

# **THE BETHANY LAW CENTER, LLP**

## **ESTATE PLANNING WORKSHEET**

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Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents.

Preparation of this worksheet is not mandatory prior to the initial appointment with us, but if you are able to complete the worksheet prior to your appointment, more information and value will be received during the complimentary initial consultation.

### **WE OFFER A FREE NO-OBLIGATION, INITIAL CONSULTATION**

During the initial appointment, we will determine your specific estate planning needs and goals. The potential cost of probate and tax which would occur with your current plan will be analyzed, and methods of reducing costs and accomplishing goals will be discussed. An exact quote on fees for estate planning will be provided before you decide to authorize completion of your estate plan.

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## Estate Planning Worksheet

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If all information on this worksheet is identical for you and your domestic partner complete only one worksheet. If information for each partner differs, make a copy of this worksheet so each of you has a separate one.



|                  |            |                        |           |               |
|------------------|------------|------------------------|-----------|---------------|
|                  |            |                        |           |               |
| <b>Client #1</b> | First Name | MI                     | Last Name | Date          |
|                  | AKA        | Social Security Number |           | Date of Birth |
| <b>Client #2</b> | First Name | MI                     | Last Name |               |
|                  | AKA        | Social Security Number |           | Date of Birth |

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Phone \_\_\_\_\_ Email \_\_\_\_\_

What is your primary motivation for considering estate planning? *(Select one or more)*

- |   |  |
|---|--|
| <input type="checkbox"/> Plan of distribution to insure inclusion of domestic partner | <input type="checkbox"/> Business or farm planning   |
| <input type="checkbox"/> Probate avoidance  | <input type="checkbox"/> Federal estate tax planning |
| <input type="checkbox"/> Guardianship for minor children                              |  |
| <input type="checkbox"/> Other: _____   |  |

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? \_\_\_\_\_

|  | <b>Client #1</b>   | <b>Client #2</b>   |
|--|--|--|
| Do you presently have a will?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you presently have a trust?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you interested in avoiding probate of your estate?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were there any previous marriages?<br>If yes, year marriage ended in: _____                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do either of you have children who are not the children of both you and your partner?              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any of your children or other beneficiaries have disabilities?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you own a farm or business?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, do any of your children work in the business with you?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, does the child working in the business have an ownership interest in the business?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a U.S. citizen?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you entered into any agreements with your partner (such as a domestic partnership agreement)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you or any family member or potential beneficiaries have any serious health problems?           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe briefly: _____<br>_____  |  |  |

|   |  |   |
|---|--|---|
| Do you own a long-term care (nursing home) insurance policy?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Do you hold everything jointly with your partner, or is some property separate? | <input type="checkbox"/> All joint (except               | <input type="checkbox"/> Some is<br>IRA's, pensions, etc.) separate |

**Asset Value:** What is the value of all property owned by yourself and your partner including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance?

Asset Value Client #1: \_\_\_\_\_ Asset Value Client #2: \_\_\_\_\_

|  |                             |                             |
|--|-----------------------------|-----------------------------|
| What is the value of death benefits on life insurance? | Insuring<br>Client #1 _____ | Insuring<br>Client #2 _____ |
|--|-----------------------------|-----------------------------|

What is the total amount of your outstanding liabilities? (Attribute joint debt 50% to each.)

Liabilities Client #1: \_\_\_\_\_ Liabilities Client #2: \_\_\_\_\_

### Beneficiaries

| Name | Address | Date of Birth | Relationship |
|------|---------|---------------|--------------|
|      |         |               |              |
|      |         |               |              |
|      |         |               |              |
|      |         |               |              |

### Gift Tax Returns

Have gift tax returns ever been filed to report gifts made? \_\_\_\_\_ \*\*\*If YES, please bring copies of the returns to your appointment.

### Appointments

- 1. Personal Representative.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) (e.g., partner as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.)

Personal Representative: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

- 2. Successor Trustee.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable due to incapacity or death. The successor trustee would distribute assets to beneficiaries after death.

Successor Trustee: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

- 3. Health Care Agent.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

Health Care Agent: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

## Plan of Distribution

1. **Specific Gifts.** Do you want to make charitable gifts, such as to a house of worship or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

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2. Briefly describe the plan of distribution for assets remaining after any specific gifts described above are made. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

All to domestic partner; if domestic partner does not survive, then to the following beneficiaries who survive: \_\_\_\_\_.

All to domestic partner; if domestic partner does not survive, then to the following beneficiaries, or if a beneficiary does not survive, to the children of the deceased beneficiary. Beneficiaries are: \_\_\_\_\_.

As follows: \_\_\_\_\_  
\_\_\_\_\_

3. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, your partner, nor your children/other beneficiaries named above survive.

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**Please complete this section only if you have minor beneficiaries or beneficiaries with disabilities.**

1. **Guardian.** If you have child(ren) or other beneficiary(ies) who are minors or who have special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve.

Guardian: \_\_\_\_\_  
Alternate: \_\_\_\_\_

2. **Testamentary Trustee.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute



### Income/Asset/Liability Information

Please list your income/asset/liability information in the appropriate category below.  
Attach a separate page if necessary.

|                                  | Client #1 | Client #2 |
|----------------------------------|-----------|-----------|
| <b>Income</b>                    |           |           |
| Earned Monthly Income from Labor | _____     | _____     |
| Monthly Social Security Income   | _____     | _____     |
| Monthly Pension Income           | _____     | _____     |
| Other Monthly Income             | _____     | _____     |

| Type of Asset  | Title in Which Held<br>(Client #1 sole, client #2 sole, Joint with partner, Joint with third party, Tenants in common, etc.) | Current Value |
|--|--|---------------|
| <b>Real Estate</b> (Include type of property e.g., residential, agricultural, commercial, or manufacturing.) |  |               |
| Personal Residence   |  |               |
| Vacant Land  |  |               |
| Other:   |  |               |
| <b>Liquid Assets</b> (Include account number and address where held.)  |  |               |
| Cash on Hand   |  |               |
| Government and Publicly Traded Securities  |  |               |
| Unlisted Securities (Not Publicly Traded)  |  |               |
| Money Market Accounts  |  |               |
| Equity in Business<br><input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership               |  |               |
| Notes and Loans Receivable   |  |               |

| Type of Asset           | Title in Which Held<br>(Client #1 sole, client #2 sole, Joint with partner, Joint with third party, Tenants in common, etc.) |                    | Current Value        |               |
|-------------------------|--|--------------------|----------------------|---------------|
| Checking Accounts       |  |                    |                      |               |
| Savings Accounts        |  |                    |                      |               |
| Certificates of Deposit |  |                    |                      |               |
| Automobiles             |  |                    |                      |               |
| Other Personal Property |  |                    |                      |               |
| Annuities               | <b>Owner</b>   | <b>Beneficiary</b> | <b>Current Value</b> |               |
| IRAs                    |  |                    |                      |               |
| Pension/Profit Sharing  |  |                    |                      |               |
| Life Insurance          |  |                    | Cash Value           | Death Benefit |
| Other Assets            |  |                    |                      |               |
| <b>Liabilities</b>      | <b>Name Loan Taken In<br/>(Client #1, Client #2, etc.)</b>   |                    | <b>Amount Owed</b>   |               |
|                         |  |                    |                      |               |
|                         |  |                    |                      |               |
|                         |  |                    |                      |               |