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# ***ESTATE PLANNING WORKSHEET***

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PRIVILEGED AND CONFIDENTIAL

SUBJECT TO

ATTORNEY - CLIENT PRIVILEGE

(if returned directly to the undersigned attorney)

ROBERT WIEGAND II

***WIEGAND - ATTORNEYS & COUNSELORS, LLC***

*The key to building and preserving wealth is planning*

Practice focused on financial and tax-related matters  
including business and personal tax, succession, and financial planning.

5261 South Quebec Street, Suite 100  
Greenwood Village, Colorado 80111-1806  
Vox: 303/741-6410 Fax: 303/741-6512

(no mail) 291 Gold King Way  
Breckenridge, Colorado  
Vox: 970/390-6587 Fax: 707/922-1047

**Use extra sheets or the back for notes as needed**

# ESTATE PLANNING WORKSHEET

## I. PERSONAL AND FAMILY INFORMATION

**Client A<sup>1</sup>:** \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Marital Status:  single  married  separated  divorced  widowed

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City County State Zip Code

Employer's Name: \_\_\_\_\_ Off. Telephone: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City County State Zip Code

SSAN: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Client B<sup>1</sup>:** \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Marital Status:  single  married  separated  divorced  widowed

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City County State Zip Code

Employer's Name: \_\_\_\_\_ Off. Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip Code

SSAN: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date and Place of Marriage / Partnership: \_\_\_\_\_

	Client A	Client B
Prior Marriage / Partnership:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, date and place of ceremony: \_\_\_\_\_

Name of former spouse / partner: \_\_\_\_\_

If Yes, date and place of ceremony: \_\_\_\_\_

Marriage / Partnership ended in  Death  Divorce  Death  Divorce

If divorce, date and place of divorce: \_\_\_\_\_

If divorce, date and place of divorce: \_\_\_\_\_

If a divorce, please bring a copy of the separation agreement or divorce decree to our meeting.

<sup>1</sup> If female, please give full maiden name.

	Client A		Client B	
Have you made a Will, signed a Trust, Power of Attorney, or other estate planning documents? If Yes, please bring copies to our meeting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever entered into a pre-nuptial or marital or community property agreement? If Yes, please bring copies to our meeting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever made a gift in excess of \$10,000? If Yes, please bring a list of what, to whom, & when to our meeting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed a gift tax return? If Yes, please bring a copy to our meeting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own property in another state? If Yes, please bring a copy of the deed or tax assessment to our meeting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a trust beneficiary? If Yes, please bring a copy of the trust or as much information as you have available: (Name and address of the trustee. Is the trust a Q-TIP Trust? Do you have a general power of appointment over the assets of the trust (can you force distributions to yourself or to your creditors or to your estate)? Include the value in <u>V.L.</u> , below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own any intellectual property (patents, trademarks, etc.)? Include the value in <u>V.L.</u> , below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect to receive an inheritance? Include the value in <u>V.L.</u> , below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any personal effects of unusual value? Include the value in <u>V.K.</u> , below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving social security or supplemental security or disability payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your children have a current or prior marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business or a farm?	<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any evidence of who paid for any property held in joint tenancy? If there be any joint tenancy property, please bring copies of the original deed to our meeting, or whatever information that you might have available, specifically including the date the property was acquired.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any provisions for medical insurance after retirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want to provide that your organs and tissues be made available for transplant after your death?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you want to provide that, upon certification by 2 physicians of need for psychological or substance treatment, your agent may arrange for voluntary admission for such treatment?  Yes  No  Yes  No

Do you live for any part of the year in another state?  Yes  No  Yes  No

If so, where and for how long? \_\_\_\_\_  
\_\_\_\_\_

Please indicate the actual years, if any, that you lived in any of the following states:

Arizona: \_\_\_\_\_ California: \_\_\_\_\_ Idaho: \_\_\_\_\_  
Louisiana: \_\_\_\_\_ Nevada: \_\_\_\_\_ New Mexico: \_\_\_\_\_  
Texas: \_\_\_\_\_ Washington: \_\_\_\_\_

Accountant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip Code

Financial Advisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip Code

Insurance Advisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip Code

Other information:

## II. BENEFICIARIES:

When we meet to discuss your estate planning, we shall review in detail the various ways property can be distributed upon your death. For now, however, please list the names of the person(s) (including individual(s), group of individuals, or entities / charitable organizations) that you would like to benefit from your estate upon your death or upon the death of the survivor of you.

**A. Children:**

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**B. Other beneficiaries:**

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C.** Are any of the beneficiaries subject to “special needs” (spendthrifts, disabled, substance abusers, under the potentially damaging influence of another, *etc.*)? If so, identify and explain.

**D.** Identify the person(s) to whom you wish to make specific gifts and the nature and amount of such gift. Do you want to make charitable gifts, such as to a religious 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?:

Client A

Client B

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**E.** Identify the person(s) to whom you wish to leave the remainder of your estate after the specific bequests are made:

Client A

Client B

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You should give particular consideration to **(i)** what age your children should be to receive a principal distribution of your estate and **(ii)** if your estate was left in trust to your children, should it be divided immediately or divided when your oldest child is eligible to receive his or her share or held until each child reaches a particular age.

Comments:

**F.** Should none of the residuary beneficiaries be alive or in existence at the time of distribution of your estate, to whom would you want your estate to be distributed:

Client A

Client B

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### III. PURPOSES / VALUES:

In assisting you to establish your estate plan, it would be helpful for us to understand the factors that are motivating you at this time. Accordingly, please identify the reasons you are considering estate planning or areas about which you would like to learn more (select as many as you wish):

#### Protect Your Children or other Beneficiaries . . .

- From predators who can access inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to have half of your child or beneficiary's inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditor claims (such as car accident plaintiffs)
- From the stress and delays of the average 16-month process of probate
- From financial immaturity resulting in a quick loss of the entire inheritance
- From sharing assets with heirs you would rather disinherit
- From lawsuits by disinherited heirs
- For parents only:* From relatives who would be poor, abusive, or even dangerous guardians
- For parents only:* From acquaintances and relatives who should not be allowed to be alone with your children
- For parents only:* From a court proceeding that costs precious time in the event you are unable to authorize needed medical care for your child
- For special needs beneficiaries only:* from neglect in the government care system
  
- I want to provide trusts for my grandchildren
- I want to provide college savings plans for my grandchildren's education
- I want to protect the inheritance for my children against the possibility of my spouse's remarriage

#### Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death (up to 55% of your assets and life insurance benefits)
- By reducing estate administration costs through probate avoidance
- Avoid or limit Medicare claims on your assets should you require long-term care
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- Ensure that your family has enough life insurance to provide a reasonable lifestyle no matter what

#### Protect Yourself and Your Spouse

- From malpractice or creditor claims
- From conservatorship proceedings (a/k/a "living probate") if you or your partner become incapacitated
- From probate delays and stress upon your death or the death of your partner
- From hospital policies requiring life-sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

Ensure a Quality of Life

- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- Provide that your death will not be unnecessarily prolonged by artificial means
- For parents only:* By providing guidelines for how your children should be supported while their assets are in trust
- For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiary above a poverty lifestyle
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale
- Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.
  
- I want to make a provision for my pets (see below)

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

**IV. APPOINTMENTS OF FIDUCIARIES:**

In the course of your estate planning, you will be required to select fiduciaries, which are individuals or entities entrusted to act on your behalf in some capacity, such as to administer assets of your estate upon your death (executor or personal representative), to administer trust assets on behalf of beneficiaries (trustee), to make decisions for you if you are unable to make those decisions yourself (attorney-in-fact), to take care of your minor children in the event that you are unable to do so (guardian), or to manage your children’s financial affairs in the event that you are unable to do so (custodian). Below, you are asked to supply names and addresses for the persons whom you have selected for such fiduciary positions. In addition, please list the appointed fiduciary’s relationship to you. When choosing a fiduciary, please note that it is often appropriate for a surviving spouse to act in such capacity and that you can name more than one person to act as a fiduciary; however, you should consider who is best qualified for each position, taking into consideration the expertise and required and the personalities involved. If you are having trouble choosing fiduciaries, feel free to skip over this section. I will go over each fiduciary position in detail when we meet to discuss your estate planning.

A. Whom would you want to administer your estate? (indicate name and address)

	Client A	Client B
Executor or Personal Representative	_____	_____
	_____	_____
Alternative(s)	_____	_____
	_____	_____

**B. Whom would you want to have your medical power of attorney?**

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 trustee or personal representative as your health care agent. Each spouse can appoint separate agents. (indicate name and address)

	Client A	Client B
Medical Personal Representative	_____	_____
	_____	_____
Alternative(s)	_____	_____
	_____	_____

**C. Should you die or become disabled, whom would you expect to manage and operate your business?**

	Client A	Client B
Business Manager	_____	_____
	_____	_____
Alternative(s)	_____	_____
	_____	_____

**D. Should you die or become disabled, to whom would you give your general power of appointment, whom do you expect to manage your financial affairs?**

	Client A	Client B
Financial Manager	_____	_____
	_____	_____
Alternative(s)	_____	_____
	_____	_____

**E. Should it be decided a trust should be part of your estate plan, whom would you choose to be trustee?**

Trustees are the “managers” of your living trust. There are two different roles for your trustees: 1) Should you become incapacitated during your lifetime, your trustee(s) manages your personal and financial affairs and sees to your physical care. 2) After your death, your trustee is responsible for settling your estate and distributing your assets under the terms of your trust. Your trustee should have strong integrity and be well-organized. (indicate name and address)

Client A

Client B

Trustee

_____	_____
_____	_____

Alternative(s)

_____	_____
_____	_____

**F. Should your spouse not survive you, whom would you choose as guardian(s) of your minor children**

Guardians are the people who will care for and love your children in the event that you are unavailable. You should nominate that person or those people who will provide the most love for your children and care for them in the manner as close to that as you would if you could. If you are having trouble deciding on a guardian, ask me for my article on choosing guardians. (indicate name and address)

Client A

Client B

Guardian:

_____	_____
_____	_____

Alternative(s)

_____	_____
_____	_____

**G. Should you die or become disabled, whom would you select to manage your children's financial affairs?**

The custodian of your children’s financial affairs is not necessarily the same person as the guardian of their persons. More often, the person best suited to see to their physical well-being is not the best person to manage their financial affairs. (indicate name and address)

Client A

Client B

Custodian:

_____	_____
_____	_____

Alternative(s)

_____	_____
_____	_____

## V. "BALANCE SHEET"

Please list the value of the following assets owned by you, by your partner, or jointly. It is not necessary to provide the exact value of each asset; an approximation or average balance is sufficient. If you have any questions about the information requested below, please feel free to make a note and we can discuss it with you in detail when we meet.

**A. REAL ESTATE:** (Indicate residence)

<u>Address</u>	<u>Name(s) of Owner(s)</u>	<u>Fair Market Value</u>	<u>Amount of Mortgage</u>
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**B. CHECKING and SAVINGS ACCOUNTS:**

<u>Bank Name and Address</u>	<u>Name(s) of Owner(s)</u>	<u>Type/Acct</u>	<u>Average Balance</u>
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**C. BROKERAGE ACCOUNTS:**

<u>Broker Name and Address</u>	<u>Name(s) of Owner(s)</u>	<u>Type/Acct</u>	<u>Average Balance</u>
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**D. NOTES AND MORTGAGES PAYABLE TO YOU:**

<u>Payor Name &amp; Address</u>	<u>Name(s) of Owner(s)</u>	<u>Face Amount</u>	<u>Present Value</u>
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**E. PUBLICLY-TRADED CORPORATE STOCKS:**  
(Use separate sheet as needed or attach copy of brokers statement)

<b>Company Name &amp; CUSIP #</b>	<b>Name(s) of Owner</b>	<b>No. Shares</b>	<b>Current Value</b>
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**F. PUBLICLY-TRADED CORPORATE BONDS:**  
(Use separate sheet as needed or attach copy of brokers statement)

<b>Company Name</b>	<b>Name(s) of Owner</b>	<b>Face Value</b>	<b>Due Date &amp; Int. Rate</b>
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**G. MUNICIPAL & U.S. BONDS & NOTES & BILLS:**  
(Use separate sheet as needed or attach copy of brokers statement)

<b>Issuer Name</b>	<b>Name(s) of Owner</b>	<b>Face Value</b>	<b>Due Date &amp; Int. Rate</b>
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**H. NON-PUBLICLY-TRADED BUSINESS INTERESTS:**

<b>Company Name</b>	<b>Name(s) of Owner</b>	<b>Type of Entity</b>	<b>Estimated Value</b>
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**I. LIFE INSURANCE** (include group insurance):

<b>Insurance Company</b>	<b>Policy Number</b>	<b>Name of Insured</b>	<b>Bene- ficiary</b>	<b>Policy Owner</b>	<b>Face Amount</b>	<b>Cash Value</b>
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**J. COMPANY and OTHER RETIREMENT BENEFITS:**  
(Describe nature and amount of profit sharing, pension plan, stock options, etc.)  
(Use separate sheet as needed or attach copy of brokers statement)

**K. TANGIBLE PERSONAL PROPERTY:**  
(antiques, artwork, automobiles, aircraft, boats, furniture, clothing, personal computers, cellular telephones, etc.)

**L. OTHER ASSETS:**  
(Including interests in trusts or expected inheritances, powers over trust assets, social security coverage, patent rights, club membership, *etc.*)

**M. LIABILITIES:** (Including personal, business, and life insurance loans)

<b>Creditor's Name</b>	<b>Type of Obligation</b>	<b>Name(s) of Debtor / Guarantor</b>	<b>Principal Balance</b>	<b>Due Date &amp; Int. Rate</b>
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## SUMMARY OF ASSETS AND LIABILITIES:

Description	Client A	Client B	Joint
<b>A.</b> Real Estate	_____	_____	_____
<b>B.</b> Bank Accounts	_____	_____	_____
<b>C.</b> Brokerage Accounts	_____	_____	_____
<b>D.</b> Notes & Mortgages	_____	_____	_____
<b>E.</b> Corporate Stocks	_____	_____	_____
<b>F.</b> Corporate Bonds	_____	_____	_____
<b>G.</b> Government Bonds	_____	_____	_____
<b>H.</b> Private Business Interests	_____	_____	_____
<b>I.</b> Life Insurance	_____	_____	_____
<b>J.</b> Retirement Benefits	_____	_____	_____
<b>K.</b> Tangible Personalty	_____	_____	_____
<b>L.</b> Other Assets	_____	_____	_____
TOTAL ASSETS	_____	_____	_____
<b>M.</b> Primary Residence Mortgage	_____	_____	_____
<b>N.</b> Secondary Residence Mortgage	_____	_____	_____
<b>O.</b> Credit Card Debt	_____	_____	_____
<b>P.</b> Other Debt	_____	_____	_____
TOTAL DEBT	_____	_____	_____
NET WORTH	_____	_____	_____

**VI. INCOME and GROWTH EXPECTATIONS:**

		Client A	Client B
A.	What is your current income?		
	1. Salary	_____	_____
	2. Social Security	_____	_____
	3. Disability	_____	_____
	4. Retirement Benefits	_____	_____
B.	Expected annual increase?	_____	_____
C.	Annual additions to savings:		
	Savings Acct.:	_____	_____
	IRA	_____	_____
	Employer Plan	_____	_____
D.	Expected annual growth in value		
	Savings Acct.:	_____	_____
	IRA	_____	_____
	Employer Plan	_____	_____
	Invest. Acct.	_____	_____
E.	What is the expected annual growth in business value (item <a href="#">V.H</a> , above)?	_____	_____

**VII. MISCELLANEOUS:**

**GENERAL QUESTIONS**

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