



BRATTON
ESTATE & ELDER CARE ATTORNEYS

Estate Planning Worksheet - Married

Using this organizer will assist us in designing an estate plan that meets your goals. All information provided is strictly confidential.

Please fill out to the best of your ability. You may always update information as you receive it. If possible, please return the completed worksheet to our office at the time of your appointment and please ask any questions you may have about the requests.

Bratton Law

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Part I
Personal Information

Partner/Spouse #1
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 _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Date of Marriage _____

Partner/Spouse #2 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 _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Children and Other Family Members

(Use full legal name. Use "JT" if both Partners/Spouses are the parents, "1" if Partner/Spouse #1 is the parent, "2" if Partner/Spouse #2 is the parent, "S" if a single parent.)

Name	Birth date	Parent or Relationship
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____

Advisors

Name

Telephone

Personal Attorney _____

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

Your Concerns

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description

Level of Concern

Partner/Spouse

#1

#2

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

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Providing for and protecting a Partner/Spouse.

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Providing for and protecting children.

--	--

Providing for and protecting grandchildren.

--	--

Disinheriting a family member.

--	--

Providing for charities at the time of death.

--	--

Plan for the transfer and survival of a family business.

--	--

Avoiding or reducing your estate taxes.

--	--

Avoiding probate.

--	--

Reduce administration costs at time of your death.

--	--

Avoiding a conservatorship (“living probate”) in case of a disability.

--	--

Avoiding will contests or other disputes upon death.

--	--

Protecting assets from lawsuits or creditors.

--	--

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

--	--

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

--	--

Protecting children’s inheritance from the possibility of failed marriages.

--	--

Protect children’s inheritance in the event of a surviving partner/spouse’s remarriage.

--	--

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

--	--

Other Concerns (Please list below):

--	--

Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your partner/spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your partner/spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married, have you and your partner/spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your partner/spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your partner/spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you (or your partner/spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your partner/spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

Additional Information

Part II

Property Information

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps 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 extra sheets of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“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 indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Partner/Spouse #1's name alone, with no other person	1
If married, Partner/Spouse #2's name alone, with no other person	2
If married, Joint Tenancy with Partner/Spouse	JTS
Joint Tenancy with someone other than a Partner/Spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

Real Property

TYPE: Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

Furniture and Personal Effects

TYPE: 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	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Bank Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

Money Owed To You

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

Summary of Values

Assets	Amount*		Total Value
	Partner/Spouse #1	Partner/Spouse #2	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

* *Joint Property values enter 1/2 in Partner/Spouse #1's column and 1/2 in Partner/Spouse #2's column.*

Part III
Design Information

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name and Address

Relationship

INITIAL EXECUTOR(S): Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

Name and Address

Relationship

SUCCESSOR EXECUTOR:

FOR Partner/Spouse #1

Name and Address

Relationship

FOR Partner/Spouse #2

Name and Address

Relationship

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

Partner/Spouse #1's AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

Partner/Spouse #2's AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Partner/Spouse # 1 Yes No Partner/Spouse #2 Yes No

Gifting Power Details: _____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____ Do you want to provide that your organs and tissues should be made available for transplant purposes? _____

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Partner/Spouse #1's AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

Partner/Spouse #2's AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? Partner/Spouse #1 Yes No Partner/Spouse #2 Yes No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

- Disabled partner/spouse, the needs of others.
- Disabled partner/spouse needs and the needs of others equally.
- Disabled partner/spouse and other partner/spouse, and then needs of others.

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To each spouse's heirs-at-law.
- One-half to Partner/Spouse #1's heirs-at-law and one-half to Partner/Spouse #2's heirs at law.
- To the following named individuals and/or charities:

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

Do you currently have estate planning documents? Yes No
 *If yes please provide a copy.