PEARSON BOLLMAN LAW

ESTATE PLANNING WORKSHEET

Pearson Bollman Law helps families plan for life, deal with death, preserve wealth, and protect inheritances. Our clients engage us when planning for the two most important aspects of their lives: ***Everything they own and everyone they love.***

Thank you for choosing Pearson Bollman Law.

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

PLEASE COMPLETE AS MUCH OF THE WORKSHEET AS POSSIBLE PRIOR TO YOUR APPOINTMENT.

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PERSONAL INFORMATION

CLIENT 1

Client's 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 ______

County of Residence ____________ Cell Phone ____________ Home Phone ____________

Employer ______________________________ Position ____________________

Business Address ____________________ City ____________ State ____ Zip ______

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

CLIENT 2

Client's Spouse or Second Grantor's 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 ______

County of Residence ____________ Cell Phone ____________ Home Phone ____________

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: ____________

CHILDREN AND/OR OTHER FAMILY MEMBERS

Use full legal name. Use "JT" if both spouses are the parents, "1" if Client 1 is the parent, "2" if Client 2 is the parent, "S" if a single parent.

Name	Gender	Birth Date	Parent or Relationship
• ______________________	________	________	________

Address & Phone #: ____

Name	Gender	Birth Date	Parent or Relationship
• ______________________	________	________	________

Address & Phone #: ____

Name	Gender	Birth Date	Parent or Relationship
• ______________________	________	________	________

Address & Phone #: ____

Name	Gender	Birth Date	Parent or Relationship
• ______________________	________	________	________

Address & Phone #: ____

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**	
	Client	**Spouse**
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 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.		
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.		

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, disability, or other governmental benefits? *Describe* ____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? *Please furnish a copy*		
If married, have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*		
Have you (or your spouse) been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy*		
Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns*		
Have you (or your spouse) completed previous will, trust, or estate planning? *Please furnish copies of these documents*		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below*.		
Are there any other charitable organizations you wish to make provisions for at the time of your death? *If so, please explain below*.		
If married, have you lived in any of the following states while married to each other? *Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin*		
Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below*.		
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?		

ADDITIONAL RELEVANT INFORMATION

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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, 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**
If married, Client's name alone, with no other person	C
If married, Spouse's name alone, with no other person	S
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

REAL PROPERTY

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

If possible, please provide copies of deeds and timeshare ownership information.

General Description and/or Address	Owner	Market Value	Loan Balance
		$ 0.00	
	Total	$ 0.00	$ 0.00

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)		
	Total	$ 0.00

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK 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	Type	Owner	Amount
		Total	$ 0.00

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. <u>If held in a brokerage account, lump them together under each account</u>. *(indicate type below)*

Stocks, Bonds or Investment Accounts	Type	Owner	Amount
		Total	$ 0.00

LIFE INSURANCE POLICIES 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.

Total $ 0.00

RETIREMENT PLANS

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

Total $ 0.00

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. *If available, please provide copies of corporate documents (e.g., Bylaws, Operating Agreement, Stock Certificates).*

Total $ 0.00

MONEY OWED TO YOU

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

Total $ 0.00

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGEMENT

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

Total $ 0.00

SUMMARY OF VALUES

Assets	Amount* Client	Spouse	Total Value
Real Property			$ 0
Furniture and Personal Effects			$ 0
Automobiles, Boats and RV's			$ 0
Bank and Savings Accounts			$ 0
Stocks and Bonds			$ 0
Life Insurance and Annuities			$ 0
Retirement Plans			$ 0
Business Interests			$ 0
Money owed to you			$ 0
Anticipated Inheritance, Etc.			$ 0
Other Assets			$ 0
Total Assets:	$ 0	$ 0	$ 0

Joint Property values enter 1/2 in client's column and 1/2 in spouse's column.

DESIGN INFORMATION

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

CLIENT'S FINANCIAL AGENT

Name, Address and Phone	Relationship	Instructions or Guidelines
First:		
Successor:		

SPOUSE'S FINANCIAL AGENT

Name, Address and Phone	Relationship	Instructions or Guidelines
First:		
Successor:		

LIVING WILL: **Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?** ☐

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?** ☐

CLIENT'S HEALTH CARE AGENT

Name, Address and Phone	Relationship	Instructions or Guidelines
First:		
Successor:		

SPOUSE'S HEALTH CARE AGENT

Name, Address and Phone	Relationship	Instructions or Guidelines
First:		
Successor:		

PERSONS TO ACT FOR YOU:

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

Name and Address	Relationship