

ESTATE PLANNING WORKSHEET

Married Couples

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 we are able to review the completed worksheet prior to your appointment, more information and value will be received during the 60-minute complimentary initial consultation.

**WE OFFER A FREE
NO-OBLIGATION, 60-MINUTE 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 spouse complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each of you has a separate one.

Husband's Information

Full Legal Name _____

Title (Ex: Mr., Dr.) _____ Also Known As _____

Prefer to be Called _____ Birth Date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cellular Telephone _____

Employer _____ Position _____

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

Wife's Information

Full Legal Name _____

Title (Ex: Mrs., Dr.) _____ Also Known As _____

Prefer to be Called _____ Birth Date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cellular Telephone _____

Employer _____ Position _____

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

Date of Marriage _____ Existing Prenuptial Agreement? _____

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

- | | |
|--|--|
| <input type="checkbox"/> Probate avoidance | <input type="checkbox"/> Business or farm planning |
| <input type="checkbox"/> Guardianship for minor children | <input type="checkbox"/> Federal estate tax planning |
| <input type="checkbox"/> Other: _____ | |

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

	Husband	Wife
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? If yes, year marriage ended in: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children not from your current relationship?	<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 spouse (such as a prenuptial or community property 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: _____		

Net Worth: If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance, what is the approximate total value of the estate of yourself and your spouse? _____

What is the value of death benefits on life insurance? Insuring Husband _____ Insuring Wife _____

What is the total amount of your outstanding liabilities? _____

Do you own a long-term care (nursing home) insurance policy? Yes No Yes No

Do you own a disability insurance policy? Yes No Yes No

Do you hold everything jointly with your spouse, or is some property separate? All joint (except IRA's, pensions, etc.) Some separate

Your Concerns

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you

Level of Concern (if any)

Tax Concerns	None	Low	Medium	High
Risk of the IRS "inheriting" half the estate when we die	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of capital gains taxes paid on the sale of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary income taxes being paid on investment assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Concerns				
Risk of persons other than those we select will gain custody of any minor children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance to creditor, lawsuits or to a divorcing spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance due to mismanagement of the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that upon the death of a child or other beneficiary, any inheritance received by that person might pass to a spouse (who may later remarry) rather than passing to a grandchild or other preferred heir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level of Concern (if any)

None Low Medium High

Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying

Risk of unnecessary litigation from heirs who receive less than they think they are entitled to

Risk of estate passing unequally due to nature of assets owned, such as where a business comprises most of the value of the estate

Risk that heirs will not fully appreciate the values and virtues used to create the inheritance

Risk that parents, who may need financial assistance, are not provided for

Disability Concerns

Risk of loss of control over assets in the event of disability

Risk of legal guardianship in event of disability

Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peaceably and without pain

Risk that health care personnel will not disclose health care information to loved ones due to lack of proper HIPAA releases

Risk of an unnecessary guardianship over an incapacitated adult child in order to make health care decisions for that child

Creditor Concerns

Risk of frivolous lawsuits

Risk of loss of assets to nursing home

Risk that a creditor of a joint tenant may seize the jointly-owned property to satisfy the debt of the other joint tenant

Post-Death Concerns

Risk of unnecessary costs and delays associated with the estate passing through probate

Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses

Level of Concern (if any)

None Low Medium High

Risk that the person(s) charged with managing your affairs after you've passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes

Risk of private matters unnecessarily being made public

Business Concerns

Risk that corporate shield will fail to protect corporate assets because corporate meetings have not been held annually, corporate minutes kept, officers elected, etc.

Risk of lawsuits by employees due to out-of-date or non-existent employee agreements

Risk of business failure due to the lack of a business succession plan

Risk of unnecessary expenses associated with the sale of a business because of the absence of an exit plan having been prepared ahead of time

Risk of unintended financial results stemming from a Buy/Sell Agreement that is out of date and/or underfunded

Children or Other Beneficiaries

Name	Address	Date of Birth	Relationship

Does any potential beneficiary have special educational, medical or physical needs, or receive governmental benefits? YES NO

Does any potential beneficiary have any problems with drug or alcohol abuse? YES NO

Are you concerned with any potential beneficiary's ability to handle/manage money? YES NO

Are you concerned with your children's ability to get along with one another? YES NO

Are their problems/concerns relative to your relationship with your children (or spouse's children)? YES NO

Have any of your children suffered a divorce? YES NO

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., spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. In situations where there are children by a previous relationship, spouse as primary personal representative may not be appropriate.)

	Name	Relation
Personal Representative:		
Alternate:		
Second Alternate:		

- 2. Successor Trustee.** If, for tax or probate avoidance purposes, you choose to execute a living trust during your lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable, or in the case of a joint trust, if neither you nor your spouse were able to manage assets due to incapacity. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, when neither you nor your spouse survives.

	Name	Relation
Successor Trustee:		
Alternate:		
Second Alternate:		

- 3. Power of Attorney.** Who should be named to make financial decisions on your behalf including decisions regarding payment of your monthly expenses and transfer of your real estate if you were unable to make these decisions yourself? (Typically, the primary “attorney-in-fact” is the spouse.) This person is often the same person who is your successor trustee or personal representative.

	Name	Relation
Power of Attorney:		
Alternate:		
Second Alternate:		

4. **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? (Typically, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent(s).

	Name	Address	Telephone Number
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?

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 spouse; then among children, and if a child didn't survive, the deceased child's share to the deceased child's children.

All to spouse, then equally among surviving children.

All to spouse, then _____

As follows: _____

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

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

1. **Guardian.** If you have minor child(ren), beneficiary(ies), or child(ren)/beneficiary(ies) with 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.

	Name	Relation
Guardian:		
Alternate:		
Second 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 assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution.

	Name	Relation
Testamentary Trustee:		
Alternate:		
Second Alternate:		

3. **Age of Withdrawal Right.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide if and when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary access to his or her share at the time the beneficiary reaches a particular age. You may consider splitting the withdrawal rights, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 22, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

Income/Asset/Liability Information

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

Income Information

Income	Husband	Wife	Community/ Joint
Earned Monthly Income from Employment	_____	_____	_____
Monthly Social Security Income	_____	_____	_____
Monthly Pension Income	_____	_____	_____
Other Monthly Income	_____	_____	_____

Asset Information

To identify the Owner of an asset, use “JTS” for joint ownership with spouse; “JTO” for joint ownership with non-spouse; “H” for Husband as sole owner; “W” for Wife as sole owner; or “T” if owned by a revocable trust that you have created.

Real Estate.

Description	Owner	Market Value	Debt
1. Personal Residence			
2.			
3.			

Bank and Savings Accounts. To identify type of account, use “CA” for checking account; “SA” for savings account; “CD” for certificate of deposit; “MM” for money market account. *Do not include IRAs or 401(k)s here.*

Financial Institution	Owner	Market Value	Type of Account
1.			
2.			
3.			
4.			
5.			

Stocks, Bonds or Investment Accounts. List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *Do not include IRAs or 401(k)s here.*

Stock, Bond, or Investment Account	Owner	Market Value	Type of Plan
1.			
2.			
3.			
4.			
5.			

Retirement Accounts. To identify type of account, use “P” for pension; “PS” for profit sharing; IRA, Roth IRA, SEP, or 401(k).

Custodial Institution	Owner	Market Value	Type of Plan
1.			
2.			
3.			
4.			
5.			

Personal Property.

Description	Owner	Market Value	Debt
1. Automobile			
2. Automobile			
3. Household Contents			
4.			
5.			

Life Insurance Policies and Annuities. List the issuing company. To identify type of contract, use “T” for term insurance, “CV” for insurance policies having a cash value, “A” for annuities.

Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit
1.					
2.					
3.					
4.					
5.					

Other Property. List other property that you have that does not fit into any other listed category. This may include an interest in a closely-held business, monies owed to you, etc.

Description	Owner	Market Value
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Liability Information

Liabilities	Name Loan Taken In (Husband, Wife etc.)	Amount Owed
1.		
2.		
3.		
4.		
5.		

Additional Documentation

General Document Request. In some instance, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentation:

Copies of existing planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.

Copies of all deeds to real estate owned by you.

Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.

Copies of the declarations page of any life insurance policy, long term care insurance policy or disability insurance policy owned by you.

Prenuptial Agreement (if applicable).

Long-term care policies (if any).

Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.

Professional Advisors

1. **Do you presently work with a Financial Advisor?** Yes No

IF YES, please provide the following information:

Financial Advisor's Name:

Financial Advisor's Company:

Financial Advisor's Address:

Financial Advisor's Telephone Number:

2. **Do you presently work with a Life Insurance Agent?** Yes No

IF YES, please provide the following information:

Insurance Agent's Name:

Insurance Agent's Company:

Insurance Agent's Address:

Insurance Agent's Telephone Number:

3. **Do you presently work with an Accountant?** Yes No

IF YES, please provide the following information:

Accountant's Name:

Accountant's Company:

Accountant's Address:

Accountant's Telephone Number:
