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ESTATE PLANNING WORKSHEET

USING THIS PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY
CONFIDENTIAL.

**IF POSSIBLE, PLEASE RETURN THE COMPLETED
WORKSHEET TO OUR OFFICE PRIOR TO YOUR
APPOINTMENT VIA MAIL OR FAX TO 718-354-8647**
ORGANIZER WILL ASSIST US IN DESIGNING AN
ESTATE FOR YOU!

Please be sure to check all appropriate boxes. If "NONE", please state "NONE".
If "NOT APPLICABLE", please state "N/A".



PERSONAL INFORMATION

Husband's 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 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 _____

Wife's 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 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/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.)

Name	Birth date	Parent or Relationship
_____	_____	_____
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	
	Husband	Wife
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
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 spouse’s remarriage.		

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

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Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your 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 spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your 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 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 RELEVANT INFORMATION

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION CHECKLIST*

General Headings

This *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, use **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, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a 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, time share, 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
<u>Miscellaneous Furniture and Household Effects (Total)</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<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 & SAVINGS 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 and account number	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
	Husband	Wife	
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 husband's column and 1/2 in wife's column.*

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
<hr/>	<hr/>
<hr/>	<hr/>

INITIAL TRUSTEE(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
<hr/>	<hr/>
<hr/>	<hr/>

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

FOR HUSBAND

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

FOR WIFE

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

DEATH TRUSTEE: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

FOR HUSBAND

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

FOR WIFE

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

HUSBAND'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

WIFE'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?

Husband: Yes No

Wife: Yes No

Gifts 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?

HUSBAND'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

WIFE'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?

Husband: Yes No

Wife: _____

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?

Husband: Yes No

Wife: _____

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

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

PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE

TO SURVIVING SPOUSE WITHOUT TAX PLANNING: We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

- All to surviving spouse. _____% to surviving spouse.
- Minimum allowed by law to surviving spouse.

DIVIDE INTO MARITAL AND FAMILY TRUSTS: Designed to maximize estate tax savings. To accomplish this an amount up to the "applicable exclusion amount" (currently \$2,000,000) will be transferred to the Family Trust and the balance, if any, to the Marital Trust. This is sometimes referred to as "A/B Trust Planning". The Marital Trust is sometimes referred to as the "A Trust" or "QTIP Trust". The Family Trust is sometimes referred to as the "B Trust", "By-Pass Trust" or "Credit Shelter Trust". Also provides protection for surviving spouse from creditors and predators. You decide how much control you want the surviving spouse to have. In the event of remarriage protects property for your heirs from a new spouse in case of death or divorce.

MARITAL DEDUCTION FORMULA (OFFICE USE ONLY):

- Disclaimer Provision Clayton Election
- Marital Pecuniary Marital Fractional
- Credit Shelter Pecuniary

DESIGN OF MARITAL SHARE:

- OUTRIGHT:** We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows a new spouse to possibly make claim on property in case of death or divorce
- GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.
- ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his or her needs (health, education and maintenance).
- ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

DESIGN OF FAMILY SHARE:

- ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for needs (health, education and maintenance).
Are descendants permissible beneficiaries of principal? _____
- INCOME AND PRINCIPAL FOR NEEDS:** All income and principal is available for needs. Income may be accumulated and not distributed.
Are descendants permissible beneficiaries of income and/or principal? _____
- ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS: Is surviving spouse the sole trustee with a right to appoint cotrustee (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the cotrustee with the surviving spouse? _____

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 Husband's heirs-at-law and one-half to Wife'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:

CERTIFICATION

The undersigned hereby represents to: LOUIS LEPORE, ESQ. and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:
