

The Bethany Law Center, LLP

ESTATE PLANNING WORKSHEET

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 you are able to complete the worksheet prior to your appointment, more information and value will be received during the complimentary initial consultation.

**WE OFFER A FREE
NO-OBLIGATION, 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 to authorize completion of your estate plan.

The Bethany Law Center LLP

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ESTATE PLANNING WORKSHEET

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner 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. Unmarried couples or partners may use the worksheet just as married couples, but please be sure to insert correct marital status as it significantly affects application of property laws or tax rules.

For those of you who are single, we apologize for phrasing things with the term spouse. This is for simplicity of the form only. To complete this worksheet, please fill in blanks for Client #1. Estate planning is very important for singles as well as couples. 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: Work _____ Mobile _____ email: _____

| | | | |
|--|------------------|------------------------------|---------------------|
| Client #1 | First Name _____ | MI _____ | Last Name _____ |
| | AKA _____ | Social Security Number _____ | Date of Birth _____ |
| Client #2 | First Name _____ | MI _____ | Last Name _____ |
| | AKA _____ | Social Security Number _____ | Date of Birth _____ |
| <div style="display: flex; justify-content: space-between;"><i>Street</i> _____<i>City</i> _____<i>State</i> _____<i>Zip</i> _____</div> | | | |

County _____

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

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

- Probate avoidance
- Guardianship for minor children
- Business or farm planning
- Federal estate tax planning
- Other: _____

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

| | Client #1 | Client #2 |
|--|--|--|
| 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 |
| 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, is there a buy-sell or stockholders agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 or partner (such as a prenuptial or community property agreement)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you or any family members or potential beneficiary have any serious health problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe briefly: _____ | | |
| _____ | | |
| Do you own a long-term care (nursing home) insurance policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you hold everything jointly with your spouse/partner, or some property separate? | <input type="checkbox"/> All joint (except | <input type="checkbox"/> Some is separate |
| Are you named as Trustee of any trust or Agent under any Durable Power of Attorney (other than for a spouse)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NET WORTH: If you added the value of all property owned by yourself and your spouse/partner 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 total value of the estate of yourself and your spouse? _____ | | |
| What is the value of death benefits on life insurance? | Insuring Client #1 _____ | Insuring Client #2 _____ |
| What is the total amount of your outstanding liabilities? _____ | | |

INCOME/ASSET/LIABILITY INFORMATION

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

| | Client #1 | Community/Joint | Client #2 |
|----------------------------------|------------------|------------------------|------------------|
| INCOME: | | | |
| Earned Monthly Income from Labor | _____ | _____ | _____ |
| Monthly Social Security Income | _____ | _____ | _____ |
| Monthly Pension Income | _____ | _____ | _____ |
| Other Monthly Income | _____ | _____ | _____ |

| Type of Asset | Title in Which Held | Current Value |
|---|--|---------------|
| REAL ESTATE | | |
| Personal Residence | <input type="checkbox"/> Client #1 Sole <input type="checkbox"/> Client #2 Sole <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Other | |
| Vacant Land | <input type="checkbox"/> Client #1 Sole <input type="checkbox"/> Client #2 Sole <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Other | |
| Other: (Include type of property e.g., residential, agricultural, commercial, or manufacturing) | <input type="checkbox"/> Client #1 Sole <input type="checkbox"/> Client #2 Sole <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Other | |
| LIQUID ASSETS (Include Account Number and Where Held) | | |
| Cash on Hand | | |
| Brokerage Accounts and Publicly Traded Securities | <input type="checkbox"/> Client #1 Sole <input type="checkbox"/> Client #2 Sole <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Other | |
| Unlisted Stocks/Bonds (Not Publicly Traded) | <input type="checkbox"/> Client #1 Sole <input type="checkbox"/> Client #2 Sole <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Other | |
| Money Market Accounts | <input type="checkbox"/> Client #1 Sole <input type="checkbox"/> Client #2 Sole <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Other | |
| Equity in Business (percentage owned _____%) <input type="checkbox"/> Sole Prop. <input type="checkbox"/> LLC/Partnership <input type="checkbox"/> Corp. | | |

| Type of Asset | Title in Which Held | | Current Value | |
|--|--|--------------------|----------------------|---------------------|
| Notes and Loans Receivable | | | | |
| Checking Accounts | <input type="checkbox"/> Client #1 Sole <input type="checkbox"/> Client #2 Sole <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Other | | | |
| Savings Account | <input type="checkbox"/> Client #1 Sole <input type="checkbox"/> Client #2 Sole <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Other | | | |
| Certificates of Deposit | <input type="checkbox"/> Client #1 Sole <input type="checkbox"/> Client #2 Sole <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Other | | | |
| Automobiles | <input type="checkbox"/> Client #1 Sole <input type="checkbox"/> Client #2 Sole <input type="checkbox"/> Joint with Spouse <input type="checkbox"/> Other | | | |
| Other Personal Property | | | | |
| Annuities | Owner | Beneficiary | Current Value | |
| IRAs & Pension/Profit Sharing or Deferred Compensation Plans | <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) or 403(b) <input type="checkbox"/> Other | | | |
| Life Insurance | <input type="checkbox"/> Individually owned <input type="checkbox"/> Employer owned | | Cash Value \$ | Death Benefit \$ |
| Homeowners & Motor Vehicle Insurance Company/Agent: | Policy Number(s): | | | |
| LIABILITIES | Name Loan Taken In: (Client #1, Client #2, etc.) | | Amount Owed | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CHILDREN OR OTHER BENEFICIARIES

| Full Legal Name | Address (write "same" if same as yours) | Date of Birth | Relationship |
|-----------------|--|---------------|--------------|
| | | | |
| | | | |
| | | | |
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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

- PERSONAL REPRESENTATIVE.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) (Example: spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. In second marriage situations, spouse as primary personal representative may not always be appropriate.)

| | Name: | Address: |
|--------------------------|-------|----------|
| PERSONAL REPRESENTATIVE: | | |
| ALTERNATE: | | |
| SECOND ALTERNATE: | | |

- 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 person or corporate trustee selected as personal representative is usually the same as the successor trustee. The successor trustee would be responsible for managing assets if you were unable, or in the case of a joint trust, if neither you nor your spouse were able, to manage assets due to incompetence. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, when neither you nor your spouse survives.

| | Name: | Address: |
|--------------------|-------|----------|
| SUCCESSOR TRUSTEE: | | |
| ALTERNATE: | | |
| SECOND ALTERNATE: | | |

- 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? (Frequently, 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.

HEALTH CARE AGENT: _____
 ALTERNATE: _____

PLAN OF DISTRIBUTION

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a house of worship 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/partner; 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/partner, then equally between surviving children
- All to spouse/partner, then _____

As follows: _____

3. **ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if neither you, your spouse nor your children/other beneficiaries named above survive.

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

1. **GUARDIAN.** If you have minor children or a beneficiary with special needs, you may 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 to act if your first choice cannot serve.

GUARDIAN: _____
ALTERNATE: _____

2. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary'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 or institution 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 or institution.

TESTAMENTARY TRUSTEE: _____
ALTERNATE: _____

3. **AGE OF DISTRIBUTION.** 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 or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 30. You may use any age or combination of ages that you choose.

GENERAL QUESTIONS

NOTES AND QUESTIONS: Please note anything else which may be of importance in planning your estate, or note any questions you may have.
