

GIRVIN & FERLAZZO, P.C.

20 Corporate Woods Boulevard

Albany, New York 12211

(518) 462-0300

(518) 874-5043

rer@girvinlaw.com

CONFIDENTIAL ***ESTATE PLANNING WORKSHEET - Single***

Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. Preparation of this worksheet is not mandatory prior to the initial appointment with us, but if we are able to review the completed worksheet prior to your appointment, more can generally be covered during the 30-minute free initial consultation.

WE OFFER A FREE

NO-OBLIGATION, 30-MINUTE CONSULTATION

During the initial appointment, we will determine your specific estate planning needs and goals. The potential cost of probate and tax which would occur with your current plan will be analyzed, and methods of reducing costs and accomplishing goals will be discussed. An exact quote on fees for estate planning will be provided before you decide whether you would like any work completed.

SEE CHECKLIST OF ITEMS TO BRING TO OUR OFFICE ON PAGE 11.

ESTATE PLANNING WORKSHEET

The information requested on this worksheet may seem like *none of an attorney's business*, but it is very important that an estate planning attorney understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

Estate planning is very important for singles as well as couples. A plan of distribution for singles is not obvious and most or all assets will be probated since joint tenancy with a spouse is not an available method of avoiding probate.

Date _____ Phone No. (Home) _____ (Work) _____ (Cell) _____

First Middle Initial Last

Date of Birth Social Security Number

Street City State Zip

County _____

E-mail address: _____

Marital Status: Divorced
 Separated Single (including widowed and not remarried)

What is your primary motivation for considering estate planning? (*Select one or more*)

- | | |
|--|---|
| <input type="checkbox"/> Probate Avoidance | <input type="checkbox"/> Federal Estate and Gift Tax planning |
| <input type="checkbox"/> Guardianship for Minor Children | (For estates approaching the \$2,000,000 |
| <input type="checkbox"/> Business or Farm Planning | (\$1,000,000 for NYS - should be analyzed |
| <input type="checkbox"/> Other: _____ | for federal estate tax planning options |
| | since inflation, growth and other factors may |
| | create tax issues in these estate.) |

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

- Do you presently have a will? Yes No
- Do you presently have a trust? Yes No
- Are you interested in avoiding probate of your estate? Yes No
- Have you been married? Yes No
- Do you have children from a prior marriage? Yes No
- Do any of your children or other beneficiaries have disabilities? Yes No
- Do you own a farm or business? Yes No
- If yes, do any of your children work in the business with you? Yes No
- If yes, does the child working in the business have an ownership interest in the business? Yes No
- Are you a U.S. citizen? Yes No
- Do you have any serious health problems?
If yes, please describe briefly: _____
-

Do you own a long-term care (nursing home) insurance policy? Yes No

NET WORTH: If you added the value of all property owned by yourself 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 your estate?

What is the value of death benefits on your life insurance? _____

What is the total amount of your outstanding liabilities? _____

INCOME/ASSET/LIABILITY INFORMATION

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

INCOME:

Earned Monthly Income from Labor _____

Monthly Social Security Income _____

Monthly Pension Income _____

Other Monthly Income _____

Rights or Interests in Trusts, Estates, or Prospective Inheritance: ____ Yes ____ No

If yes, give name of person who is the source of the interest as well as nature and value of the interest. Include Powers of Appointment which you have: [Please bring a copy of the instrument in which the power appears.] _____

Type of Asset	Title in Which Held (Sole; Joint with third party; or Tenants in common, etc.)	Type of Property (Residential, Commercial, Manufacturing, Agricultural)	Current Value
REAL ESTATE			
Personal Residence			
Vacant Land			
Other:			
LIQUID ASSETS (Include Account Number and Where Held)			
Cash on Hand			
Government and			

Type of Asset	Title in Which Held (Sole; Joint with third party; or Tenants in common, etc.)	Type of Property (Residential, Commercial, Manufacturing, Agricultural)	Current Value
Publicly Trade Securities			
Unlisted Securities (Not publicly Traded)			
Brokerage Accounts			
Equity in Business <input type="checkbox"/> Sole Prop. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Notes and Loans Receivable			
Type of Asset (Include account numbers)	Title in Which Held (Sole; Joint with third party; or tenants in common, etc.)	Current Value	
Checking Accounts			
Savings Accounts			
Money Market Accounts			
Certificates of Deposit			
Automobiles			

Other Non-Probate Property	Owner	Beneficiary	Current Value	
Annuities				
IRA's				
Pension/Profit Sharing				
<u>Life Insurance</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Cash Value</u>	<u>Death Benefit</u>
Other Assets	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>	
Liabilities	Name Loan Taken In: (Sole, Joint, Other)		Amount Owed	

CHILDREN, GRANDCHILDREN OR OTHER BENEFICIARIES (IF APPLICABLE)

Name	Address	Phone #	Date of Birth	Relationship

GIFT TAX RETURNS

Have gift tax returns ever been filed to report gifts made? _____ ***If yes, please bring copies of the returns to your appointment.

APPOINTMENTS

1. **PERSONAL REPRESENTATIVE.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as an Executor)

PERSONAL REPRESENTATIVE(S): _____

ALTERNATE: _____

SECOND ALTERNATE: _____

2. **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 you could not manage assets due to incompetency. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust.

SUCCESSOR TRUSTEE(S): _____

ALTERNATE: _____

SECOND ALTERNATE: _____

3. HEALTH CARE AGENT. 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? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent(s).

HEALTH CARE AGENT: _____

ALTERNATE: _____

SECOND ALTERNATE: _____

4. AGENT UNDER POWER OF ATTORNEY. Who should be named to transact business in your name in the event you become disabled or incompetent

Agent(s): _____

Alternate: _____

Second Alternate: _____

PLAN OF DISTRIBUTION

1. 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 person?

2. Briefly describe where you would want assets remaining after any specific gifts are distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

All to _____; then equally between _____,

and if _____ didn't survive, then to _____

All to _____, then equally between _____.

All to, _____
then _____

As follows: _____

3. **ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if all of your descendants/beneficiaries named above fail to survive.

PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR BENEFICIARIES OR BENEFICIARIES WITH DISABILITIES

4. **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 serve.

GUARDIAN(S): _____
ALTERNATE: _____

5. **TESTAMENTARY TRUSTEE(S).** 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(S): _____
ALTERNATE: _____

6. **AGE BENEFICIARY BECOMES TRUSTEE OR OF DISTRIBUTION TO BENEFICIARY.** 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 preferably in a “beneficiary controlled” trust at the time the beneficiary reaches a particular age (e.g. 30 years).

CHECKLIST OF ITEMS TO BRING TO OUR OFFICE

Check if you have any of the following instruments and provide copies of same.

- _____ Prior Will
- _____ Existing Trust documents where you are donor or beneficiary
- _____ Power of Attorney
- _____ Living Will and/or Health Care Proxy
- _____ Business (partnership/shareholder) Agreements
- _____ Deeds to Real Property
- _____ Recent Tax Bill associated with Deeds
- _____ Real Property Appraisals, if any
- _____ Qualified Plan/IRA documents, including the following:
 - _____ Plan and Amendments
 - _____ Summary Plan Description and any material modifications.
 - _____ Summary Annual Report (SAR)
 - _____ Statement of Accrued Vested Pension Benefit
 - _____ Explanation of Preretirement Survivor Benefits
- _____ Form 5329, if any, filed with your 1987 or 1988 federal income tax return making the “grandfather” election
- _____ A copy of any current beneficiary elections that have been executed by you.
- _____ Life Insurance Policies
- _____ Prior Gift Tax Returns
- _____ Last Federal Income Tax Return

The information you have furnished will be relied upon by us in making recommendations for the revision of your estate plan, and if the information given is either incorrect or incomplete, our recommendations may be inappropriate, or worse, harmful. We, therefore, rely upon you, as we must, to take the necessary time and diligence to place into our hands data which can and will be used by us with competence in helping you meet your objectives. We obviously cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of incorrect or incomplete data.

Signature

Date