

Name(s): _____

Date completed: _____

Estate Planning Worksheet

Domestic Partners

Jane L. Williams, LLC.

Estate Planning and Elder Law

**USING THIS ORGANIZER WILL ASSIST US IN THE DESIGNING OF AN
ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION
PROVIDED IS STRICTLY CONFIDENTIAL.**

**PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE
PRIOR TO YOUR APPOINTMENT VIA MAIL, FAX, EMAIL, OR
DROPPING IT OFF.**

Jane L. Williams, LLC.

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PART I
Personal Information

Partner 1's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Preferred Name _____ Birthdate _____ US Citizen? _____

Home Address _____

City _____ State _____ Zip _____

County of Residence _____

Phone (Home) _____ Phone (Cell) _____

Employer _____ Position Held _____

Employer Address _____

City _____ State _____ Zip _____

Email Address _____

Is it okay to communicate with you via email? Yes _____ No _____

Partner 2's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Preferred Name _____ Birthdate _____ US Citizen? _____

Home Address _____

City _____ State _____ Zip _____

County of Residence _____

Phone (Home) _____ Phone (Cell) _____

Employer _____ Position Held _____

Employer Address _____

City _____ State _____ Zip _____

Email Address _____

Is it okay to communicate with you via email? Yes _____ No _____

How did you hear about our Law Firm? _____

Children and Other Family Members

Include all of your children and all other individuals who you will be naming as beneficiaries, guardian, or fiduciaries (i.e. executors, trustees, or agents under a medical or financial power of attorney) – in other words, everyone that you mention anywhere else in this intake form. For children, please use “JT” if both partners are parents, “P1” if Partner 1 is the parent, “P2” if Partner 2 is the parent.

Name _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip _____ Relationship _____

Name _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip _____ Relationship _____

Name _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip _____ Relationship _____

Name _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip _____ Relationship _____

Name _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip _____ Relationship _____

Name _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip _____ Relationship _____

Comments _____

Advisors

Provide Name and Telephone Number(s)

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 Concern

L – Low Concern

N/A – No concern or not applicable

Description

Level of Concern

Partner 1 Partner 2

| | | |
|---|--|--|
| 1. Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability. | | |
| 2. Providing for and protecting children. | | |
| 3. Providing for and protecting grandchildren. | | |
| 4. Disinheriting a family member. | | |
| 5. Providing for charities at the time of death. | | |
| 6. Planning for the transfer and survival of a family business. | | |
| 7. Avoiding or reducing your estate taxes. | | |
| 8. Avoiding Probate. | | |
| 9. Avoiding Will contests or other disputes upon death. | | |
| 10. Reducing administration costs at the time of your death. | | |
| 11. Preserving the privacy of affairs in case of disability or a time of death from business competitors, predators, dishonest persons, or curiosity seekers. | | |
| 12. Planning for a child with disabilities or special needs. | | |
| 13. Protecting children's inheritance from their own lawsuits or creditors. | | |
| 14. Protecting children's inheritance from possibility of their own failed marriages. | | |
| 15. Protecting children's inheritance from the unintentional disinheritance by your surviving partner. | | |
| 16. Providing that your death shall not be unnecessarily prolonged by artificial means. | | |

Other Concerns

Important Family Questions

Please check “Yes” or “No” for your answers.

| | Yes | No |
|---|-----|----|
| 1. Are you (or is your partner) receiving Social Security, Disability, or other governmental benefits? <i>If yes, please explain below.</i> | | |
| 2. Are you (or is your partner) making payments pursuant to a divorce or property settlement order? <i>If yes, please furnish a copy of the separation agreement.</i> | | |
| 3. Have you (or has your partner) been widowed? | | |
| 4. Have you (or has your partner) completed previous estate planning (Will, Trust, Powers of Attorney)? <i>If yes, please furnish a copy.</i> | | |
| 5. Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If yes, please explain below.</i> | | |
| 6. Are you (or is your partner) currently receiving benefits from anyone else’s trust? <i>If yes, please explain below.</i> | | |
| 7. Do any of your children or dependents have special education, medical, or physical needs? | | |
| 8. Do any of your children or dependents receive governmental support or benefits? | | |
| 9. Do you provide primary or other major financial support to adult children or others? <i>If yes, please explain below.</i> | | |
| 10. Are you (or is your partner) a U.S. veteran? | | |
| 11. Are you (or is your partner) a member of a labor union or do you work for a labor union? | | |
| 12. Do you (or does your partner) have Long Term Care Insurance? | | |

Additional Information

PART II
Property Information

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps 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 the checklist. If so, attach 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 the purposes of properly designing and implementing your estate plans. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

| Owner of Property | Use |
|---|------------|
| Partner 1’s name alone, with no other person | P1 |
| Partner 2’s name alone, with no other person | P2 |
| Joint Tenancy with Partner | JTP |
| 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

Any interest in real estate including your family residence, vacation home, timeshare, vacant land, farm/agriculture real estate.

| General Description and/or Address | Owner | Market Value | Loan Balance |
|--|-------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Total Equity (market value minus loan balance) | | | _____ |

Furniture and Personal Effects

List separately only major personal effects such as jewelry, collections, antiques, furs, firearms, and other valuable non-business personal property (*please give a lump sum value for your miscellaneous, less valuable items*).

| Type or Description | Owner | Market Value |
|---|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| <u>Miscellaneous furniture and household effects (in total)</u> | _____ | _____ |
| Total | | _____ |

Automobiles, Boats, and RVs

For each motor vehicle, boat, RV, etc. please list the following: description, how it's titled, market value, and loan balance.

| General Description | Owner | Value | Loan Balance |
|---------------------|-------|-------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Total | | | _____ |

Bank Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificate of Deposit "CD", Money Market "MM". **DO NOT INCLUDE IRAs, 401(k)s, OR BROKERAGE ACCOUNTS HERE.** **Note:** If an account is in your name or your partners for the benefit of a minor, please specify and give minor's name.

| Name of Institution | Type | Owner | Amount |
|---------------------|-------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Total | | | _____ |

Stocks and Bonds

List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.
DO NOT INCLUDE IRAs, SEPs, PENSIONS, OR OTHER RETIREMENT ACCOUNTS HERE.

| Stocks, Bonds, or Investment Accounts | Type | Owner | Amount |
|---------------------------------------|------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

Life Insurance Policies and Annuities

TYPE: Term, whole life, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, face amount (death benefit), whose life is insured, who owns the policy, and the current beneficiaries.

| Company | Type | Insured | Owner | Beneficiaries | Death Benefit |
|---------|------|---------|-------|---------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

Retirement Plans

TYPE: Pension “P”, Profit Sharing “PS”, H.R. 10, IRA, SEP, 401(k). **ADDITIONAL INFORMATION:** Describe the plan name, current value, owner, beneficiaries, and other pertinent information.

| Administrator | Owner | Type | Beneficiaries | Amount |
|---------------|-------|------|---------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorship, Corporation, LLC, and LLP. **ADDITIONAL INFORMATION:** Give a description of the interest, who has the interest, your ownership in the interest, and estimated value of the interest.

| Name of Business | Type | Amount of Ownership | Estimate Value of Your Interest |
|------------------|-------|---------------------|---------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | Total _____ |

Money Owed to You

TYPE: Mortgages or promissory notes payable *to you*, or other money *owed to you*.

| Name of Debtor | Date of Note | Maturity Date | Owed to | Current Balance |
|----------------|--------------|---------------|---------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | | Total _____ |

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some point in the near future; or money that you anticipate receiving through a lawsuit. **Describe in appropriate detail.**

Estimated value _____

Other Assets

TYPE: Other property; any property that you have that does not fit into any listed category (i.e. burial plot, oil and mineral rights, etc.).

| Type | Owner | Value |
|-------|-------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | | Total _____ |

Summary of Values

| Assets | Amount | | |
|--------------------------------|-----------|-----------|-------------|
| | Partner 1 | Partner 2 | Total Value |
| Real Property | _____ | _____ | _____ |
| Furniture and Personal Effects | _____ | _____ | _____ |
| Automobiles, Boats, RVs | _____ | _____ | _____ |
| Bank Accounts | _____ | _____ | _____ |
| Stocks and Bonds | _____ | _____ | _____ |
| Life Insurance and Annuities | _____ | _____ | _____ |
| Retirement Plans | _____ | _____ | _____ |
| Business Interests | _____ | _____ | _____ |
| Money Owed to You | _____ | _____ | _____ |
| Anticipated Inheritance | _____ | _____ | _____ |
| Other Assets | _____ | _____ | _____ |
| Total Assets: | _____ | _____ | _____ |

**For Joint Property values, enter 1/2 in Partner 1's column and 1/2 in Partner 2's column.*



NOTICE



**Thank you for completing the first two parts of the
Estate Planning Worksheet.**

**Please feel free to answer any additional questions you
are comfortable answering.**

PART III

Trust 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 | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

INITIAL TRUSTEE(S) (during your lifetime): Usually the client will be the Trustee of their own trust.

Often, both partners, jointly, will be Trustees.

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you concerning your property and assets? You will need a primary and contingent individual or entity for each of you.

Partner 1

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Partner 2

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DEATH TRUSTEE: After your death, who do you want carrying out your instructions for distributions to and management of property for your beneficiaries? You will need a primary and contingent individual or entity for each of you.

Partner 1

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Partner 2

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DEFINITION OF INCAPACITY: Your trust or durable power of attorney documents may contain a “springing clause”, which means that your Successor Trustee’s or Financial Agent’s authority to manage your assets only becomes effective is you are incapacitated (or disabled). Your incapacity can be determined in any of the following ways (please choose **one** option).

Partner 1

- _____ One Physicians’ certification
- _____ Two Physicians’ certification
- _____ Certification of my **Disability Panel** (individuals who know and care about you who would know if you were unable to handle your own affairs). If you choose this option, please complete the information below:

Your Disability Panel Members are:

- 1. _____
- 2. _____
- 3. _____

Partner 2

- _____ One Physicians’ certification
- _____ Two Physicians’ certification
- _____ Certification of my **Disability Panel** (individuals who know and care about you who would know if you were unable to handle your own affairs). If you choose this option, please complete the information below:

Your Disability Panel Members are:

- 1. _____
- 2. _____
- 3. _____

In making distributions during any period of time you are *incapacitated*, to whom do you want your Successor Trustee to give primary consideration?

_____ Your needs, then the needs of others dependent on you (typical for single individuals or couples with adult children).

_____ Your needs and the needs of others dependent on you equally (typical for couples with minor children).

Financial Power of Attorney

If you were unable to make *financial* decisions for yourself, who would you want to make those decisions for you? This position is typically filled by the same individual(s) or entity you have chosen as your "Disability Trustee" on page 9. You will need a primary and a contingent individual or entity for each of you.

Partner 1's Agent

| Name | Relationship |
|----------|--------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Partner 2's Agent

| Name | Relationship |
|----------|--------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Partner 1 _____ Yes _____ No

Partner 2 _____ Yes _____ No

If yes, **Gifting Power Details:** (i.e. allow Financial Agent to give only to continue your usual pattern of previous gifting)

Healthcare Power of Attorney

If you were unable to make *medical* decisions for yourself, who would you want to make those decisions for you with regard to your medical treatment? You will need a primary and a contingent individual for each of you.

Partner 1's Medical Agents

1. Name _____ Phone _____
Address _____ Relationship _____
City _____ State _____ Zip _____

2. Name _____ Phone _____
Address _____ Relationship _____
City _____ State _____ Zip _____

3. Name _____ Phone _____
Address _____ Relationship _____
City _____ State _____ Zip _____

Partner 2's Medical Agents

1. Name _____ Phone _____
Address _____ Relationship _____
City _____ State _____ Zip _____

2. Name _____ Phone _____
Address _____ Relationship _____
City _____ State _____ Zip _____

3. Name _____ Phone _____
Address _____ Relationship _____
City _____ State _____ Zip _____

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than a nursing home?

Partner 1 _____ Yes _____ No

Partner 2 _____ Yes _____ No

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

Partner 1 _____ Yes _____ No

Partner 2 _____ Yes _____ No

Living Will

Under certain circumstances where there is **no** reasonable hope of recovery or regaining higher mental functioning, do you want to instruct your Medical Agent not to prolong the moment of your death by artificial means or measure?

Partner 1 _____ Yes _____ No

Partner 2 _____ Yes _____ No

Do you want to provide that your organs and tissues should be made available for *transplant purposes*?

Partner 1 _____ Yes _____ No

Partner 2 _____ Yes _____ No

Do you want to provide that your organs and tissues should be made available for *research purposes*?

Partner 1 _____ Yes _____ No

Partner 2 _____ Yes _____ No

HIPAA

Who would you like to have access to your protected health information? Usual it is the same people you name as your Medical Agents but can be others as well.

Partner 1's

Partner 2's

PART IV

Following Your Passing (by Will or Trust)

DISTRIBUTION OF PERSONAL PROPERTY AND SPECIFIC GIFTS

Use of Personal Property Memorandum: You will have a list on which you can name individuals to receive certain items of your personal property.

Any property that is not on the Memorandum should be distributed to (choose **one**):

Partner 1:

- | | |
|--|---|
| 1. _____ Partner 2, then children equally | 4. _____ Partner 2, then balance of Trust |
| 2. _____ Partner 2, then other named individuals | 5. _____ Children |
| 3. _____ Other named individuals (please list below) | 6. _____ To the balance of the Trust |

Partner 2:

- | | |
|--|---|
| 1. _____ Partner 1, then children equally | 4. _____ Partner 1, then balance of Trust |
| 2. _____ Partner 1, then other named individuals | 5. _____ Children |
| 3. _____ Other named individuals (please list below) | 6. _____ To the balance of the Trust |

SPECIFIC GIFTS: Do you want to give specific gifts of real estate or cash to either individuals or charities before your remaining property is otherwise split or distributed? Indicate whether these gifts are to be made even if your spouse is still alive.

Partner 1

| | | |
|-----------------------|--------------------|-----------------------------------|
| Individual or Charity | Amount or Property | Only if my spouse predeceased me. |
|-----------------------|--------------------|-----------------------------------|

Partner 2

| | | |
|-----------------------|--------------------|-----------------------------------|
| Individual or Charity | Amount or Property | Only if my spouse predeceased me. |
|-----------------------|--------------------|-----------------------------------|

Final Division of the Balance of My Property Upon My Death

- _____ Divide equally between my children and the descendants of any deceased children.
- _____ Divide among the below named individuals and/or charities.

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

_____ **Distribute outright to my beneficiaries:** Provides no protection from creditors, predators, themselves, or divorcing spouses.

_____ **Structured Trust:** You determine how long the property is to remain in trust. During this period of time the property is held in trust, it is available to the beneficiary for needs (health, education, maintenance, and support). You may give written instructions to the trustee outlining guidelines to follow in determining the beneficiary’s needs. You may provide for a staggered withdrawal of principal, for example: 1/3 at the age of 30, 1/3 at the age of 35, and balance at age 40. You decide who will manage the property and carry out your distribution instructions. You decide how the trust is designed. List your desires below:

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the *remote* event that none of your listed beneficiaries are 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 is alive to receive my property, I want my property to distribute as follows:

- _____ ½ to Partner 1’s Heirs-At-Law and ½ to Partner 2’s Heirs-At-Law
- _____ To the following named individuals and/or charities

OTHER ITEMS TO DISCUSS: Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want to include or discuss (i.e. care of pets, disposition or remains, type of memorial service, specific religious beliefs, etc.) below.
