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ESTATE PLANNING WORKSHEET DOMESTIC PARTNER

**WE OFFER A FREE
NO-OBLIGATION, 30-MINUTE CONSULTATION**

During the initial appointment, we will determine your specific estate planning needs and goals. A quote of fees for estate planning will be provided before you decide whether you would like any work completed.

Date ______________________

PARTNER 1 ____
First *Middle Initial* *Last*

______________________ ______________________
Date of Birth *Social Security Number*

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Home Phone Work Phone Cell Phone

E-mail:______________________________

PARTNER 2 ____
First *Middle Initial* *Last*

______________________ ______________________
Date of Birth *Social Security Number*

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Home Phone Work Phone Cell Phone

E-mail______________________________

Information provided in this Estate Planning Worksheet is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents.

	Partner 1		Partner 2	
Do you presently have a Will?	☐Yes	☐No	☐Yes	☐No
Do you presently have a Trust?	☐Yes	☐No	☐Yes	☐No
Were there any previous marriages?	☐Yes	☐No	☐Yes	☐No
Any children from previous marriage?	☐Yes	☐No	☐Yes	☐No
Any deceased children?	☐Yes	☐No	☐Yes	☐No
Did deceased child leave issue?	☐Yes	☐No	☐Yes	☐No

CHILDREN OR OTHER BENEFICIARIES
(*Please indicate if a child is from a previous marriage*)

Name	Address and Telephone number	Date of Birth	Relationship

INFORMATION NEEDED FOR REVOCABLE TRUST

APPOINTMENTS

1. **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 successor trustee would be responsible for managing assets if neither you nor your partner could manage assets due to incompetency, and the successor trustee would distribute assets to beneficiaries after neither you nor your partner survive. The successor trustee is often the same individual or institution named as alternate personal representative.

SUCCESSOR TRUSTEE: ______________________________

Address:______________________________
Telephone Number:______________________________

ALTERNATE: ______________________________
Address:______________________________
Telephone Number:______________________________

PLAN OF DISTRIBUTION

2. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church 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?

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3. Briefly describe your desired plan of distribution for assets remaining after any specific gifts are distribute: (Don t worry about tax planning or other considerations in answering this question. We ll consider those details later.)

☐ All to domestic partner, then to ____

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☐ All to domestic partner; then equally between children, and if a child predeceases, then the deceased child's children would take the share of the deceased child.
☐ All to domestic partner, then equally between surviving children
☐ As follows: ____

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

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5. **ANIMALS.** Do you have any animals that you would like to provide for? Who would you like to take care of any companion animals you may have at the last of you to die?

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INFORMATION NEEDED FOR POUR-OVER WILL

1. **PERSONAL REPRESENTATIVE**. The "Pour-over" Will should name a personal representative to probate the estate in the event that this should be necessary. (Personal representative is also sometimes referred to as executor or administrator.) Most people name their partner as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.

Partner 1:
PERSONAL REPRESENTATIVE: ____
ALTERNATE: ____

Partner 2:
PERSONAL REPRESENTATIVE: ____
ALTERNATE: ____

2. **DISINHERITANCE.** In the event that you wish to omit making provision for any of your heirs, state the person's name, their relationship to you, and the reason why you wish to disinherit this heir.

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3. **FUNERAL/BURIAL INSTRUCTIONS.** Do you have any specific wishes with regard to your funeral or burial? Cremation?

Partner 1: ____

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Partner 2: ____

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PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE
MINOR OR DISABLED BENEFICIARIES

1. **GUARDIAN.** If you have minor children or an incompetent child, you will 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 in the event your first choice cannot service.

GUARDIAN: ____

ALTERNATE: ____

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

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/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as ½ at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you chose.

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HEALTH CARE DOCUMENTS

1. **DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS** gives you the opportunity to name an attorney-in-fact to act on your behalf regarding medical care decisions. The person you designate is subject to any limitations or statement of your desires that you include in this document.

PARTNER 1:

Attorney-in-Fact ____

Address: ____

Telephone Number: ____

Alternate Attorney-in-Fact ____

Address: ____

Telephone Number: ____

PARTNER 2:

Attorney-in-Fact ____

Address: ____

Telephone Number: ____

Alternate Attorney-in-Fact ____

Address: ____

Telephone Number: ____

ASSET / LIABILITY INFORMATION

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

Type Of Asset	**Title In Which Held** Please note which partner owns asset	**APPROX. VALUE**	**COPY ATTACHED** ✓
REAL ESTATE			
MOTOR VEHICLES (year, make, model)		Vehicle ID Number	
LIQUID AND OTHER ASSETS (Include Account Number and Where Held) copy of statements or information regarding address and phone number is helpful)			
CHECKING & SAVINGS ACCOUNTS	BRANCH	ACCT. #	
CERTIFICATES OF DEPOSIT	BRANCH	ACCT. #	
STOCKS, BONDS, MUTUAL FUNDS	BROKER & ADDRESS	ACCT. #	
IRA'S, PENSION PLANS (we do not change ownership of this accounts, we change only the contingent beneficiary)			

INSURANCE POLICIES, ANNUITIES (we do not change ownership of these policies, we change only the contingent beneficiary)		Policy #	
BUSINESS INTERESTS (If you own corporate stock in a business, the stock will need to be re-issued in the name of the trust.)		Percentage Owned	
VALUABLE COLLECTIONS			
PROMISSORY NOTES & OTHER RECEIVABLES			

GENERAL QUESTIONS

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

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