

# Zinnanti Law Firm P.C.

## Estate Planning Organizer

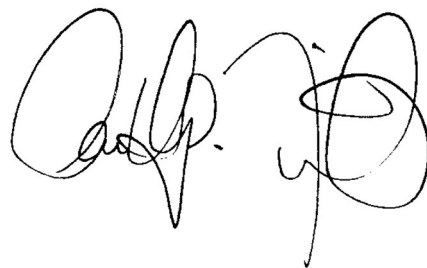
This form gives us the information necessary to settle your estate plan. This is a worksheet. It is not a legal document. You may supplement this organizer with your own writing to give us further information.

You have three primary concerns:

1. What assets do I/we have?
2. Who do I want to be in charge after I/we should become incapacitated or die?
3. Who do I want to leave my assets to?

If you get stuck on any question, just continue past it and the lawyer will help you. Everything will be reviewed and discussed in detail.

Thank you for entrusting Zinnanti Law Firm P.C. with your estate planning needs. We look forward to working with you.

A handwritten signature in black ink, appearing to read 'Anthony D. Zinnanti', with a stylized flourish at the end.

Anthony D. Zinnanti, Esq.

## ABOUT YOU – INDIVIDUAL

### **Your Information**

Your Legal Name: \_\_\_\_\_

Other Names Known By: \_\_\_\_\_

Best E-mail: \_\_\_\_\_ Best Phone#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are You a U.S. Citizen? Yes \_\_\_ No \_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Any previous marriages?** Yes: \_\_\_ No: \_\_\_

a. Previous spouse's name: \_\_\_\_\_

b. Previous spouse's name: \_\_\_\_\_

### **Your Children**

**Child #1.** Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**Check one:** Natural? \_\_\_ Adopted? \_\_\_ Foster? \_\_\_ Special Needs? \_\_\_ Deceased? \_\_\_

**Check one:** Child lives at home Yes \_\_\_ No \_\_\_ If "No," please provide:

Child's Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this child handle the affairs upon your incapacity or death? Yes \_\_\_ No \_\_\_

**Child #2.** Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**Check one:** Natural? \_\_\_ Adopted? \_\_\_ Foster? \_\_\_ Special Needs? \_\_\_ Deceased? \_\_\_

**Check one:** Child lives at home Yes \_\_\_ No \_\_\_ If "No," please provide:

Child's Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this child handle the affairs upon your incapacity or death? Yes \_\_\_ No \_\_\_

**Child #3.** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
**Check one:** Natural? \_\_\_\_ Adopted? \_\_\_\_ Foster? \_\_\_\_ Special Needs? \_\_\_\_ Deceased? \_\_\_\_  
**Check one:** Child lives at home Yes \_\_\_\_\_ No \_\_\_\_\_ If "No," please provide:  
 Child's Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Will this child handle the affairs upon your incapacity or death? Yes \_\_\_\_\_ No \_\_\_\_\_

**Child #4.** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
**Check one:** Natural? \_\_\_\_ Adopted? \_\_\_\_ Foster? \_\_\_\_ Special Needs? \_\_\_\_ Deceased? \_\_\_\_  
**Check one:** Child lives at home Yes \_\_\_\_\_ No \_\_\_\_\_ If "No," please provide:  
 Child's Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Will this child handle the affairs upon your incapacity or death? Yes \_\_\_\_\_ No \_\_\_\_\_

**Is there any dispute about paternity with any children?** Yes \_\_\_\_ No \_\_\_\_

**Are there any expected but unborn children at this time?** Yes \_\_\_\_ No \_\_\_\_

**Your Grandchildren** (Check here if you have no grandchildren \_\_\_\_)

Please list the **first** names of your grandchildren ("GC") from your children (#1 - 4).

Child #1	Child #2	Child #3	Child #4
GC 1 _____	GC 1 _____	GC 1 _____	GC 1 _____
GC 2 _____	GC 2 _____	GC 2 _____	GC 2 _____
GC 3 _____	GC 3 _____	GC 3 _____	GC 3 _____
GC 4 _____	GC 4 _____	GC 4 _____	GC 4 _____
GC 5 _____	GC 5 _____	GC 5 _____	GC 5 _____

**Your Parents**

**Father (Check here if deceased \_\_\_\_)**

Name \_\_\_\_\_

**Mother (Check here if deceased \_\_\_\_)**

Name \_\_\_\_\_

**Siblings**

**Sibling #1. Name** \_\_\_\_\_

**(Check here if deceased \_\_\_\_)**

**Sibling #2. Name** \_\_\_\_\_

**(Check here if deceased \_\_\_\_)**

**Sibling #3. Name** \_\_\_\_\_

**(Check here if deceased \_\_\_\_)**

**Sibling #4. Name** \_\_\_\_\_

**(Check here if deceased \_\_\_\_)**

**ASSETS & DEBTS**

**Financial Advisor**

Please state the name and telephone number for any financial advisor you work with:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you consent to your financial advisor providing us with your account information?

Check one: Yes \_\_\_\_ No \_\_\_\_

May we provide your financial advisor with your Trust (or Will) and Power of Attorney?

Check one: Yes \_\_\_\_ No \_\_\_\_

**Real Estate** (Including residences, rentals, vacant land, time shares, mobile homes)

**Property #1.** Check one: Primary home \_\_\_\_ 2nd home \_\_\_\_ Rental \_\_\_\_ Vacant Land \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Approx. Purchase Price \$ \_\_\_\_\_ Approx. Purchase Date: \_\_\_\_\_

**Property #2.** Check one: Primary home \_\_\_\_ 2nd home \_\_\_\_ Rental \_\_\_\_ Vacant Land \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Approx. Purchase Price \$ \_\_\_\_\_ Approx. Purchase Date: \_\_\_\_\_

**Bank Accounts** (Savings, checking, certificates of deposit)

**Account #1.** Bank Name \_\_\_\_\_

Last 3 digits of account number \_\_\_\_\_ Check one: Savings \_\_\_\_ Checking \_\_\_\_ CD \_\_\_\_

**Account #2.** Bank Name \_\_\_\_\_

Last 3 digits of account number \_\_\_\_\_ Check one: Savings \_\_\_\_ Checking \_\_\_\_ CD \_\_\_\_

**Account #3.** Bank Name \_\_\_\_\_

Last 3 digits of account number \_\_\_\_\_ Check one: Savings \_\_\_\_ Checking \_\_\_\_ CD \_\_\_\_

**Safe Deposit Box:** Do you have a safe deposit box? Yes \_\_\_\_ No \_\_\_\_

Where is the safe deposit box located? \_\_\_\_\_

**Investment Accounts (Do not include retirement accounts)**

**Account #1.** Institution/Brokerage \_\_\_\_\_

Last 3 digits of account number \_\_\_\_\_ Advisor or contact: \_\_\_\_\_

Advisor or contact phone: \_\_\_\_\_ (Check here if listed above \_\_\_\_)

**Account #2.** Institution/Brokerage \_\_\_\_\_

Last 3 digits of account number \_\_\_\_\_ Advisor or contact: \_\_\_\_\_

Advisor or contact phone: \_\_\_\_\_ (Check here if listed above \_\_\_\_)

**Individual Stock, Bonds (held outside of a brokerage or financial advisor)**

**Asset #1.** Check one: Stock \_\_\_\_\_ Bond \_\_\_\_\_ Promissory Note \_\_\_\_\_ Currency \_\_\_\_\_

Other type of asset (describe nature of asset): \_\_\_\_\_

Name of company, bond, etc. \_\_\_\_\_ Quantity \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Is this asset liquid? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Retirement Accounts (Example: 401(k), IRA, pension plan, etc.)**

**Retirement Account #1.**

Financial Institution: \_\_\_\_\_

Type of Plan: Trad 401(k) \_\_\_\_\_ Trad IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_ Pension \_\_\_\_\_

Other: \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

**Retirement Account #2.**

Financial Institution: \_\_\_\_\_

Type of Plan: Trad 401(k) \_\_\_\_\_ Trad IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_ Pension \_\_\_\_\_

Other: \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

## **Businesses and Partnerships**

### **Business/Partnership #1.**

Name \_\_\_\_\_

Type of Business: Sole Proprietorship \_\_\_\_ Partnership \_\_\_\_ LLC \_\_\_\_ Corp \_\_\_\_

Your Percent Interest \_\_\_\_\_% Month/Year Founded \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Business/Partnership #2.**

Name \_\_\_\_\_

Type of Business: Sole Proprietorship \_\_\_\_ Partnership \_\_\_\_ LLC \_\_\_\_ Corp \_\_\_\_

Your Percent Interest \_\_\_\_\_% Month/Year Founded \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## **Significant Personal Property** (Assets with title - no automobiles other than classic)

1. Description \_\_\_\_\_ Approx. Value \$ \_\_\_\_\_

2. Description \_\_\_\_\_ Approx. Value \$ \_\_\_\_\_

## **Patents, Copyrights, Trademarks or Royalty Agreements (Describe)**

\_\_\_\_\_  
\_\_\_\_\_

## **Life Insurance and Annuities**

**Policy #1.** Insurance Company \_\_\_\_\_

Life insured or title of policy?

1st Beneficiary \_\_\_\_\_ 2nd Beneficiary \_\_\_\_\_

Check one: Term policy \_\_\_\_ Whole life \_\_\_\_ Death Benefits \$ \_\_\_\_\_

Present cash value \$ \_\_\_\_\_ Carries disability benefit? Yes \_\_\_\_ No \_\_\_\_

**Policy #2.** Insurance Company \_\_\_\_\_

Life insured or title of policy?

1st Beneficiary \_\_\_\_\_ 2nd Beneficiary \_\_\_\_\_

Check one: Term policy \_\_\_\_\_ Whole life \_\_\_\_\_ Death Benefits \$ \_\_\_\_\_

Present cash value \$ \_\_\_\_\_ Carries disability benefit? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Special Conditions**

Are you currently in either of the following? Divorce \_\_\_\_\_ Bankruptcy \_\_\_\_\_

Is **anyone** mentioned in this questionnaire receiving public assistance for a disability?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you retired? Yes \_\_\_ No \_\_\_

Do you have any overdue **child support** obligation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any **monetary judgments** against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you owe back taxes to the IRS or California? Yes \_\_\_\_\_ No \_\_\_\_\_

### **PRESENT WILLS AND TRUSTS**

Do you have a Will or Trust? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," date of the Will or Trust \_\_\_\_\_

Have you been divorced since the previous Will or Trust was complete? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Is your present Will or Trust lost or destroyed? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_



## PROVISIONS FOR THIS TRUST (or WILL)

### Part I: Who Will Be in Charge?

#### Successor Trustee(s): Who Will Be In Charge After You

##### **First Successor Trustee (or Executor)**

After you pass away or are unable to handle your affairs, who will handle the Trust Estate?

Child # \_\_\_\_\_ Sibling # \_\_\_\_\_ Parent \_\_\_\_\_ Other \_\_\_\_\_

If "Parent," which Parent? \_\_\_\_\_

If "Other," Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

##### **Second Successor Trustee (or Executor)**

If the above-named person is unwilling or unable to handle the affairs of the estate, who will then handle the Trust? Child # \_\_\_\_\_ Sibling # \_\_\_\_\_ Parent \_\_\_\_\_ Other \_\_\_\_\_

If "Parent," which Parent? \_\_\_\_\_

If "Other," Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Part II: Minor or Dependent Children

**Guardians for Minor Children** - Responsible party to care for the minor children if something happens to you. A court order will still be required. But, you may designate.

➔ **Check here if choices are the same as the Successor Trustee(s):** \_\_\_\_\_ If not, please provide the following proposed guardian information:

##### **First Proposed Guardian**

The guardian shall be: Child # \_\_\_\_\_ Sibling # \_\_\_\_\_ Parent \_\_\_\_\_ Other \_\_\_\_\_

If "Parent," which Parent? \_\_\_\_\_

If "Other," Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Second Proposed Guardian**

The guardian shall be: Child # \_\_\_\_\_ Sibling # \_\_\_\_\_ Parent \_\_\_\_\_ Other \_\_\_\_\_

If "Parent," which Parent? \_\_\_\_\_

If "Other," Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Part III: Who Gets Your Estate?**

#### **Distribution of Trust Estate**

#### **Do You Want to Make a Special Gift to an Individual or Organization?**

**Gift.** Name of giftee \_\_\_\_\_

Description of gift or amount \_\_\_\_\_

Is this a charity? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you know the tax ID? \_\_\_\_\_

#### **Distribution Your Estate**

Do you want your estate to be divided **equally** between your children?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable \_\_\_\_\_

If a child does not survive you, do you want their share to go to the deceased child's children (if they had children) to be divided **equally**? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Distribution on death if not left to your children:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disinheriting** - Are there anyone who should not receive anything from your estate?

\_\_\_\_\_

## **DURABLE POWER OF ATTORNEY**

This is a designation for someone to act as your "Attorney-in-Fact" in the event of your inability to act on your own behalf.

**Do You Want Your Power of Attorney to Be the Same as the Successor Trustee(s):**

Yes \_\_\_\_ No \_\_\_\_

Should the power be effective **only** on your incapacity? Yes \_\_\_\_ No \_\_\_\_

Have you granted anyone else a power of attorney? Yes \_\_\_\_ No \_\_\_\_

**If Other Than the Successor Trustees:**

**First Agent for Power of Attorney**

Who will handle your affairs? Child # \_\_\_\_ Sibling # \_\_\_\_ Parent \_\_\_\_ Other \_\_\_\_

If "Parent," which Parent? \_\_\_\_\_

If "Other," Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Second Choice for Power of Attorney**

Who will handle your affairs? Child # \_\_\_\_ Sibling # \_\_\_\_ Parent \_\_\_\_ Other \_\_\_\_

If "Parent," which Parent? \_\_\_\_\_

If "Other," Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## ADVANCED HEALTH CARE DIRECTIVE

Who would you like to carry out your health care decisions for you if you are unable to communicate your own wishes?

**Check if your choices are the same as Agents for Power of Attorney (above)?**

Yes \_\_\_\_ No \_\_\_\_ (If not, complete the information below.)

### **First Agent for Health Care Directive**

Who will handle your affairs? Child # \_\_\_\_ Sibling # \_\_\_\_ Parent \_\_\_\_ Other \_\_\_\_

If "Parent," which Parent? \_\_\_\_\_

If "Other," Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Second Choice for Health Care Directive**

Who will handle your affairs? Child # \_\_\_\_ Sibling # \_\_\_\_ Parent \_\_\_\_ Other \_\_\_\_

If "Parent," which Parent? \_\_\_\_\_

If "Other," Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please use this area for additional information about your wishes for your Power of Attorney or Advanced Health Care Directive:**

---

---

---

## **Health Care and End-of-Life Directives**

**I wish to have the right to die if I am irreversibly, terminally ill:**

Yes \_\_\_\_ No \_\_\_\_

**I wish to make anatomical gifts:**

(Check applicable, if any) Transplant \_\_\_\_ Therapy \_\_\_\_ Research \_\_\_\_ Education \_\_\_\_

**I wish to have an autopsy even if not legally required:**

Yes \_\_\_\_ No \_\_\_\_

**I wish to have treatment for disease that arises even if I am in a terminal state:**

Yes \_\_\_\_ No \_\_\_\_

**I wish for my remains to be:**

Interred \_\_\_\_ Cremated \_\_\_\_

**I have made arrangements for our cremation or interment:**

Yes \_\_\_\_ No \_\_\_\_

**Please use this area for additional information about your wishes in relation to the above matters:**

---

---

---

**YOU HAVE FINISHED! PLEASE SAVE YOUR WORK.**