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DATA SHEET FOR ESTATE PLANNING

DATE: 1st meeting:

DATE: Documents due:

Project: Simp Tst AB Tst Qtip Tst Kid Tst Illit Qprt Inc LLC Buy-Sell Crd Pre-Nupt Flp

New Trust Name:

New Trust Date:

County:

State:

Prior Trust? No Yes: Name:

Date of Original Trust:

Settlors:

&

Trustees:

&

Restatement: Yes No

Amendment: Yes No

Amend: Will / PofA Prop / PofA Health

1. Client Information

Client (CL)

Spouse (SP)

Full Name:

Full Name:

Name as wanted on docs:

Name as wanted on docs:

Any other names used:

Any other names used:

Marital Status: Married Widowed Divorced Separated Never Married

Sex: male female

US citizen: yes no

Sex: male female

US citizen: yes no

Street Address:

Street Address:

City:

Same address as spouse

State:

Zip:

State:

Zip:

County:

County:

Home Phone:

Home Phone:

Same home phone as spouse

Cell Phone:

Cell Phone:

E-mail:

E-mail:

List all CHILDREN

First Name	Middle Initial	Last Name	Birthdate	USA citizen?	This marriage	H's prior marriage	W's prior marriage
			M/F		[]	[]	[]
			M/F		[]	[]	[]
			M/F		[]	[]	[]
			M/F		[]	[]	[]

Deceased children: if any, names & age at death:

2. FINANCIAL & BUSINESS DATA (Best Estimates)

A. ALL ASSETS (*excluding* Life Insurance)

Total Net Worth (w/o ins): \$ _____

B. LIFE INSURANCE & ANNUITIES

Total Ins. Death Benefits: \$ _____

C. OWNERSHIP IN BUSINESS

No Yes; if so: Percent owned: _____%

NAME OF BUSINESS _____

NET VALUE OF ENTIRE BUSINESS: \$ _____

HOW IS BUSINESS TO BE DISPOSED OF AT DEATH:

- Continued by Heirs Sold to Surviving Owners
 Sold to Key Persons Liquidated

IS THERE A BUY-SELL AGREEMENT? Yes No

3. DISTRIBUTION OF THE ESTATE

A. PERSONAL EFFECTS (example: all clothing, jewelry, furniture, etc.)

All to SURVIVING SPOUSE; and if deceased, **then:**

Equally to LIVING CHILDREN ONLY; **OR**

Follow BLOOD LINE ("issue") = to Living Children AND to the Children of any Deceased Child of yours.

Other:

B. SPECIAL GIFTS (example: cash, specific antiques, collections, etc. to be given to specific people.)

NO YES (complete below. Add additional pages if needed.)

Gift Item:

To:

Relationship:

Gift Item:

To:

Relationship:

C. BALANCE OF THE ESTATE (example: real estate, stocks, investments, etc.)

All to SURVIVING SPOUSE; and if deceased, **then:**

Equally to LIVING CHILDREN ONLY; **OR**

Follow BLOOD LINE ("issue") = to Living Children AND to the Children of any Deceased Child of yours.

Other:

If you do NOT want the beneficiaries to receive assets *immediately upon your death* (or upon the death of the Surviving Spouse, if married) you must choose **TRUST TERMS AND CONDITIONS**. (Section 4., below.)

D. COMMON DISASTER

In the remote possibility that ALL beneficiaries set forth above have predeceased you (and your Spouse, if married) or should you all die in a common accident (eg. you have no children or grandchildren then living), Who should receive your estate? (eg.: Parents, Brothers & Sisters, other relatives, friends, named charities, etc.)

1/2 to H's heirs at law, and 1/2 to W's heirs at law; **OR**

Other:

4. TRUST PROVISIONS

If you do NOT want the beneficiaries to receive assets *immediately upon your death* (or upon the death of the Surviving Spouse, if married) you must choose from among the **TRUST TERMS AND CONDITIONS**, below:

A. DISTRIBUTIONS FROM TRUST

TO SURVIVING SPOUSE:

All OUTRIGHT, immediately upon death of FIRST spouse; **OR**

HOLD IN TRUST, and from trust provide for his/her (chose any one or more of following :)

Right to reside in primary residence (or substitute residence, if they so desire)

FULL CARE FOR LIFETIME (for health, care, maintenance, and education, etc.)

Right to withdraw a % of estate principal annually: _____% per year.

TO ADULT CHILDREN:

All OUTRIGHT, immediately upon death of SECOND spouse; **OR**

HOLD IN TRUST, and from trust provide as per TRUST PLAN OF DISTRIBUTION (item B., below.)

TO MINOR CHILDREN and GRANDCHILDREN:

After death of SECOND spouse: All OUTRIGHT at age _____; **OR**

HOLD IN TRUST, and from trust provide as per TRUST PLAN OF DISTRIBUTION (item B., below.)

B. TRUST PLAN OF DISTRIBUTION

SELECT AS MANY ITEMS FROM BELOW, AS YOU DEEM APPROPRIATE: The Trustee is to distribute from each share, to the beneficiary thereof, the following:

1. **FULL CARE WHILE A MINOR**, UNTIL AGE _____. (example: age 19, when the beneficiary would then be in college and would be cared for under the college provisions.)
2. **ON-GOING HOUSING** UNTIL AGE _____. (example: until age 25, when they should be on their own.)
3. **COLLEGE ASSISTANCE** FOR _____ YRS. OF UNDERGRADUATE, and _____ YRS. OF GRADUATE education.
 FULL CARE WHILE IN COLLEGE, **OR**
 ONLY: (any/all of following): Tuition, Books, Lodging, Meals, Transportation, other
4. **HEALTH INSURANCE PREMIUM PAYMENTS**, plus HEALTH CARE EXPENSES not covered by insurance.
5. AT TRUSTEE'S DISCRETION IF THERE IS A TRUE **EMERGENCY**.
6. FOR **WEDDING/HONEYMOON**: Up to \$_____ (measured in today's dollars), after the child is age _____.
7. FOR **DOWNPAYMENT** for 1st home: Up to \$_____ (measured in today's dollars), after the child is age _____.
8. **COLLEGE** assistance **FOR THEIR CHILDREN**: _____ Yrs of Undergrad, and _____ Yrs of Grad education: t / b / l / m / t
9. **NET INCOME AFTER AGE** ____, NOT TO EXCEED \$_____/month, until their share is fully distributed; **OR**
 FIXED MONTHLY AMOUNT AFTER AGE ____, of \$_____/month, until their share is fully distributed; **OR**
 NO INCOME. They've had plenty so far, so let it accumulate and increase the principal.
10. **OTHER**:
11. **FINAL DISTRIBUTION OF THEIR SHARE**:
 ALL AT AGE _____; **OR**
 1/2 AT AGE _____, and 1/2 AT AGE _____; **OR**
 1/3 AT AGE _____, 1/3 AT AGE _____, and 1/3 AT AGE _____; **OR**
 OTHER: _____

C. DEATH OF A BENEFICIARY

If a Trust beneficiary dies before receiving all of his or her share, distribute the remainder of his or her share as follows:

- TO THEIR BLOODLINE ("issue"), in the same pattern as identified above; **OR**
 not to their children, but instead TO **MY OTHER CHILDREN**, in the same pattern as above; **OR**
 OTHER: (Eg. to their Spouse, to charity, etc.) _____

5. PEOPLE WHO WILL ADMINISTER YOUR ESTATE

A. EXECUTORS OF THE WILL

If assets are NOT transferred into trust, they typically will be required to go through probate, and your named *Executor*, under the direction of the Court, will distribute the assets according to the instructions in your Will.

EXECUTORS OF HUSBAND'S WILL

EXECUTORS OF WIFE'S WILL

1st. Wife; **OR**

1st. Husband; **OR**

Other: (relationship: _____)

Other: (relationship: _____)

2. Alternate: (relationship: _____)

2. Alternate: (relationship: _____)

3. Alternate: (relationship: _____)

3. Alternate: (relationship: _____)

B. TRUSTEES OF THE TRUST

Trustees perform according to the instructions in the Trust Agreement and provide continued management of your assets after your death (or the death of the Surviving Spouse, if married). You may use the same individuals or Corporate Institutions you selected as Executor(s).

1st (This will be a "living trust." created while you are "living." and unless you want someone else to control your estate, it should be YOU -- and *if married*, typically YOU and YOUR SPOUSE.)

ONLY HUSBAND (OR WIFE), as sole Trustee; **OR** BOTH Husband **AND** Wife, as Co-Trustees Pg 3 of 4

2nd when **HUSBAND** is deceased or incapacitated:
 ONLY **WIFE**, as sole Trustee; **OR** BOTH **WIFE** and _____, as Co-Trustees; **OR**
 OTHER:

2nd when **WIFE** is deceased or incapacitated:
 ONLY **HUSBAND**, as sole Trustee; **OR** BOTH **HUSBAND** and _____, as Co-Trustees; **OR**
 OTHER:

3rd when **BOTH YOU & YOUR SPOUSE** are deceased or incapacitated:
 ONLY _____ as sole Trustee; and if can't, then _____; **OR**
 BOTH _____ and _____, as Co-Trustees
and if either of them can't or won't then: _____; **OR**
 ALL of the following, as Co-Trustees:
 OTHER:

C. GUARDIANS FOR MINOR CHILDREN

Do you (or spouse) have **minor children**: NO YES: then list the individuals(s) who are to be guardians (till age 18).

Guardian(s): _____ Relationship to you: _____
1. _____
and _____:
 THEN the **SURVIVOR** of them. (Meaning: that If they are divorced or separated, or if either of them are unable to act as Guardian (Eg. due to death or disability), then the other of them **is** to act **ALONE**; **OR**
 NOT the SURVIVOR. (Meaning: that if they are divorced or separated, or if either of them are unable to act as Guardian (Eg. due to death or disability), then the other of them is to **NOT** to act **ALONE**. Instead, **the next named individual(s) are to act as guardian(s)**);

1st Alternate Guardian(s): _____ Relationship to you: _____
2. _____
and _____:
 THEN the **SURVIVOR** of them. (Meanin:, that If they are divorced or separated, or if either of them are unable to act as Guardian (Eg. due to death or disability), then the other of them **is** to act **ALONE**; **OR**
 NOT the SURVIVOR. (Meaning: that if they are divorced or separated, or if either of them are unable to act as Guardian (Eg. due to death or disability), then the other of them is to **NOT** to act **ALONE**. Instead, **the next named individual(s) are to act as guardian(s)**);

OTHER:

6. POWERS OF ATTORNEY

A. POWER OF ATTORNEY for HEALTH CARE

If You (and/or Your Spouse, if married) are unable to make health care decisions for yourself, please name one or more individuals (and alternates) to make health care decisions for you:

HEALTH DECIDER(S) FOR HUSBAND	HEALTH DECIDER(S) FOR WIFE
1st. <input type="checkbox"/> Wife:	1st. <input type="checkbox"/> Husband:
or <input type="checkbox"/>	or <input type="checkbox"/>
or <input type="checkbox"/> any one or more of the following:	or <input type="checkbox"/> any one or more of the following:
2. Alternate: (relationship: _____)	2. Alternate: (relationship: _____)
3. Alternate: (relationship: _____)	3. Alternate: (relationship: _____)
4. Alternate: (relationship: _____)	4. Alternate: (relationship: _____)