

HAWAII TRUST ATTORNEY

2020-2021 SIMPLIFIED ESTATE PLANNING WORKSHEET

Real Estate & Estate Planning Attorneys &
Advisors

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

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR
APPOINTMENT VIA MAIL OR FAX.

**ALL ANSWERS ARE ATTORNEY-CLIENT PRIVILEGED AND WILL NOT BE SHARED WITH
ANYONE UNDER ANY CIRCUMSTANCES. PLEASE ANSWER AS ACCURATELY AS
POSSIBLE AS MATERIAL INACCURACIES COULD VOID YOUR ESTATE PLAN. IF YOU WISH
TO PLAN FOR COVID-19 PLEASE LET US KNOW.**

PERSONAL INFORMATION

Husband's OR Single Male 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 _____

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 _____

Wife's OR Single Female 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 _____

Employer _____ Position _____

Business Address _____ City _____ State Zip _____

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

BENEFICIARIES I.E. CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER ADVISORS

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

PROPERTY INFORMATION

REAL PROPERTY

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

		Market	Loan
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

*****PLEASE PROVIDE COPIES OF DEEDS FOR ALL PROPERTIES YOU WISH TO CONVEY TO YOUR NEW TRUST**

ASSETS & DEBTS

(PLEASE USE SEPARATE SHEET IF NECESSARY. LIST ALL ASSETS AND DEBTS INCLUDING MORTGAGES, TAX LIENS, JUDGMENTS, CHILD SUPPORT, ETC.)

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

SUMMARY OF VALUES

ASSETS VALUES	Amount*		Total Value
	Husband	Wife	
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	_____	_____	_____
(MINUS DEBT TOTAL)	_____	_____	_____
Total Assets:	_____	_____	_____

* *Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.*

DO YOU OWE ANY CREDITORS, JUDGMENTS, TAX LIENS, STATE TAX, ETC.?
 YES _____ OR NO _____

DO YOU WANT US TO PULL A TITLE REPORT ON YOUR PROPERTY(IES) FOR AN ADDITIONAL \$700 FEE EACH -- TO CHECK FOR ANY LIENS AND OR ENCUMBRANCES ON TITLE ?
 YES _____ OR NO _____

TRUST DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

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 and Address

Relationship

INITIAL TRUSTEE(S): Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

Name and Address

Relationship

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

FOR HUSBAND

Name and Address

Relationship

FOR WIFE

Name and Address

Relationship

DEATH TRUSTEE: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

FOR HUSBAND

Name and Address

Relationship

FOR WIFE

Name and Address

Relationship

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? Page 6

HUSBAND'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

WIFE'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Husband: Yes No

Wife: Yes No

Gifting Power Details: _____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____ Do you want to provide that your organs and tissues should be made available for transplant purposes? _____

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?

HUSBAND'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

WIFE'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? Husband: Yes No Wife: Yes No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? Husband: Yes No Wife: Yes No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

- Disabled spouse, the needs of others.
- Disabled spouse and other spouse, and then needs of others
- Disabled spouse needs and the needs of others equally.

PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE

TO SURVIVING SPOUSE WITHOUT TAX PLANNING: We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

- All to surviving spouse. _____% to surviving spouse.
- Minimum allowed by law to surviving spouse.

[The following Tax Planning may not be included in your employee benefit or legal plan coverage.]

DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE

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.

STRUCTURED 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 cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:
