THOITS LAW

Thoits, Love, Hershberger & McLean

A PROFESSIONAL LAW CORPORATION

Estate Planning & Trust Administration

ESTATE PLANNING WORKSHEET
(MARRIED)

USING THIS WORKSHEET WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL. PLEASE SEE OUR WEBSITE (WWW.THOITS.COM) FOR HELPFUL ARTICLES TO PREPARE YOU FOR OUR INITIAL ESTATE PLANNING MEETING

◆ 285 Hamilton Avenue, Suite 300, Palo Alto, CA 94301 ◆ Phone: 650-327-4200 ◆ Fax: 650-325-5572
◆ 8030 Soquel Avenue, Suite 100, Santa Cruz, CA 95062 ◆ Phone: 831-425-4660 ◆ Fax: 831-425-4543

PERSONAL INFORMATION

Date Completed: _____________

Husband
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 Phone No. _____________ ❑ Mobile Phone No. ___________________ ❑ Business Phone No. _____________
[Please check the box to indicate the preferred number to use to contact you]

Employer ____ Position __________________________________

Business Address ___________________________________ City _______________________ State ____ Zip _________

Personal E-mail Address ________________________ ❑ It is okay to communicate with me via my personal E-mail address.

Business E-mail Address ________________________ ❑ It is okay to communicate with me via my business E-mail address.

It is common to communicate by e-mail. Please provide me with your personal e-mail address, if you have one. If you prefer to receive e-mail through an address or account maintained by your employer or another entity with which you are affiliated, please be aware that you may not have any right of privacy as to those messages, which may compromise the confidentiality of our communications. You should review the company's policies on this subject, or discuss this further with me, if you have any questions.

❑ Married? Date _____________ ❑ Previously Divorced? Date ___________ ❑ Previously Widowed? Date_____________

Occupation at Time of Marriage: ____

If you have resided outside of California during your marriage, when and in what places did you reside? _______________

____

Wife
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 Phone No. _____________ ❑ Mobile Phone No. ___________________ ❑ Business Phone No. _____________
[Please check the box to indicate the preferred number to use to contact you]

Employer ____ Position __________________________________

Business Address ___________________________________ City _______________________ State ____ Zip _________

Personal E-mail Address ________________________ ❑ It is okay to communicate with me via my personal E-mail address.

Business E-mail Address ________________________ ❑ It is okay to communicate with me via my business E-mail address.

It is common to communicate by e-mail. Please provide me with your personal e-mail address, if you have one. If you prefer to receive e-mail through an address or account maintained by your employer or another entity with which you are affiliated, please be aware that you may not have any right of privacy as to those messages, which may compromise the confidentiality of our communications. You should review the company's policies on this subject, or discuss this further with me, if you have any questions.

❑ Married? Date _____________ ❑ Previously Divorced? Date ___________ ❑ Previously Widowed? Date_____________

Occupation at Time of Marriage: ____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent. Attach additional names on a separate sheet)

Name	Birth date	Parent or Relationship
(1) ________________	________	________
Address, Tel. Numbers & Comments: ________________		
(2) ________________	________	________
Address, Tel. Numbers & Comments: ________________		
(3) ________________	________	________
Address, Tel. Numbers & Comments: ________________		
(4) ________________	________	________
Address, Tel. Numbers & Comments: ________________		

ADVISORS

	Name	Telephone No.
Other Attorney:	________________	________
Accountant:	________________	________
Investment Advisor:	________________	________
Financial Planner:	________________	________
Life Insurance Agent:	________________	________

YOUR CONCERNS

Please rate the following as to how important they are to you:
*(**H** high concern, **S** some concern, **L** low concern, **N/A** no concern or not applicable)*

- ☐ Create a comprehensive plan to manage affairs in case of death or disability.
- ☐ Protect children.
- ☐ Disinherit a family member.
- ☐ Plan for the transfer and survival of a family business.
- ☐ Avoid probate.
- ☐ Avoid a conservatorship ("living probate") if disabled.
- ☐ Protect assets from lawsuits or creditors.
- ☐ Plan for a child with disabilities or special needs.
- ☐ Protect children's inheritance in the event of a surviving spouse's remarriage.
- ☐ Provide for the satisfaction of charitable pledges after death.
- ☐ Protect a spouse.
- ☐ Protect grandchildren.
- ☐ Provide for charities.
- ☐ Avoid or reduce transfer taxes.
- ☐ Reduce estate administration costs.
- ☐ Avoid beneficiary disputes after death.
- ☐ Preserve the privacy of affairs if disabled or at death.
- ☐ Protect a child's inheritance from a failed marriage.
- ☐ Provide that your death shall not be unnecessarily prolonged by artificial means or measures.
- ☐ Other Concerns (Please attach a separate sheet).

IMPORTANT FAMILY QUESTIONS

YES ❑ NO ❑	Are social security, disability, or other governmental benefits being received? *Please describe on a separate sheet.*	YES ❑ NO ❑	Are payments being made pursuant to a divorce or property settlement order? *Please furnish a copy.*
YES ❑ NO ❑	Has a pre- or post-marriage contract been signed? *Please furnish a copy.*	YES ❑ NO ❑	Are either of you widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy.*
YES ❑ NO ❑	Have either of you filed federal or state gift tax returns? *Please furnish copies of these returns.*	YES ❑ NO ❑	Have either of you completed previous estate planning documents? *Please furnish copies of these documents.*
YES ❑ NO ❑	Are there any charitable organizations you now support that you wish to provide for at death? *Please explain on a separate sheet.*	YES ❑ NO ❑	Are either of you currently the beneficiary of someone else's trust? *If so, please explain on a separate sheet.*
YES ❑ NO ❑	Do any of your children have special educational, medical, or physical needs?	YES ❑ NO ❑	Do any of your children receive governmental support or benefits?
YES ❑ NO ❑	Do you provide primary or other major financial support to adult children or others?	YES ❑ NO ❑	Are you generally in good health? *If no, please explain on a separate sheet*.
YES ❑ NO ❑	Are you insurable? *If no, please explain on a separate sheet.*		

ADDITIONAL RELEVANT INFORMATION [Attach on a separate sheet]

PROPERTY INFORMATION

Instructions:

1. General Headings The following *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, attach a separate sheet to list your additional property. You may also elect to attach copies of account statements or other documents that provide the information requested.

2. "Owner" of Property How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property ***please attach the document that indicates how the property is titled***. For real property, this is the deed. For bank, investment and retirement accounts, it is the monthly, quarterly or annual statement.

REAL PROPERTY

Any interest in real estate including your family residence, vacation home, time share, vacant land, etc. ***Please provide us with copies of all deeds*** to real property in which you own any interest.

Address or other description	Interest Owned (Percentage)	Value	Loan Balance
	Total		

FURNITURE AND PERSONAL EFFECTS

List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property *(indicate type below and* ***give a lump sum value for miscellaneous****, less valuable items).*

Type or Description	Value
Miscellaneous Furniture and Household Effects (Total)	
Total	

AUTOMOBILES, BOATS AND RVS

For each motor vehicle, boat, RV, etc. ***Please attach a copy of the ownership certificate:***

	Value	Loan Balance

BANK & SAVINGS ACCOUNTS

Please attach a recent account statement. **Note:** If Account is in either of your names, for the benefit of a minor, please specify and give minor's name. ***Do not include IRA's or 401(k)'s here.***

Name of Institution and account number	Value
Total	

STOCKS AND BONDS

List any and all stocks and bonds you hold in certificate form. ***Please attach a recent account statement*** for all investment accounts. If held in a brokerage account, lump them together under each account. *(indicate type below)*

Stocks, Bonds or Investment Accounts	Acct. Number	Value
	Total	

LIFE INSURANCE POLICES AND ANNUITIES

Please attach copies of annual statements for each and any other document that provides the insurance company, face amount (death benefit), the cash value (if any), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, the amount of the annual premium, and who is the life insurance agent.

	Value
Total	

RETIREMENT PLANS

[Pension, Profit Sharing, H.R. 10, 403(b), IRA, SEP, 401(k)]

Please attach copies of the recent annual statements, the plan name, the current value of the plan, and any other pertinent information.

	Value
Total	

BUSINESS INTERESTS

[General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests]

Please attach a separate sheet describing the business interest, your ownership in the interest, who the other owners are ***and provide copies of all agreements affecting your interest***.

	Value
Total	

MONEY OWED TO YOU

Please attach a copy of each promissory note or other writing evidencing this asset.

Name of Debtor	Date of Note	Maturity Date	Current Balance
		Total	

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Please describe on a separate sheet.

OTHER ASSETS

[Leaseholds, patents or copyrights, franchises or licenses, contracts, rights as a creditor, club memberships]

Type	Value
Total	

LIABILITIES

[Major liabilities only]

Payee	Type of debt	Amount
	Total	