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CONFIDENTIAL

ESTATE PLANNING WORKSHEET - Married

Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. Preparation of this worksheet is not mandatory prior to the initial appointment with us, but if we are able to review the completed worksheet prior to your appointment, more can generally be covered during your initial consultation.

During the initial appointment, we will determine your specific estate planning needs and goals. The potential cost of probate and tax which would occur with your current plan will be analyzed, and methods of reducing costs and accomplishing goals will be discussed. An exact quote on fees for estate planning will be provided before you decide whether you would like any work completed.

SEE CHECKLIST OF ITEMS TO BRING TO OUR OFFICE ON PAGE 11.

ESTATE PLANNING WORKSHEET

The information requested on this worksheet may seem like *none of an attorney's business*, but it is very important that an estate planning attorney understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If you are married and all information on this worksheet is identical for you and your spouse, complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each spouse has a separate one.

Estate planning is very important for singles as well as couples. A plan of distribution for singles is not obvious and most or all assets will be probated since joint tenancy with a spouse is not an available method of avoiding probate.

Date _____ Phone No. (Home) _____ (Work) _____ (Cell) _____

First Middle Initial Last (Husband)

Date of Birth Social Security Number

First Middle Initial Last (Wife)

Date of Birth Social Security Number

Street City State Zip

County _____

Husband e-mail address: _____

Wife e-mail address: _____

Marital Status: Married Divorced
 Separated Single (including widowed and not remarried)

What is your primary motivation for considering estate planning? *(Select one or more)*

- | | |
|--|--|
| <input type="checkbox"/> Probate Avoidance | <input type="checkbox"/> Federal and/or NY Estate Tax planning |
| <input type="checkbox"/> Guardianship for Minor Children | (For estates approaching the \$2,000,000 - |
| <input type="checkbox"/> Business or Farm Planning | \$4,000,000 range - (\$1,000,000 to |
| <input type="checkbox"/> Other: _____ | \$2,000,000 for NYS) should be analyzed for |
| | federal estate tax planning options since |
| | inflation, growth and other factors may |
| | create tax issues in these estate.) |

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.?

	<u>Husband</u>	<u>Wife</u>
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in avoiding probate of your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children not from your current marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into any agreements with your spouse (such as pre-nuptial or community property agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any serious health problems? If yes, please describe briefly: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you own a long-term care (nursing home) insurance policy?

Yes No Yes No

Do you hold everything jointly with your spouse, or is some property separate?

All Joint (except IRA's, pensions, etc.) Some separate

NET WORTH: If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance, what is the approximate combined total value of your estate?

What is the value of death benefits on life insurance?

Insuring Husband _____

Insuring Wife _____

What is the total amount of your outstanding liabilities? _____

Have you ever resided in a community property state?

_____ Husband

_____ Wife

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate category below. Attach a separate page if necessary.

	<u>Husband</u>	<u>Community/Joint Wife</u>	
INCOME:			
Earned Monthly Income from Labor	_____	_____	_____
Monthly Social Security Income	_____	_____	_____
Monthly Pension Income	_____	_____	_____
Other Monthly Income	_____	_____	_____

Rights or Interests in Trusts, Estates, or Prospective Inheritance:

Are one or more of your parents still alive? _____
Father Mother

Give name of person who is the source of the interest as well as nature and value of the interest. Include Powers of Appointment which you may have. [If possible, please bring a copy of Will, Living Trust or other instrument.]

Type of Asset	Title in Which Held (Husband sole; Wife sole; Joint with spouse; Joint with third party; or Tenants in common, etc.)	Type of Property (Residential, Commercial, Manufacturing, Agricultural)	Current Value
REAL ESTATE			
Personal Residence			
Vacant Land			
Other:			
LIQUID ASSETS (Include Account Number and Where Held)			
Cash on Hand			
Government and Publicly Trade Securities			
Unlisted Securities (Not Publicly Traded)			
Equity in Business <input type="checkbox"/> Sole Prop. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Notes and Loans Receivable			
Checking Accounts			
Savings Accounts			
Money Market Accounts			

Type of Asset (Include account number)	Title in Which Held (Husband sole; Wife sole; Joint with spouse; Joint with third party; or Tenants in common, etc.)		Current Value	
Checking Accounts				
Savings Accounts				
Certificates of Deposit				
Brokerage Accounts				
Automobiles				
Other Non-Probate Property	Owner	Beneficiary	Current Value	
Annuities				
IRA's				
Pension/Profit Sharing				
Life Insurance			Cash Value	Death Benefit
Other Assets				
Liabilities	Name Loan Taken In: (Husband, Wife, Joint, Other)		Amount Owed	

CHILDREN, GRANDCHILDREN OR OTHER BENEFICIARIES

Name	Address	Phone #	Date of Birth	Relationship

GIFT TAX RETURNS

Have gift tax returns ever been filed to report gifts made? _____ ***If yes, please bring copies of the returns to your appointment.

APPOINTMENTS

1. **PERSONAL REPRESENTATIVE.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) Most people name their spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.

PERSONAL REPRESENTATIVE(S): _____
 ALTERNATE: _____
 SECOND ALTERNATE: _____

2. **SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you, or in the case of a joint trust, either you or your spouse, could not manage assets due to incompetency. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, when neither you nor your spouse survive.

SUCCESSOR TRUSTEE(S): _____
 ALTERNATE: _____
 SECOND ALTERNATE: _____

3. HEALTH CARE AGENT. Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues and nursing home admission if you were unable to make these decisions yourself? (Typically, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent(s).

HEALTH CARE AGENT: _____

ALTERNATE: _____

SECOND ALTERNATE: _____

4. AGENT UNDER POWER OF ATTORNEY. Who should be named to transact business in your name in the event you become disabled or incompetent? (Typically, the primary agent is the spouse)

Agent(s): _____

Alternate: _____

Second Alternate: _____

PLAN OF DISTRIBUTION

1. SPECIFIC GIFTS. Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

2. Briefly describe where you would want assets remaining after any specific gifts are distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

All to spouse; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.

All to spouse, then equally between surviving children

All to spouse, then _____

As follows: _____

3. **ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if neither you, your spouse or your children or other descendants named above survive.

PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR BENEFICIARIES OR BENEFICIARIES WITH DISABILITIES

4. **GUARDIAN.** If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot serve.

GUARDIAN(S): _____
ALTERNATE: _____

2. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for children until they reach an age when you believe they should be capable of managing property on their own. A trustee can keep the children's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company or other person you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person.

TESTAMENTARY TRUSTEE(S): _____
ALTERNATE: _____

3. **AGE BENEFICIARY BECOMES TRUSTEE OR OF AGE OF DISTRIBUTION TO BENEFICIARY.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share preferably in a "beneficiary controlled" trust at the time the beneficiary reaches a particular age (e.g. 30 years).

CHECKLIST OF ITEMS TO BRING TO OUR OFFICE

Check if you have any of the following instruments and provide copies of same.

<u>Husband</u>	<u>Wife</u>	
_____	_____	Prior Will
_____	_____	Existing Trust documents where you are donor or beneficiary
_____	_____	Power of Attorney
_____	_____	Living Will and/or Health Care Proxy
_____	_____	Business (partnership/shareholder) Agreements
_____	_____	Pre-Nuptial Agreements
_____	_____	Waiver of Right of Election
_____	_____	Deeds to Real Property
_____	_____	Recent Tax Bill associated with Deeds
_____	_____	Real Property Appraisals, if any
_____	_____	Qualified Plan/IRA documents, including the following:
_____	_____	Plan and Amendments
_____	_____	Summary Plan Description and any material modifications.
_____	_____	Summary Annual Report (SAR)
_____	_____	Statement of Accrued Vested Pension Benefit
_____	_____	Explanation of Preretirement Survivor Benefits
_____	_____	Form 5329, if any, filed with your 1987 or 1988 federal income tax return making the “grandfather” election
_____	_____	A copy of any current beneficiary elections that have been executed by you.
_____	_____	Life Insurance Policies
_____	_____	Prior Gift Tax Returns
_____	_____	Last Federal Income Tax Return

The information you have furnished will be relied upon by us in making recommendations for the revision of your estate plan, and if the information given is either incorrect or incomplete, our recommendations may be inappropriate, or worse, harmful. We, therefore, rely upon you, as we must, to take the necessary time and diligence to place into our hands data which can and will be used by us with competence in helping you meet your objectives. We obviously cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of incorrect or incomplete data.

Signature

Date