

Estate Planning Review Worksheet

WILLIAM H. SAMPLE

Instructions: This worksheet contains a summary of the terms and provisions contained in your estate plan as of June 12, 2009. Please review this worksheet and note any changes or updates you would like to have made to your estate planning documents in the space provided below the section. Common issues to look for include name changes, removal of a helper, addition of a helper, or the order in which your helper's names appear. **This worksheet is NOT a substitute for your Trust Documents. You may have requested special customized language regarding who will be appointed as your Trustees and/or Agents. Please review your Trust documents located in your Red Books to verify your choices and avoid any questions you may have.**

Revocable Living Trust

Current Trustees (Article One): These are the people responsible for the management of your trust while you are alive and healthy. Typically, you should be one of the initial trustees.

WILLIAM H. SAMPLE
MARY L. SAMPLE

Request Change	If "Yes", Describe Change to be Made
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Disability Panel Members (Article Four): These "helpers" are responsible for determining whether you are able to effectively manage your financial affairs. A Disability Panel Member does not have the authority to make financial and investment decisions over assets titled in your trust unless you have named them as a Disability Trustee. Please note that all of the individuals you have named as panel members serve together at the same time and work as a team.

My Disability Panel shall consist of the following named individuals:

MY SPOUSE AND
MY LIVING CHILDREN

Requires a unanimous opinion of my Disability Panel

Consultation Requirement:

Disability Panel must consult with the following named individuals to aid them in making a determination of my disability:

MY PRIMARY CARE PHYSICIAN AND
AN APPROPRIATE SPECIALIST(S) RECOMMENDED BY MY PRIMARY CARE
PHYSICIAN AND APPROVED BY MY DISABILITY PANEL

Replacement of Disability Panel Members (Article Four):

The remaining members of my Disability Panel shall serve alone.

Removal of a Member of my Disability Panel (Article Four):

By my spouse, then my Then Living Children.

Request Change	If "Yes", Describe Change to be Made
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Specific Distributions of Trust Property (Article Seven):

You have indicated that you want the following specific distributions in Article 7 of your trust. Please review the following list. If you wish to make any changes, please note them in the box below.

Beneficiary	Description
Elizabeth A. Sample	Our Condo in Vail
John H. Sample	\$10,000

Request Change	If "Yes", Describe Change to be Made
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Trust Beneficiaries (Article Twelve): The following people have been named as beneficiaries in Article Twelve of your living trust. Please review both the people you have named, the share they are scheduled to receive, and the type of trust share.

Beneficiary	Relationship	Share and Type
ELIZABETH A. SAMPLE	Daughter	Equal - Lifetime Protective Trust with Liberal Provisions for Access to Trust Assets
JOHN L. SAMPLE	Son	Equal - Lifetime Protective Trust with Liberal Provisions for Access to Trust Assets

Request Change	If "Yes", Describe Change to be Made
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Initial Disability Trustees (Article Fifteen): These "helpers" are responsible for making financial and investment decisions over assets titled in your trust in the event you are unable to manage your financial affairs. They are also responsible for spending trust assets in accordance with the instructions you provided in your living trust. All of the "helpers" listed below shall serve as initial disability trustees.

MARY L. SAMPLE
 ELIZABETH A. SAMPLE

Disability Trustee Replacement Options (Article Fifteen):

If any one or more of the disability Trustees is unwilling or unable to serve the following shall be named as successor disability Trustees in the order in which their names appear:

JOHN L. SAMPLE

Request Change	If "Yes", Describe Change to be Made
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Initial Death Trustees (Article Fifteen): These "helpers" are responsible for making financial and investment decisions over assets titled in your trust after your death and will be responsible for winding down your financial and tax affairs. All of the "helpers" listed below shall serve as initial Death trustees.

MARY L. SAMPLE
 ELIZABETH A. SAMPLE

Death Trustee Replacement Options (Article Fifteen):

The following shall be named as successor Death Trustees in the order in which their names appear:

JOHN L. SAMPLE

Request Change	If "Yes", Describe Change to be Made
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Trustees of Beneficiary's Separate Trust Shares (Article Fifteen): These "helpers" are responsible for making financial and investment decisions over assets titled in the separate protected trust shares created for your beneficiaries. The beneficiary trustee typically determines the responsibilities of the Cotrustee. The instructions in your trust provide:

Beneficiary	Trustee Provision
FOR ALL BENEFICIARIES UNLESS OTHERWISE NOTED:	The beneficiary will serve as their own trustee along with a professional Cotrustee of their choice. By including the professional Cotrustee, the beneficiary will enjoy a very high degree of protection over their inheritance and can retain a high degree of control over the professional Cotrustee.

	Prior to receiving the inheritance the beneficiary must have a financial plan prepared.
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Request Change	If "Yes", Describe Change to be Made
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Memorandum for Distribution of Tangible Personal Property

The Memorandum for Distribution of Tangible Personal Property is a document separate from your trust that identifies specific items found in your home that you want to pass to certain individuals upon your demise. Often times these items carry significant sentimental value (i.e. wedding rings, family photo albums, family heirlooms, etc.). Distributions of cash, vehicles, real estate or other financial assets may not be distributed using a Memorandum.

Pour Over Will

Personal Representatives of your Pour Over Will: If you have maintained the funding of your living trust, the need for your Pour Over Will is greatly reduced. The Personal Representatives (also known as an executor or executrix) will be responsible for conducting a probate administration over any assets that are not funded properly in your trust. We generally recommend that these people should be the same as the people you have named as your Primary Death Trustees.

Co-Primary:

MARY L. SAMPLE
 ELIZABETH A. SAMPLE

Backup:

JOHN L. SAMPLE

Request Change	If "Yes", Describe Change to be Made
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Durable Power of Attorney

Power of Attorney Agents: The people you have named as the agents in your Special Durable Power of Attorney have very specific responsibilities during periods when you are unable to effectively manage your financial affairs. They can assist in completing the funding of your living trust, initiate or maintain a pre-existing gifting program, manage your retirement plans and perform a number of non-financial responsibilities such as filing taxes, talking with Medicare and Social Security and having your mail forwarded. We generally recommend that these people should be the same as the people you have named as your Primary Disability Trustees.

Primary:

MARY L. SAMPLE AND ELIZABETH A. SAMPLE

Backup:

JOHN L. SAMPLE

Request Change	If "Yes", Describe Change to be Made
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Health Care Power of Attorney

Health Care Agent: These people are responsible for making health care decisions for you in the event that your doctor determines you are not able to make health care decisions for yourself. An authorization to release information to your "helpers" (often referred to as a HIPAA release) is included in your estate plan.

Primary:

MARY L. SAMPLE

Backup:

First, ELIZABETH A. SAMPLE

Second, JOHN H. SAMPLE

Request Change	If "Yes", Describe Change to be Made
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Authorization:

- I hereby authorize the changes described above to be made to my estate plan and it is my *intent* that these changes become effective immediately.

- I have no changes or concerns.

WILLIAM H. SAMPLE

Date

Miscellaneous Issues

Instructions: From time to time, there may be a number of miscellaneous issues that impact your estate planning. Please review the list below and check the box for any items that apply. We will review your list and take appropriate action. In many cases, we will simply note your file. For some, we may recommend that we conduct a Personal Counselling Session depending on the nature of the issue.

- I turn 70 this year and have retirement plans which I will soon be required to take distributions from
- I have changed employers and my employee benefits have changed
- I have a special health concern
- A family member has a special health concern
- I have a special financial concern
- I have a creditor problem or there is a possibility I may have a creditor problem
- A family member has a creditor problem or there is a possibility a family member may have a creditor problem
- A beneficiary of my trust has recently been married
- A beneficiary of my trust has recently been divorced or legally separated
- A beneficiary of my trust has legally changed their name, both the new and the prior name of the beneficiary are noted below
- I have a new son/daughter/grandson/granddaughter (their name is noted below)
- I have recently moved and my new address is noted below. I will confirm that you have a copy of my new deed.
- My phone number has changed, my new phone number is: () -
- My mobile number has changed, my new mobile number is: () -
- I have a new e-mail address, it is: _____
- I have changed primary care physicians (contact information noted below)
- I have a new financial advisor or accountant (contact information noted below)
- I have a personal matter I need to talk with my attorney about (please call our office to schedule an appointment)
- Other:

Recommendations/Feedback: We continue to focus on how we can improve the quality of services we provide you. If you have any ideas, suggestions, recommendations or concerns, please take a moment to note those below.
