



JOHNSON TEIGEN
LLC

ATTORNEYS AT LAW

JOINT ESTATE PLANNING WORKSHEET

Estate Planning, Estate & Trust Settlement, Elder Law, Special Needs Planning, Real Estate

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

PLEASE BRING THE COMPLETED WORKSHEET TO YOUR INITIAL APPOINTMENT, OR, IF POSSIBLE, MAIL/E-MAIL IN ADVANCE OF YOUR INITIAL APPOINTMENT.

PERSONAL INFORMATION

Spouse #1 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 _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

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

Date of Marriage _____

Spouse #2 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 _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

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

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "S1" if spouse #1 is the parent, "S2" if spouse #2 is the parent.)

Name	Birth date	Parent or Relationship
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

YOUR CONCERNS

Please rate the following as to how important they are to you:
(H high concern, S some concern, L low concern, N/A no concern or not applicable)

Description	Level of Concern	
	Spouse #1	Spouse #2
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
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 guardianship 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.		
Protect children's inheritance in the event of a surviving spouse's remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		
Plan for a spouse with disabilities and preserve assets for non-disabled spouse.		
Maximize use of disability benefit programs e.g. Medicaid or SSI (Supplemental Security Income) or SSDI (Social Security Disability Insurance).		
Other Concerns (Please list below): _____		

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security or other governmental retirement benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i>		
Do you (or your spouse) currently have Long Term Care Insurance? <i>If so, please furnish a copy of the policy.</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>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, or Washington.</i>		
Are you (or your spouse) 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?		
Are you (or your spouse) eligible for Veteran's benefits?		
Are you (or your spouse) currently receiving Medicaid, SSI, or SSDI?		

ADDITIONAL RELEVANT INFORMATION

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION CHECKLIST*

General Headings

This *Property Information* checklist is designed to help 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, use **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	Abbrev:
Titled in Spouse #1's name alone, with no other person	S1
Titled in Spouse #2's name alone, with no other person	S2
Titled as Joint Tenancy with spouse	JTS
Titled as Joint Tenancy with someone other than a spouse	JTO
If you cannot determine how the property is owned	?

INCOME

TYPE: Any income from wages, maintenance, retirement benefits, etc.

Description of Source of Income	Owner	Amount/month
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

FURNITURE AND PERSONAL EFFECTS

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)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, current market value and balance of loan, if any:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*).
Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Approximate Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

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.

STOCKS AND BONDS

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 Amount	Type	Owner	Approximate Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

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.

<i>Total</i>		_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K), 403(b). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

<i>Approximate Total</i>		_____

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.

MONEY OWED TO YOU

Total _____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Spouse #1	Spouse #2	
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:	_____	_____	_____

* For property titled in both spouse's names, enter 1/2 of the value in spouse #1's column and 1/2 of the value in spouse #2's column.

GIFTS

List any gifts of money or property that you and/or your spouse have made in the last five (5) years (not including birthday or holiday gifts of less than \$100.00):

Gift: _____

Recipient: _____

Date of Gift: _____

Gift: _____

Recipient: _____

Date of Gift: _____

Gift: _____

Recipient: _____

Date of Gift: _____

If you made gifts greater than \$14,000 in a single year to anyone, other than your spouse, please bring copies of any gift tax returns that were filed.

DESIGNATION INFORMATION

FINANCIAL POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

SPOUSE #1'S AGENT

SPOUSE #2'S AGENT

Name

Name

Do you want to place any limits on your Financial Agent's authority to make gifts on your behalf?

Spouse #1: Yes No **Spouse #2:** Yes No

If so, please describe the limits: _____

POWER OF ATTORNEY FOR 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?

SPOUSE #1'S AGENT

Name and Address

Phone Number

SPOUSE #2'S AGENT

Name and Address

Phone Number

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name

Relationship

TRUSTEE(S) FOR TESTAMENTARY TRUST FOR CHILDREN: If you have children under the age of 18 and/or you would prefer to delay your children's access to funds you'll need to appoint trustees for the Children's Trust(s):

Name

Relationship

IF YOU ARE CREATING AN ESTATE PLAN USING A WILL FOR EACH SPOUSE, YOU WILL NEED TO APPOINT PERSONAL REPRESENTATIVES.

PERSONAL REPRESENTATIVE: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? You could name your spouse first, if you wish.

SPOUSE #1'S PERSONAL REPRESENTATIVE

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

SPOUSE #2'S PERSONAL REPRESENTATIVE

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

IF YOU ARE CREATING AN ESTATE PLAN USING A JOINT REVOCABLE TRUST, YOU WILL NEED TO APPOINT PRIMARY TRUSTEE(S) AND SUCCESSOR TRUSTEES.

PRIMARY TRUSTEE(S): Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly act as Primary Trustees of a Joint Revocable Trust. If you want to name someone other than your spouse, please explain:

SUCCESSOR TRUSTEE: If you and your spouse are both unable to make decisions regarding your trust assets, who would you want to make decisions for you with regard to your property and assets?

SPOUSE #1'S SUCCESSOR TRUSTEE

Name	Relationship
_____	_____
_____	_____
_____	_____

SPOUSE #2'S SUCCESSOR TRUSTEE

Name	Relationship
_____	_____
_____	_____
_____	_____

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property (e.g furniture, jewelry, appliances, etc.) will be distributed pursuant to a written list you may prepare later?

Yes No

Any property not listed on the memorandum should be distributed to:

FOR SPOUSE #1: Spouse, then children equally. Children
Spouse, then to balance of estate or trust. To the balance of estate or trust.
Spouse, then other named individuals. Other named individuals. List on next line.

FOR SPOUSE #2: Spouse, then children equally. Children
Spouse, then to balance of estate or trust. To the balance of estate or trust.
Spouse, then other named individuals. Other named individuals. List on next line.

BEQUESTS: List any bequests (gifts) you wish to make to either individuals or charities that are not listed on the Personal Property Memorandum and you wish to mention specifically. Indicate whether these gifts are to be made even if the other spouse is alive.

FOR SPOUSE #1: Individual or Charity Description of Property Contingent on SPOUSE #2 predeceasing?

Table with 3 columns: Individual or Charity, Description of Property, Contingent on SPOUSE #2 predeceasing? (10 empty rows)

FOR SPOUSE #2: Individual or Charity Description of Property Contingent on SPOUSE #1 predeceasing?

Table with 3 columns: Individual or Charity, Description of Property, Contingent on SPOUSE #1 predeceasing? (10 empty rows)

DIVISION OF BALANCE OF PROPERTY (other than personal property and bequests described above)

- **Do you want to distribute all of your assets to your spouse, if your spouse survives you?**
- **If not, please describe how you each would like to divide your assets, even if your spouse survives you:**

If your spouse predeceases you, how do you want to distribute your assets?

- DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.

TESTAMENTARY TRUST: You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a co-trustee and/or choose his or her own co-trustee? You decide how the trust is designed. List your desires:

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 at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To each spouse's heirs-at-law.
- One-half to Spouse #1's heirs-at-law and one-half to Spouse #2's heirs at law.
- To the following named individuals and/or charities:

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:
