

HAWAII ATTORNEY
A LIMITED LIABILITY LAW COMPANY
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.

*We may contact you via phone or email during document drafting if we have questions or need clarifications.

PERSONAL INFORMATION

First Spouse or Single 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 _____

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

Date of Marriage _____

Second Spouse 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 _____

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

BENEFICIARIES I.E. CHILDREN AND/OR OTHER FAMILY MEMBERS THAT YOU WISH TO LEAVE YOUR ESTATE

(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 _____

- **Spouse 1 or Single - Do you wish to be: Buried or Cremated?**
- **Spouse 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 _____

DO YOU HAVE CHILDREN OR OTHER BENEFICIARIES THAT YOU WISH TO SPECIFICALLY DISINHERIT?

LIST HERE:

NOTES:

TRUST DESIGN INFORMATION

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 if they are persons other than your successor Trustees.

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

PERSONAL REPRESENTATIVE(S) We suggest using the same persons as the successor Trustees that you've already selected as your personal representatives in your Wills. However, if you wish to use different individuals, please list them below.

For Spouse 1 or Single

Name and Address

Relationship

For Spouse 2

Name and Address

Relationship

NOTES:

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 OR SINGLE AGENT

Name	Relationship	Address & Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPOUSE 2'S AGENT

Name	Relationship	Address & Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Further Information _____

LIVING WILL (AHCD): 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? **This should usually be the same person(s) as your Power of Attorney(s).**

SPOUSE 1 OR SINGLE'S AGENT

Name	Relationship	Address & Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPOUSE 2'S AGENT

Name	Relationship	Address & Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

- 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.

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 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:

**FOR LEGALLY MARRIED COUPLES OR RECIPROCAL BENEFICIARIES
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: _____

SPOUSE 1 OR SINGLE's Signature

SPOUSE 2's Signature