Finances is that in signing it you do not lose any of your power to make your own decisions as long as you remain competent. Rather, you are simply sharing your power over your finances with someone else.

Another advantage of using the DPOA for Finances is that you can change your mind. You are entitled to revoke the power you gave to your relative or friend at any time as long as you are still of sound mind.

Health Care Representative

An Advance Directive appoints someone who is at least 18 years old to make medical decisions on your behalf. The health care representative and an alternate must sign the document, accepting their appointment. The patient should appoint a health care representative that he or she trusts completely. A patient can voluntarily revoke his or her appointment of a health care representative at any time.

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual or Charity	Amount or Property	

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

CONSIDER SENDING THESE DOCUMENTS OVER PRIOR TO YOUR ESTATE PLANNING APPOINTMENT.

(Many of these documents may be optional. If you have questions, please call my office in advance to discuss them, or wait until after your meeting to determine if you need to collect these documents for us)

- 1. Copies of the original Grant Deed or Warranty Deed (or deeds of trust) for your residence and any other real properties you own.
- 2. Copies of your existing Wills, Trusts, Powers of Attorney or other estate planning documents.
- 3. Copies of any Separation Agreements, Child Support Orders or Other Marital Agreements.
- 4. Copies of any and all Gift Tax Returns filed (form 709), or year of prior filings and purpose.
- 5. Copies of pension, annuity or other retirement fund benefits description statements, or the financial institution name, current balance, terms for payment, and beneficiaries named presently.
- 6. Copies of any life insurance policies which you own or of which you are listed as a beneficiary, or the name of the insurance company, the death benefit, approximate cash value, and beneficiaries named presently.
- 7. (For business owners) Copies of the most recent federal income tax returns for you and your business.

Thank you in advance for spending time on this questionnaire!

Michelle-Shari Kruss