

Law Office Of Charlene E. McGraw, Esq.

1342 New Seneca Turnpike • Skaneateles, NY 13152

TEL 315.685.0800 • FAX 315.679.5232

EMAIL: McGrawLaw1342@gmail.com

www.skaneateleselderlaw.com

CONFIDENTIAL ESTATE PLANNING WORKSHEET

This information is current as of _____, 20____.

Client 1

Name _____

US Citizen: Y / N

Preferred Pronouns: _____

Mailing Address: _____
Street City State Zip

Legal Residence: _____
(The address on your tax returns) Street City State Zip

County of Residence: _____ Email: _____

Phone No. _____ DOB _____ Social Sec. No. _____

Client 1's Children's Names, Addresses and Dates of Birth: (attach pages as needed)

1. _____

2. _____

3. _____

Client 2 (client 1's spouse or partner):

Name _____

US Citizen: Y / N

Preferred Pronouns: _____

Phone No. _____ DOB _____ Social Sec. No. _____

Married: Y / N Prenuptial Agreement: Y / N

If deceased, what was the date of death? _____

Was there a Will? Y / N

Does Client 2 have children who are not also the children of Client 1? If so, please list their names, addresses and dates of birth.
(attach pages as needed)

1. _____
2. _____
3. _____

Preliminary Questions

Please let us know how you were referred to us.

What are your primary goals in making this estate plan? (Examples of common goals include appointing a guardian for minor children, to protect family business, to provide for family, to minimize taxes, to protect assets).

Estate Tax Liability:

Are your assets (including life insurance death benefits) worth more than \$7,350,000? Y / N

Disabled/Incapacitated Beneficiary:

Is any beneficiary disabled? Y / N

Is any beneficiary you would like to include receiving SSI or Medicaid? Y / N

Family History

Have you ever been divorced? Y / N

Do you have children from a previous marriage? Y / N

Do you have legal obligations to a former spouse? Y / N

Do you own a business? Y / N

Describe your business: _____

Do you have a safe deposit box? Y / N If so, where? _____

Do you own real estate outside of New York State? Y / N

Where? _____

Trust: Do you have a trust? Y / N Is it revocable or irrevocable? _____

Special Circumstances and Questions:

Are there any other special circumstances you wish to describe or questions you wish to ask?

Estate Plan *(If a couple is answering questions, please include answers for each person)*

Do you currently have a will? Client 1 Y / N Client 2 Y / N

Please bring a copy of your most current Will to our appointment.

Beneficiaries

Specific Gifts

Are there any specific gifts that you would like your Will to make to a particular person or charity? If so please list the gift and the person or charity to whom the gift will be made.

Client 1:

Client 2:

To whom do you wish to give your remaining property at death? Please list your primary estate beneficiary:

Client 1:

Client 2:

If your primary beneficiary does not survive you, whom do you wish to name as your contingent beneficiaries? If you list more than one contingent beneficiary, please specify the percentage, fractional, or dollar amount you wish to give each beneficiary.

Client 1:

Client 2:

Personal Representative:

Who will be the personal representative of your Will? This is the person who will manage your assets, pay your debts, expenses, and taxes, and see that your wishes are carried out under your will? *Most couples designate their spouse/ partner as primary personal representative, but you are not legally required to do so.*

Primary Personal Representative for Client 1:

Name

Address

Relationship to Client 1

Primary Personal Representative for Client 2:

Name

Address

Relationship to Client 2

If the primary personal representative is deceased or for any other reason unable to act as personal representative, who should be the alternate? *You may name more than one person and specify that they act together.*

Alternate Personal Representative(s) for Client 1:

Name

Address

Relationship to Client 1:

Alternate Personal Representative for Client 2:

Name

Address

Relationship to Client 2:

Guardian of Minor Children:

Do you have children younger than eighteen (18) years of age? Y/N If so please indicate whom you like to name as guardian:

<u>Name of Primary Guardian</u>	<u>Address</u>	<u>Relationship to you</u>
---------------------------------	----------------	----------------------------

<u>Name of Alternate Guardian</u>	<u>Address</u>	<u>Relationship to you</u>
-----------------------------------	----------------	----------------------------

Trustee:

If you are establishing a trust for minor children or other beneficiaries, please provide the name and address of the person(s) or trust department whom you would want to manage the trust for the beneficiaries? *(This may, but does not have to be, the same person as the guardian.)*

<u>Name of Primary Trustee</u>	<u>Address</u>	<u>Relationship to you</u>
--------------------------------	----------------	----------------------------

<u>Name of Alternate Trustee</u>	<u>Address</u>	<u>Relationship to you</u>
----------------------------------	----------------	----------------------------

Trusts may continue for the lifetime of the trust beneficiaries or they may end when the beneficiaries reach a specified age. At what age should your trust beneficiaries receive their inheritance outright instead of in trust? _____. Trusts for minor beneficiaries most often terminate at age 25 or 30.

It is possible to specify that a separate trust shall be created for each minor beneficiary or that one trust shall be created for all minor beneficiaries. Would you like to discuss the advantages and disadvantages of multiple trusts vs. one trust? _____.

Health Care Proxy:

If you were totally unable to communicate your health care wishes to your doctors, whom would you like to communicate your health care wishes on your behalf? You may designate a primary proxy and one or more alternates but **you may not designate co-proxies to act jointly**. Please bring a copy of any existing health care proxy to your appointment.

Client 1:

<u>Name of Primary Proxy</u>	<u>Address & Phone No.</u>	<u>Relationship to Client 1</u>
------------------------------	--------------------------------	---------------------------------

<u>Name of Alternate Proxy</u>	<u>Address & Phone No.</u>	<u>Relationship to Client 1</u>
--------------------------------	--------------------------------	---------------------------------

Client 2:

<u>Name of Primary Proxy</u>	<u>Address & Phone No.</u>	<u>Relationship to Client 2</u>
------------------------------	--------------------------------	---------------------------------

<u>Name of Alternate Proxy</u>	<u>Address & Phone No.</u>	<u>Relationship to Client 2</u>
--------------------------------	--------------------------------	---------------------------------

Do you have a living will that states your wishes regarding medical decisions? _____

General Power of Attorney:

A Power of Attorney is just as important as a Will. It allows you to name one or more agents to be in charge of your financial affairs, and it remains valid even if you become temporarily or permanently incapacitated. If your Power of Attorney document also has a duly executed Statutory Gifts Rider your agent will be able to engage in planning to protect your assets, even if you are in a nursing home. New York made major changes to its Power of Attorney Laws in 2009 and again in June 2021. Please bring a copy of any existing Power of Attorney form to your appointment. Whom would you designate as your primary and successor agent? *You may designate more than one person, and if you do so, you must also decide whether they will be required to act together or allowed to act on your behalf independently.*

Client 1:

<u>Name of Primary Agent(s)</u>	<u>Address</u>	<u>Relationship to Client 1</u>
---------------------------------	----------------	---------------------------------

<u>Name of Alternate Agent(s)</u>	<u>Address</u>	<u>Relationship to Client 1</u>
-----------------------------------	----------------	---------------------------------

Client 2:

<u>Name of Primary Agent(s)</u>	<u>Address</u>	<u>Relationship to Client 2</u>
---------------------------------	----------------	---------------------------------

<u>Name of Alternate Agent(s)</u>	<u>Address</u>	<u>Relationship to Client 2</u>
-----------------------------------	----------------	---------------------------------

Financial Information

Your financial information is important for estate and income tax planning. Please complete the following using approximate values and indicate ownership:

Bank Accounts

<u>Name of Bank/ Credit Union</u>	<u>Indicate Ownership</u>	<u>Account Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Investment Assets (stocks, bonds, mutual funds)

<u>Brokerage Firm or name of securities if held in certificate form</u>	<u>Indicate Ownership</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Retirement Plans

<u>Owner</u>	<u>Name of Custodian</u>	<u>Type (IRA, SEP, ROTH)</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>	<u>Approx. Value</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Real Estate

<u>Address</u>	<u>Type (home, vacation, investment)</u>	<u>Value of Equity</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Life Insurance Policies

<u>Owner/Insured</u>	<u>Insurance Company</u>	<u>Face Value</u>	<u>Death Benefit</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____