

Zinnanti Law Firm P.C.

Estate Planning Organizer

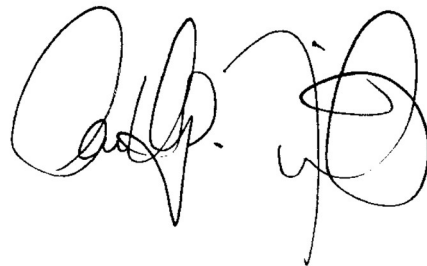
This form gives us the information necessary to settle your estate plan. This is a worksheet. It is not a legal document. You may supplement this organizer with your own writing to give us further information.

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 – MARRIED COUPLE

Party #1

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: _____

Party #2

Your Legal Name: _____

Other Names Known By: _____

Best E-mail: _____ Best Phone#: _____

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

Occupation: _____ Employer: _____

Date and place of current marriage: _____

Any previous marriages? Yes: _____ No: _____

a. Previous spouse's name: _____ Party # _____

b. Previous spouse's name: _____ Party # _____

Your Children

Child #1. Name _____ Birth Date _____

Check one: Natural? ___ Adopted? ___ Foster? ___ Special Needs? ___ Deceased? ___

Check one: From this marriage? _____ From a previous relationship? _____

If not from this marriage, which party is the parent of this child? Party #1 ___ Party #2 ___

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 _____

Children (Continued)

Child #2. Name _____ Birth Date _____

Check one: Natural? ☐ Adopted? ☐ Foster? ☐ Special Needs? ☐ Deceased? ☐

Check one: From this marriage? ☐ From a previous relationship? ☐

If not from this marriage, which party is the parent of this child? Party #1 ☐ Party #2 ☐

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: From this marriage? ☐ From a previous relationship? ☐

If not from this marriage, which party is the parent of this child? Party #1 ☐ Party #2 ☐

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: From this marriage? ☐ From a previous relationship? ☐

If not from this marriage, which party is the parent of this child? Party #1 ☐ Party #2 ☐

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

Party #1 Father (Check here if deceased ____)

Name _____

Party #1 Mother (Check here if deceased ____)

Name _____

Party #2 Father (Check here if deceased ____)

Name _____

Party #2 Mother (Check here if deceased ____)

Name _____

Siblings

Sibling #1. Name _____

Sibling of: Party #1 ____ or Party #2 ____ (Check here if deceased ____)

Sibling #2. Name _____

Sibling of: Party #1 ____ or Party #2 ____ (Check here if deceased ____)

Siblings (continued)

Sibling #3. Name _____

Sibling of: Party #1 ____ or Party #2 ____ (Check here if deceased ____)

Sibling #4. Name _____

Sibling of: Party #1 ____ or Party #2 ____ (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 ____

Community and Separate Property

Do you and your spouse keep your property separate? Yes ____ No ____

Do you have a prenuptial agreement? 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 _____

Titled in whose name? Check one: Party #1 ____ Party #2 ____ Both Party #1 and #2 ____

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

Property #2. Check one: Primary home ____ 2nd home ____ Rental ____ Vacant Land ____
Address ____
City ____ State ____ Zip Code ____
Titled in whose name? Check one: Party #1 ____ Party #2 ____ Both Party #1 and #2 ____
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 ____
Who owns the account? Party #1 ____ Party #2 ____ Both Party #1 and #2 ____

Account #2. Bank Name ____
Last 3 digits of account number ____ Check one: Savings ____ Checking ____ CD ____
Who owns the account? Party #1 ____ Party #2 ____ Both Party #1 and #2 ____

Account #3. Bank Name ____
Last 3 digits of account number ____ Check one: Savings ____ Checking ____ CD ____
Who owns the account? Party #1 ____ Party #2 ____ Both Party #1 and #2 ____

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 ____)

Titled in whose name? Check one: Party #1 ____ Party #2 ____ Both Party #1 and #2 ____

Account #2. Institution/Brokerage _____

Last 3 digits of account number _____ Advisor or contact: _____

Advisor or contact phone: _____ (Check here if listed above ____)

Titled in whose name? Check one: Party #1 ____ Party #2 ____ Both Party #1 and #2 ____

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 ____

Titled in whose name? Check one: Party #1 ____ Party #2 ____ Both Party #1 and #2 ____

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? Check one: Party #1 ____ Party #2 ____ Other ____

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? Check one: Party #1 _____ Party #2 _____ Other _____

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? Party #1: Yes ___ No ___ Party #2: Yes ___ No ___

Do either of you have any overdue **child support** obligation? Yes _____ No _____

Do either of you have any **monetary judgments** against you? Yes _____ No _____

Do either of 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 Both Pass Away?

First Successor Trustee (or Executor)

After the surviving spouse passes away or is unable to handle the 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? _____

This gift should be made on: The first death _____ On death of the survivor spouse _____

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 _____

Will there be a distribution to anyone other than your spouse on the death of the first of you?

Yes _____ No (that share will be held for the surviving spouse) _____

If "Yes" to the above, please provide details: _____

Distribution on death of surviving spouse 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):

Party #1: Yes ____ No ____ Party #2: Yes ____ No ____

➔ Should the power be effective **only** on your incapacity? Party #1 ____ Party #2 ____

➔ Have you granted anyone else a power of attorney?

Party #1 ____ Party #2 ____

➔ Do you want your spouse to be your first agent for Power of Attorney?

Party #1: Yes ____ No ____ Party #2: Yes ____ No ____

If Other Than the Successor Trustees:

Party #1 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 _____

Party #2 First Agent for Power of Attorney (Check if same as Party #1 ____)

Who will handle your affairs? Child # ____ Sibling # ____ Parent ____ Other ____

If "Parent," which Parent? _____

If "Other," Name: _____ Phone: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Party #1 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 _____

Party #2 Second Choice for Power of Attorney (Check if same as Party #1 ____)

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):

Party #1 ____ Party #2 ____ (If not, complete the information below.)

Party #1 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 _____

Party #2 First Agent for Health Care Directive (Check if same as Party #1 ____)

Who will handle your affairs? Child # ____ Sibling # ____ Parent ____ Other ____

If "Parent," which Parent? _____

If "Other," Name: _____ Phone: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Party #1 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 _____

Party #2 Second Choice for Health Care Directive (Check if same as Party #1 ____)

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:

Party #1: Yes ____ No ____ Party #2: Yes ____ No ____

I wish to make anatomical gifts:

Party #1 ____ (check applicable, if any) Transplant ____ Therapy ____ Research ____ Education ____

Party #2 ____ (check applicable, if any) Transplant ____ Therapy ____ Research ____ Education ____

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

Party #1: Yes ____ No ____ Party #2: Yes ____ No ____

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

Party #1: Yes ____ No ____ Party #2: Yes ____ No ____

I wish for my remains to be:

Party #1: Interred ____ Cremated ____ Party #2: Interred ____ Cremated ____

We have made arrangements for our cremation or interment:

Party #1: Yes ____ No ____ Party #2: 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.