

HAWAII TRUST ATTORNEY

SIMPLIFIED ESTATE PLANNING

WORKSHEET

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 EMAIL.

**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

PARTY 1: Husband's, Wife #1 OR Single Male/Female or Non Binary 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 _____

PARTY 2: Wife's, Wife #2, Husband #2 OR Single Female/Male or Non Binary 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, "Name of Parent" if only one Spouse is the parent, "S" if a single parent.)

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

- Do you have specific **Successor Trustees** (persons that can serve as Trustees if you are unable to serve or pass away) in mind?
- **If YES, please list Successor Trustees FULL NAMES in order HERE:**

- 1) Name& Relationship: _____
- 2) Name & Relationship: _____
- 3) Name & Relationship: _____

Do you have over 5 Million Dollars in Assets? Y _____ / N _____

- **PARTY 1 - Do you wish to be: Buried or Cremated?**
- **PARTY 2 - Do you wish to be: Buried or Cremated?**

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**

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
<hr/>	<hr/>
<hr/>	<hr/>

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
<hr/>	<hr/>
<hr/>	<hr/>

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 PARTY1

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>

FOR PARTY2

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>

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 PARTY1

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

FOR PARTY2

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

PARTY1'S AGENT

Name Guidelines	Relationship	Instructions or
_____	_____	_____
_____	_____	_____

PARTY2'S AGENT

Name Guidelines	Relationship	Instructions or
_____	_____	_____
_____	_____	_____

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

PARTY1: Yes No

PARTY2: Yes No

Gifting Power Details: _____

LIVING WILL: You will answer questions in your own hand on the Hawaii Advance Health Care Directive.

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?

PARTY1'S AGENT

Name Guidelines	Relationship	Instructions or
_____	_____	_____
_____	_____	_____

PARTY2'S AGENT

Name Guidelines	Relationship	Instructions or
_____	_____	_____
_____	_____	_____

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property 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 PARTY1:** Spouse, then children equally. Children
 Spouse, then to balance of trust. To the balance of the trust.
 Spouse, then other named individuals. Other named individuals. List on next line.

- FOR PARTY2:** Spouse, then children equally. Children

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.

[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 co-trustee and/or choose his or her own co-trustee? You decide how the trust is designed. List your desires:

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:

WAIVER OF POTENTIAL CONFLICT OF INTEREST

We have each read the foregoing material and understand that there are potential conflicts of interest between myself and my spouse in the matters about which we are consulting you. If either of us desire to have separate counsel or desire you not to be involved at all, that spouse shall notify you. We each hereby consent to having you represent both of us in the drafting of our estate planning documents and we each hereby waive any potential or actual conflicts of interest. We understand that since you will be representing both of us on the same matter, as between ourselves and you, there are no confidential communications. We have been truthful on this intake sheet and with each other concerning our wishes, assets, debts and any other relevant information.

Dated: _____

PARTY1's Signature

PARTY2's Signature