

ESTATE PLANNING WORKSHEET

DeLeers Legal, LLC 2200 Dickinson Road, Unit 17A De Pere, WI 54115 T: (920) 712-7805 F: (920) 712-7801 <u>www.deleerslegal.com</u> At DeLeers Legal, LLC, our goal is to provide comprehensive, innovative estate planning solutions so that our clients feel supported, empowered, and heard throughout the planning process. To that end, we have created this worksheet as both a guide and a resource to ensure that your estate plan is designed with your unique needs in full focus.

The first half of this worksheet is intended to help you gather and organize the essential information that we will need to actually draft your estate plan. This includes gathering your personal information, your estate planning goals, deciding who you want to serve in various roles, and deciding how you want your assets to transfer when you pass.

The second half of this worksheet is intended to help you gather and organize information about your assets. Having your estate planning documents drafted is very important, but it's only first step of the process. We also need to ensure that your assets transfer according to the terms laid out in your estate planning documents. This requires us to look at how your assets are titled (i.e. Do you own the asset as an individual? Do you own the asset with another person?) and how the beneficiary designations are listed. This part of the process is essential to ensuring that your estate plan works as intended.

As you are going through this worksheet, please remember that this is a starting point. It is also going to feel like a vocabulary lesson. Don't get bogged down in the details- we will cover all of this information in more depth during our initial consultation and answer any questions you may have.

Thank you for putting your trust in our Team. We look forward to discussing your planning options with you!

DeLeersLegal

Tell us a little bit about You...

PERSONAL INFORMATION

Legal Name			
(N	Name most often used to title prop	perty and accounts)	
Prefer to be called		Birth date	US Citizen?
Home Address	City	State	Zip
County of Residence	Mobile	Telephone	
E-mail Address			
Are you Married? If married	l, please complete all necessary s	ections for your spouse. If	single, please disregard.
Spouse's Legal Name			
(N	lame most often used to title prop	perty and accounts)	
Prefer to be called		Birth date	US Citizen?
Home Address	•		*
County of Residence	Mobile	Telephone	
E-mail Address			
Name		Birth date	Parent or Relationship
Address:			
Telephone Number:			
Name		Birth date	Parent or Relationship
Address:			
Telephone Number:			
Name		Birth date	Parent or Relationship
Address:			
Telephone Number:			
Name		Birth date	Parent or Relationship
Address:			
Telephone Number:			

IMPORTANT FAMILY QUESTIONS

1)	Are you (or your spouse) receiving Social Security Disability or other governmental benefits?	Yes	No
	If yes, please describe:		
2)	Do any of your children receive governmental support or benefits?	Yes	No
	If yes, please describe:		
3)	Do you provide primary or other major financial support to adult children or others?	Yes	No
4)	If married have you and your spouse signed a pre- or post-marriage contract?	Yes	No
	If so, please provide us with a copy.		
5)	Have you (or your spouse) been widowed?	Yes	No
6)	Have you (or your spouse) completed previous will, trust, or estate planning?	Yes	No
	If so, please provide us with copies of these documents.		
7)	Do you support any charitable organizations now that you wish to make provisions for	Yes	No
	at the time of your death? If so, please explain below.		
8)	Do you have a blended family (second marriage, adoption, children from prior relationship)?	Yes	No
9)	Do you own any real estate outside of Wisconsin?	Yes	No
10,) Are you (or your spouse) currently receiving payments as the beneficiary of anyone else's trust?	Yes	No
	If so, please explain below.		

Now, tell us a little bit about your Goals...

What are the main reasons you'd like to have an estate plan in place?

Tell us how you got Here...

If you were referred to DeLeers Legal, LLC by someone, we would love to know who so we can properly thank them!

Tell us about your Team...

Every estate plan includes a package of documents tailored to your unique situation, including either a Last Will and Testament or a Revocable Trust, a Durable Power of Attorney for Finances, a Health Care Power of Attorney, and an Authorization for Final Disposition. In order to prepare your documents, we will need to know who you want to serve in various roles (described in detail below). In other words, we need to know who is going to step up as part of your team should something happen to you. If you would prefer to list more than one person to serve together as "co-agents", please indicate that on the form.

LAST WILL AND TESTAMENT <u>or</u> **REVOCABLE TRUST:** As mentioned above, your estate plan will include either a Last Will and Testament OR a Revocable Trust. We will discuss the differences between these two options during our initial consultation. Regardless of which document we use for your plan, you will need to appoint someone to ensure that you wishes are carried out when you pass away. In a Last Will and Testament, that individual is called a Personal Representative. In a Revocable Trust, that individual is called a Trustee.

In general, the individual serving in this role will be responsible for managing the assets for your beneficiaries when you pass away and ensuring that your assets are distributed according to the instructions in your plan. Most people name their spouse as their primary personal representative/trustee, with an adult child, relative, or friend as their alternates. Some people may elect to appoint a corporate personal representative/trustee as an alternate.

Please include the full, legal name of each person listed.

YOUR PERSONAL REPRESENTATIVE or TRUSTEE:

Primary:	
Alternate:	
Alternate:	
COLLEE'S DEDCONAL DEDDECENTATIVE or TOLICTEE.	
SPOUSE'S PERSONAL REPRESENTATIVE or TRUSTEE:	
Primary:	

GUARDIANS FOR MINOR CHILDREN: If you have minor children, the Last Will and Testament or the Revocable Trust would be the appropriate place to name a legal guardian for your children. Your child's legal guardian(s) will be responsible for the day-to-day care of your child(ren), including providing them with a home and taking care of any medical needs, educational decisions, extra-curricular activities, etc.

Please include the full name for each person listed below.

GUARDIANS:

Primary Guardian:	
Alternate Guardian:	
Alternate Guardian:	

TRUSTEES FOR MINOR CHILDREN: If you have minor children, the Last Will and Testament or the Revocable Trust would be the appropriate place to state who you would like to manage your children's inherited assets and make distributions for their needs. The individual managing your child(ren)'s finances can be the same person that you have named as the legal guardian or it can be someone different.

Please include the full name for each person listed below.

TRUSTEES (for children):

Primary Trustee: _____

Alternate Trustee: _____

Alternate Trustee: _____

FINANCIAL POWER OF ATTORNEY: A Durable Power of Attorney for finances allows you to appoint someone to step in and assist with all of your day-to-day financial obligations in the event that you are alive, but due to illness or injury, you are unable to manage your finances on your own. When your agent steps in, they will be able to pay your bills, manage your investments, collect money owed to you, make gifts on your behalf, and hire professionals to prepare your taxes, manage your insurance, etc. Generally, anything that you can do, your agent will be able to do for you.

Your agent can be appointed one of two ways: (i) effective immediately, or (ii) with a "springing power". When your agent has immediate power, they can act on your behalf as soon as your documents are signed. When your agent has a springing power, they will only be able to act on your behalf when two doctors have determined that you are incapacitated and unable to manage your own affairs.

Please include the full name of each person listed and when you want them to have authority.

YOUR FINANCIAL AGENT:

Primary:			
How do you want your primary agent appointed:	Immediate	Springing	
Alternate:			
How do you want your alternate agent appointed?	Immediate	Springing	
Alternate:			
How do you want your alternate agent appointed?	Immediate	Springing	
SPOUSE'S FINANCIAL AGENT:			
Primary:			
How do you want your primary agent appointed:	Immediate	Springing	
		1 0 0	
Alternate:			
How do you want your alternate agent appointed?	Immediate	Springing	
now do you want your attenute agont appointed.	minediate	Springing	
Alternate:			
How do you want your alternate agent appointed?	Immediate	Springing	

POWER OF ATTORNEY FOR HEALTH CARE: A Power of Attorney for Health Care allows you to appoint someone to step in and make medical decisions on your behalf in the event that you are alive, but due to illness or injury, you are unable to make those decisions on your own. Your health care agent will be able to make routine medical decisions on your behalf (medication checks, second opinions, etc.) as well as end of life decisions.

Please include the full name, address and telephone number of each person listed, as this will be required in the document.

YOUR HEALTH CARE AGENT:

Primary:
Address:
Telephone Number:
Alternate:
Address:
Telephone Number:
Alternate:
Address:
Telephone Number:
SPOUSE'S HEALTH CARE AGENT:
Primary:
Address:
Telephone Number:
Alternate:
Address:
Telephone Number:
Alternate:
Address:
Telephone Number:

AUTHORIZATION FOR FINAL DISPOSITION. The Authorization for Final Disposition is a document that allows you to appoint someone to ensure that your funeral wishes are carried out when you pass away. We generally recommend that you complete this document if: 1) you have a strong preference, one way or another, for cremation or traditional burial; 2) you have specific wishes about a service, celebration of life, or final resting spot; or 3) you want to ensure that your last wishes get carried out.

Please include the full name, address and telephone number of each person listed, as this will be required in the document.

YOUR AGENT:
Primary:
Address:
Telephone Number:
Alternate:
Address:
Telephone Number:
Alternate:
Address:
Telephone Number:
SPOUSE'S AGENT:
Primary:
Address:
Telephone Number:
Alternate:
Address:
Telephone Number:
Alternate:
Address:
Telephone Number:
8

FUNERAL WISHES:

YOU: \Box Traditional Burial

- □ Cremation
- □ Other wishes (service, celebration of life, showing of body, how to handle cremains, etc.):

SPOUSE: □ Traditional Burial

 \Box Cremation

 \Box Other wishes (service, celebration of life, showing of body, how to handle cremains, etc.):

Tell us how you want your Assets to Transfer...

The power in planning is that you get to decide where your assets go once you pass away. We have laid out some of the most common scenarios, below, for you to review and choose from. Please keep in mind that this is by no means an inclusive list...we will discuss this during our initial consultation and your plan will be customized to reflect your wishes.

GENERAL DISTRIBUTIONS:

- **YOU:** \Box All to surviving spouse, then equally between my children. If a child does not survive me, the deceased child's share will be distributed to his or her children.
 - □ All to surviving spouse, then equally between my children. If a child does not survive me, the deceased child's share will be distributed to my surviving children.

 \Box Other:

SPOUSE: \Box All to surviving spouse, then equally between my children. If a child does not survive me, the deceased child's share will be distributed to his or her children.

- □ All to surviving spouse, then equally between my children. If a child does not survive me, the deceased child's share will be distributed to my surviving children.
- \Box Other:

DISTRIBUTIONS TO MINOR CHILDREN. If you have minor beneficiaries, it is often recommended that you transfer assets to them "in trust", which allows you to put parameters around how money gets distributed to them until they are mature enough to manage their own finances. We have listed the most common trust provisions for children, below, for you to review and choose from.

- □ Access to funds at any time for their Health, Education, Maintenance and Support (HEMS)
- \Box Access to funds for the down payment on a home
- \Box Access to funds to start a business
- \Box Access to funds to help pay for a wedding.
- □ Protective language in the event they are engaging in financially reckless behavior
- □ Protective language for addiction issues (gambling, drugs, alcohol, etc.)

AGES FOR LARGER DISTRIBUTIONS: If you transfer assets to minor beneficiaries in trust, you will need to determine when they will be mature enough to manage the assets on their own and receive larger distributions of their inheritance. Many people choose to distribute the principal balance to the children over time, and distribute a certain percentage of the balance at specific ages. You can choose any age or combination of ages for distribution, but we have listed the most common combinations, below, for you to review and choose from.

- \Box 1/2 at age 25, 1/2 at age 30
- □ 1/3 at age 25, 1/3 at age 30, 1/3 at age 35
- \Box 1/4 at age 25, 1/4 at age 30, 1/4 at age 35, 1/4 at age 40
- □ Other:

ULTIMATE DISTRIBUTION. We want to ensure that your estate plan works effectively in any situation; as a result, we do plan for the worst-case scenario. Who do you want to receive your property in the highly unlikely event that none of your named beneficiaries survive you? We have listed the most common options, below, for you to review and choose from.

□ One-half to my heirs-at-law and one-half to spouse's heirs at law (closest living relatives)

- $\hfill\square$ To each spouse's surviving siblings, in equal shares
- \Box To each spouse's surviving nieces and nephews, in equal shares
- □ To the following charities or community organizations:
- Other:

Tell us about your Assets...

As we mentioned before, having your estate planning documents drafted is the first step of the process. To ensure that your assets transfer according to the terms laid out in your estate planning documents, we need to have a good understanding of what assets you own and how those assets are titled. This section of the worksheet is intended to help you gather and organize information about your assets. We understand the sensitive nature of the information we are requesting- rest assured we would not ask for it if it were not necessary. In addition, all of the information you provide will remain confidential.

Once we know what type of plan we are drafting for you, this information assists us with making recommendations regarding your assets- including which assets should be retitled and which assets should have updated beneficiary designations to flow consistently with your plan.

We do not want this process to feel burdensome for you, so if you already have a current Personal Financial Statement, Net Worth Statement, or you have a comprehensive list of your assets laid out in a different format, please feel free to provide us with that information and we can ask for additional information, if needed.

Let's get started... Who is on your Professional Team?

Financial Advisor (Name and Contact)			
Life Insurance Agent (Name and Contact)			
May we contact your advisors for matters relating to your estate plan?	Yes	No	

REAL ESTATE

Please include any interest that you own in real estate, including your family residence, vacation home, time share, vacant land, etc. Please bring copies of the deeds and most recent real estate tax bills to your appointment.

Property Address / Tax Parcel No.	<u>County</u>	Owner	Approx. Value	Loan Balance	<u>Equity</u>

Total Equity = _____

FURNITURE AND PERSONAL EFFECTS

Please list any personal property that you have with significant value, including jewelry, collections, antiques, furs, etc. on separate lines. You can provide a lump sum value for your miscellaneous, less valuable items, such as furniture, household goods, etc.

Type of Asset	<u>Owner</u>	Market Value
Miscellaneous Furniture and Household Effects (Total)		

Total Value = _____

AUTOMOBILES, BOATS AND RVS

Please list each motor vehicle you own, including cars, trucks, boats, RVs, etc., including a brief description, how it's titled, market value and loan balance, if any.

Type of Asset	Owner	Market Value	Loan Balance	<u>Equity</u>

Total Value = _____

BANK & SAVINGS ACCOUNTS

Please list all of your bank accounts, including Checking Accounts "CA", Savings Accounts "SA", Certificates of Deposit "CD", Money Market "MM", or Health Savings Accounts "HSA". Do not include investments, IRAs or 401(k)s here.

Name of Institution	Account Type	Owner	Payable on	Value
			Death	

Total Value = _____

NON-RETIREMENT INVESTMENT ACCOUNTS

Please list any non-retirement investment accounts, including Individual Brokerage accounts, Joint Brokerage accounts, Trust accounts, Non-qualified Annuities or Savings Bonds that you own.

Name of Company/Fund	Owner	Primary and Contingent	Value
		Beneficiaries	

Total Value = _____

RETIREMENT ACCOUNTS

Please list any retirement accounts you have, including Pensions (P), Profit Sharing (PS), IRA's, IRA Annuities and 401(K)'s.

Name of Company	Type of Plan	Participant	Primary and Contingent Beneficiaries	<u>Value</u>

Total Value = _____

LIFE INSURANCE POLICES

Please list any life insurance policies you have, including whole life, term, and group life policies.

Life Insurance Company	Policy No. and Type	Insured	Primary and Contingent	<u>Death Benefit</u>
			Beneficiaries	

Total Value = _____

BUSINESS INTERESTS

Please list any business entities that you have an ownership interest in, including General and Limited Partnerships, Sole Proprietorships, LLC's, S-Corporations, C-Corporations, or farm interests. Please provides us with copies of the Operating Agreements, Shareholder Agreements, Buy-Sell Agreements or Redemption Agreements (as applicable) for each entity.

Name of Business	Owners	Percent of	Value of Interest
		ownership interest	

Total Value = _____

MONEY OWED TO YOU

Does anyone owe you money? This could be through a Promissory Note, a Mortgage, a Land Contract, etc. Please list any money owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed To:	Current Balance

Total Value = _____

YOUR DEBTS AND LIABILITIES

Please list any debts that you currently have, including your Mortgage, Loans, Credit Cards (that are not paid off monthly), etc.

Type of Liability	Owner	<u>Amount</u>

Total Liabilities = _____

SUMMARY OF VALUES

ASSETS

Real Estate	
Furniture and Personal Effects	
Automobiles, Boats and RV's	
Bank and Savings Accounts	
Non-Retirement Investment Accounts	
Retirement Accounts	
Life Insurance Policies	
Business Interests	
Money owed to you	
Other Assets	
Total Assets =	

LIABILITIES

Mortgages	<u> </u>	
Loans		
Credit Cards		
	Total Liabilities =	

NET WORTH

Your "Net Worth" is determined by adding the value of all of your assets, including real estate, personal property, bank accounts, non-retirement investments, retirement investments, cash value of life insurance policies (do not include standard death benefit of policy), and anything else you own and then subtracting your total liabilities. Your total Net Worth may be relevant for estate planning purposes because, depending on the value of your estate, we may need to discuss options for tax planning.

Total Net Worth: _____