

ESTATE PLANNING WORKSHEET

McNAMARA LAW FIRM, PC
28212 Kelly Johnson Parkway, Suite 110
Valencia, California 91355
Telephone 661-287-3260 • Fax 661-287-3921
www.theMcNamaraLawFirm.com

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

PLEASE COMPLETE THE WORKSHEET AND BRING IT WITH YOU TO YOUR APPOINTMENT.

PERSONAL INFORMATION

Page 1

Client's Full 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 _____

Cell Telephone _____ Fax _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

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

☐ Divorced ☐ Widowed ☐ Single

If widowed or divorced, please list date of death or date of divorce, and name of spouse or former spouse: _____

Were you or your spouse a Veteran? (if so, list dates of service) _____

Please tell us who referred you to our office? _____

CHILDREN, GRANDCHILDREN AND/OR OTHER FAMILY MEMBERS

Use full legal name:

Name	Birth date	Relationship
_____	_____	_____
Address and Phone No.: _____		
_____	_____	_____
Address and Phone No.: _____		
_____	_____	_____
Address and Phone No.: _____		
_____	_____	_____
Address and Phone No.: _____		
_____	_____	_____
Address and Phone No.: _____		
_____	_____	_____
Address and Phone No.: _____		

Do you have any deceased children? _____

Are all of your children in good health? _____

Are any of your children disabled? _____

Are any of your children receiving SSI or other form of government entitlement? _____

Do any of your family members have any problems with:

Page 2

- Aids? Yes ____ No ____
- Drug Addition? Yes ____ No ____
- Alcoholism? Yes ____ No ____
- Spendthrift? Yes ____ No ____

Do you want to treat all your children equally? Yes ____ No ____

If not, why? _____

If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren? ____

Do you wish to treat all of your grandchildren equally? Yes ____ No ____

If not, why? _____

CHARITIES

Do you want to leave a specific amount of money or other assets to any charity? Yes ____ No ____

OTHER BENEFICIARIES

Do you want to include any other beneficiaries, other than children, grandchildren or a charity? Yes ____ No ____

TRUSTEE

A trustee manages the assets of your trust. You may act as the trustee. A Successor Trustee will manage your trust assets if you are unable to do so, or upon your incapacity, illness, or death. Whom do you want to serve as your initial Trustee and Successor Trustee(s)?

Initial Trustee: Yourself? Yes ____ If you will not act as the initial trustee, please list name, address and telephone number of the persons you wish to act as initial trustee and successor trustees:

INITIAL TRUSTEE: _____
(Full Legal Name)
Complete Address: _____
Phone Number(s): _____

Successor Trustee: _____
(Full Legal Name)
Complete Address: _____
Phone Number(s): _____

Alternate Trustee: _____
(Full Legal Name)
Complete Address: _____
Phone Number(s): _____

EXECUTOR OF WILL

An Executor assists with the administration of your estate via your will in the event of your death. Typically a trusted family member or friend is designated. Whom do you wish to serve as your Executor?

EXECUTOR

First Executor: _____

Second Executor: _____

Third Executor: _____

GUARDIAN

Do you have **minor** or **disabled** child/children? If so, whom do you want to act as Guardian?

First Choice: _____

Second Choice: _____

ADVANCE HEALTH CARE DIRECTIVE

An Advance Health Care Directive designates an agent to make important health care decisions if you are unable to act on your own behalf. Typically, a trusted family member or friend is designated.

Please List those whom you would designate in this position:

AGENTS

First Choice: _____
(Full Legal Name)

Complete Address: _____

Phone Number(s): _____

Second Choice: _____
(Full Legal Name)

Complete Address: _____

Phone Number(s): _____

Third Choice: _____
(Full Legal Name)

Complete Address: _____

Phone Number(s): _____

POWER OF ATTORNEY

A Power of Attorney designates a trusted friend or relative to act on your behalf if you are unable to do so, due to illness, incapacity, etc.

Please list those whom you would designate in this position:

AGENTS:

First Choice: _____
(Full Legal Name)

Complete Address: _____

Phone Number(s): _____

Second Choice: _____
(Full Legal Name)

Complete Address: _____

Phone Number(s): _____

Third Choice: _____
(Full Legal Name)

Complete Address: _____

Phone Number(s): _____

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 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.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

Page 6

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving social security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have 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>		
Are you 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?		
Do you have a "liability umbrella policy"? <i>If so, please provide policy and agent information below.</i>		
What are the limits of your automobile insurance policy? <i>Please provide policy and agent information below.</i>		

ADDITIONAL RELEVANT INFORMATION

In order to properly advise you of your options regarding estate plans, relevant tax issues, and trust asset funding requirements, we need to be aware of your financial situation. Please provide us with recent statements for the items listed below, which will allow the attorney to discuss trust funding and tax liability requirements, which vary for each type of account. Please be assured that this information is confidential.

Real Property: Deeds/Legal Descriptions/Property Tax Bills

1. Provide us with copies of:
 - a. Deeds to your home(s). Be sure a full copy of the legal description for each home is included and or attached to each deed.
 - b. Deeds to any other real property owned by you. Be sure that a full copy of the legal description is attached to the deed.
 - c. Copies of property tax bills for all property owned by you.

Bank and Credit Union Accounts: Statements

1. Attach copies of statements from each:
 - a. Bank account
 - b. Credit union account

Statements should include account number, how title is held on the account (joint tenancy, sole owner, etc.) bank or credit union branch or address, and types of accounts (checking, savings, CD's, etc.)

Life Insurance and Annuities: Policies/Beneficiary Designations

1. Attach copies of face page of each:
 - a. Life insurance policy.
 - b. Annuity.

Copies of policies should indicate owner, annuitant, face amount of policy, contract/policy no., beneficiary designations, and address for each company.

Retirement Accounts: Statements/Beneficiary Designations

1. Attach copies of statements from retirement accounts including
 - a. Pension plans
 - b. IRA's
 - c. 401(k)'s, 403(b)'s, etc.

Please provide information regarding beneficiary designations and contact address of the plan administrator for each account.

1. Attach copies of:
 - a. Stock certificates
 - b. Bonds
 - c. Dividend reinvestment statements
 - d. Statements from brokerage accounts including account number, how title is held and address of institution.

Business Interests (if any):

1. Attach information regarding business interests including partnerships or corporations.

Boats/Recreational Vehicles/Automobiles (Classic):

1. Year, make, model and how title is held.

Artwork/Jewelry/Collections:

1. List on a separate document your collection of artwork, jewelry, collectibles.
 - a. Artwork - if the combined value is greater than \$3,000.00
 - b. Jewelry – if the combined value is greater than \$3,000.00
 - c. Collectibles – if the combined value is greater than \$3,000.00

Promissory Notes:

1. Copies of promissory notes and deeds of trust indicating the amount of the note, who executed the note, interest rate, and due date.

Miscellaneous:

1. Attach copies of:
 - a. U.S. Savings bonds
 - b. Treasury Bill statements
 - c. Any other assets that do not fall within any of the above categories.

Possible Future Inheritance (if any)

1. Indicate if you are a possible beneficiary of pending probate or trust administration proceedings.