

ESTATE PLANNING WORKSHEET

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

During the initial appointment, we will determine your specific estate planning needs and goals. The potential cost of probate and tax that 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 complete.

CLIENT NAME: _____

DATE COMPLETED: _____

NISHAD KHAN PL
615 E. Colonial Drive
Orlando, FL 32803
(407) 228-9711 FAX: (407) 228-9713

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

What is your primary motivation for considering estate planning: (select one or more)

- Probate Avoidance
- Federal Estate Tax Planning (for estates over \$675,000)
- Business or Farm Planning
- Guardianship for Minor Children
- Other _____

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

	<u>Husband</u>		<u>Wife</u>	
Do you presently have a will?	yes	no	yes	no
Do you presently have a trust?	yes	no	yes	no
Are you interested in avoiding probate of your estate?	yes	no	yes	no
Were there any previous marriages?	yes	no	yes	no
Are any of your children or other beneficiaries handicapped?	yes	no	yes	no
Do you own a farm or business?	yes	no	yes	no
If yes, do any of your children work in the business with you?	yes	no	yes	no
If yes, does the child working in the business have an ownership interest in the business?	yes	no	yes	no
Are you a U. S. citizen?	yes	no	yes	no
Have you entered into any agreements with your spouse (such as pre-nuptial or community property agreement)?	yes	no	yes	no

Are there any serious health problems? yes no yes no

If yes, please describe briefly: _____

Do you own a long-term care (nursing home) insurance policy? yes no yes no

Do you hold everything jointly with your spouse, or is some property separate? All Joint (except) IRAs, pensions, etc. Some separate

Net Worth: If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRAs, and everything else you own except death benefits on life insurance, what is the approximate total value of the estate of yourself and your spouse? _____

What is the value of death benefits on life insurance? Insuring Husband _____ Insuring Wife _____

What is the total amount of your outstanding liabilities? _____

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.

CHILDREN OR OTHER PRIMARY BENEFICIARIES

NAME ADDRESS DATE OF BIRTH RELATIONSHIP

PLAN OF DISTRIBUTION

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts of cash, stock, land or other form of legal tender to a church, friend, relative, or other institution or individual? If so, please describe this gift below. This does not include tangible gifts to a particular person, such as a piece of jewelry to a particular child. This type of item can be described by you on a separate piece of paper and kept with the will. We will provide a form for this at the time of signing.

2. Briefly describe where you would want all assets (your estate) to go, after distribution of any specific gifts (above), if you do not survive: (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

_____ All to spouse; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.

_____ All to spouse, then equally between surviving children.

_____ All to spouse, then to: _____

**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 serve.

GUARDIAN: _____

Address: _____

Phone: _____

ALTERNATE: _____

Address: _____

Phone: _____

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: _____

Address: _____

Phone: _____

ALTERNATE: _____

Address: _____

Phone: _____

**PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE DECIDED TO AVOID
PROBATE BY CREATING A REVOCABLE LIVING TRUST**

1. **SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during your lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you, or in the case of a joint trust, either you or your spouse, could not manage assets due to incompetence. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, when neither you nor your spouse survives.

SUCCESSOR TRUSTEE: _____

Address: _____

Phone: _____

ALTERNATE: _____

Address: _____

Phone: _____

SECOND ALTERNATE: _____

Address: _____

Phone: _____

APPOINTMENTS

1. **PERSONAL REPRESENTATIVE.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) Most people name their spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. This person must be a Florida resident OR, if not, must be a member of your family.

PERSONAL REPRESENTATIVE: _____

Address: _____

Phone: _____

ALTERNATE: _____

Address: _____

Phone: _____

SECOND ALTERNATE: _____

Address: _____

Phone: _____

2. **HEALTH CARE AGENT and LIVING WILL DESIGNATE.** 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. (Typically, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent(s).

PRIMARY AGENT/DESIGNATE: _____

Address: _____

Phone: _____

