

ESTATE PLANNING WORKSHEET

Domestic Partners

Attached is an estate planning worksheet that includes some personal financial questions. All information provided on this form will be held in complete confidence. I will use it for the sole purpose of analyzing your estate planning needs and developing your estate plan. I suggest that you complete this worksheet prior to your initial appointment with me. If I review the completed worksheet before your appointment, we can focus our time together on your estate planning goals and not your financial details.

During the initial meeting we will:

- **Determine your specific estate planning needs and goals;**
- **Analyze the potential cost of probate and taxes based on your current plan; and**
- **Discuss methods of reducing costs and accomplishing your goals.**

I will provide an exact quote on fees for your estate plan after our initial meeting.

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	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
Are you interested in avoiding probate of your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages? If yes, year marriage ended in: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do either of you have children who are not the children of both you and your partner?	<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, 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 partner (such as a domestic partnership agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any family member or potential beneficiaries 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 partner, or is some property separate?	<input type="checkbox"/> All joint (except IRA's, pensions, etc.)	<input type="checkbox"/> Some separate
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NET WORTH: If you added the value of all property owned by yourself and your 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 you and your partner?

Asset Value Client #1: _____ Asset Value Client #2: _____

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, including mortgages, loans, credit card debt, etc? (Attribute joint debt 50% to each.)

Liabilities Client #1: _____ Liabilities Client #2: _____

INCOME/ASSET/LIABILITY INFORMATION

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

	<u>Client #1</u>	<u>Client #2</u>
INCOME:		
Earned Monthly Income from Labor	_____	_____
Monthly Social Security Income	_____	_____
Monthly Pension Income	_____	_____
Other Monthly Income	_____	_____

Type of Asset	Title in Which Held <small>(Client #1 sole; Client #2 sole; Joint with partner; Joint with third party; Tenants in common, etc.)</small>	Type of Property	Where Located/Held	Current Value <small>(Not including debt)</small>
Real Estate (Include type of property e.g., residential, agricultural, commercial, or manufacturing.)				
Personal Residence				
Vacant Land				
Other Real Estate:				

Liquid Assets (Include account number and address where held.)			
Type of Asset (Include where held)	Title in Which Held (Client #1 sole; Client #2 sole; Joint with partner; Joint with third party; or Tenants in common, etc.)		Current Value
Cash on Hand			
Government and Publicly Traded Securities			
Unlisted Securities (Not Publicly Traded)			
Money Market Accounts			
Equity in Business <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership			
Notes and Loans Receivable			
Checking Accounts			
Savings Accounts			
Certificates of Deposit			
Automobiles			
Other Personal Property			
Annuities	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>
IRAs			
Pension/Profit Sharing			
Life Insurance			<u>Cash Value</u> <u>Death Benefit</u>
Other Assets			

LIABILITIES (Mortgages, loans, credit cards, etc.)	Name Loan Taken In: (Client #1, Client #2, Joint, Other)	Amount Owed

BENEFICIARIES

Name	Address and Telephone Number	Date of Birth	Relationship

GIFT TAX RETURNS

Have you ever filed a gift tax return to report gifts made? _____ ***If YES, please bring copies of the returns to your appointment.

APPOINTMENTS

1. **PERSONAL REPRESENTATIVE.** Your will should name a personal representative to probate your estate. A personal representative is also sometimes referred to as an executor or administrator. Many people name their partner as the primary personal representative, with a child, relative, or friend as alternate.

CLIENT #1'S APPOINTMENTS	Name	Address	Telephone #
PERSONAL REPRESENTATIVE			
ALTERNATE			
SECOND ALTERNATE			

CLIENT #2'S APPOINTMENTS	Name	Address	Telephone #
PERSONAL REPRESENTATIVE			
ALTERNATE			
SECOND ALTERNATE			

APPOINTMENTS CONTINUED:

2. **SUCCESSOR TRUSTEE.** If you choose to establish a trust you should name a successor trustee. The successor trustee will be responsible for managing assets if you are unable, or in the case of a joint trust, if neither you nor your partner are able, to manage assets due to incompetence. The successor trustee will distribute assets to beneficiaries after death, or after the death of both partners with a joint trust.

CLIENT #1'S APPOINTMENTS	Name	Address	Telephone #
SUCCESSOR TRUSTEE			
ALTERNATE			
SECOND ALTERNATE			

CLIENT #2'S APPOINTMENTS	Name	Address	Telephone #
SUCCESSOR TRUSTEE			
ALTERNATE			
SECOND ALTERNATE			

3. **FINANCIAL POWER OF ATTORNEY.** If you are unable to make financial decisions for yourself, this person will have the authority to make these decisions for you.

CLIENT #1'S APPOINTMENTS	Name	Address	Telephone #
POWER OF ATTORNEY			
ALTERNATE			
SECOND ALTERNATE			

CLIENT #2'S APPOINTMENTS	Name	Address	Telephone #
POWER OF ATTORNEY			
ALTERNATE			
SECOND ALTERNATE			

APPOINTMENTS CONTINUED:

4. **HEALTH CARE AGENT.** If you are unable to make medical decisions for yourself, this person will have authority to make these decisions for you.

CLIENT #1'S APPOINTMENTS	Name	Address	Telephone #
HEALTH CARE AGENT			
ALTERNATE			
SECOND ALTERNATE			

CLIENT #2'S APPOINTMENTS	Name	Address	Telephone #
HEALTH CARE AGENT			
ALTERNATE			
SECOND ALTERNATE			

PLAN OF DISTRIBUTION

1. **SPECIFIC GIFTS.** Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

2. **CHARITABLE ORGANIZATIONS.** Do you have charitable organizations that you currently support and that you wish to include in your estate plan?

3. Briefly describe how you want assets remaining after any specific gifts are made to be distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later, if needed.)
 - All to domestic partner; if domestic partner does not survive, then to the following beneficiaries who survive: _____.
 - All to domestic partner; if domestic partner does not survive, then to the following beneficiaries, or if a beneficiary does not survive, to the children of the deceased beneficiary. Beneficiaries are: _____.
 - As follows: _____.
4. **ULTIMATE DISTRIBUTION.** If neither you, your partner nor your children/other beneficiaries named above survive, how would you want your property distributed?

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 should appoint a guardian. The guardian is responsible for the day-to-day care of the child or special needs beneficiary.
GUARDIAN: _____
ALTERNATE: _____
2. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they will be capable of managing assets on their own. A trustee can keep beneficiaries' 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 can be a different person or an institution.
TESTAMENTARY TRUSTEE: _____
ALTERNATE: _____

