

# ESTATE PLANNING DESIGN WORKBOOK (For Married and Unmarried Couples)

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

PLEASE RETURN THE COMPLETED WORKBOOK TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL, FAX, OR EMAIL TO [STONELAW@NVESTATEPLAN.COM](mailto:STONELAW@NVESTATEPLAN.COM).

**PART I - PERSONAL INFORMATION**

**Client #1's Legal Name** \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_

Gender:  Male /  Female Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

Registered Domestic Partner: Date of Registration / Ceremony \_\_\_\_\_

**Client #2's Legal Name** \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_

Gender:  Male /  Female Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

**CHILDREN AND/OR OTHER FAMILY MEMBERS / BENEFICIARIES**

Please identify your children and other family members, friends, or persons who will be beneficiaries of your estate. Also list any persons that should be specifically excluded from receiving any benefit from your estate. Use full legal name. Use "JT" if both Clients are the parents; "#1" if Client #1 is the parent; "#2" if Client #2 is the parent; "S" if a single parent; state relationship to you if other than one of your children.

Name	Birth date	Parent or Relationship
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		

Attach additional sheets if needed.

## TRUSTED ADVISORS

We believe that your estate plan will be more effective and efficient if it is created in a collaborative environment with your most Trusted Advisors. As such, please identify your other Trusted Advisors that we may need to contact regarding your estate plan. *Please indicate if you do not have a Trusted Advisor in one of the following categories, but would like an introduction or referral for the same. We would be happy to provide the names of experienced colleagues who work in these areas.*

Name	Telephone
Business Attorney _____	_____
Family Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____
Property/Casualty Insurance Agent _____	_____
Private Banker _____	_____
Mortgage Planner _____	_____
Philanthropic Advisor _____	_____
Family Physician _____	_____
Spiritual Advisor _____	_____
Business / Life Coach _____	_____
Family Wealth Counselor _____	_____

## YOUR CONCERNS

Please rate the following as to how important they are to you:  
*(H high concern, S some concerned, L low concern, N/A no concern or not applicable)*

Description	Level of Concern	
	Client #1	Client #2
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse or life partner.		
Providing for and protecting children, grandchildren, or other beneficiaries.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a personal guardianship (“living probate”) in case of a disability.		



## IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse or life partner) receiving social security, disability, or other governmental benefits? <i>Describe _____</i>		
Are you (or your spouse or life partner) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you and your spouse (or life partner) signed a pre- or post-marriage contract, a cohabitation agreement, or a domestic partner agreement? <i>Please furnish a copy</i>		
Have you (or your spouse or life partner) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse or life partner) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse or life partner) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse or your life partner) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children or other beneficiaries have special educational, medical, or physical needs?		
Do any of your children or other beneficiaries receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Do you (or your spouse or your life partner) have any state gaming licenses or in interests in any gaming businesses?		

### ADDITIONAL RELEVANT INFORMATION

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## INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION CHECKLIST*

### General Headings

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

Owner of Property	Use
If Client #1’s name alone, with no other person	C1
If Client #2’s name alone, with no other person	C2
If Joint Tenancy together, i.e., with spouse or life partner	JTC
Joint Tenancy with someone other than a spouse or life partner, i.e. a child, parent, etc.	JTO
If existing separate trust(s), then indicate whose trust owns the asset	T1 / T2
If existing joint trust with spouse or life partner	TC
If you cannot determine how the property is owned	?

## REAL PROPERTY

**TYPE:** Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

## FURNITURE AND PERSONAL EFFECTS

**TYPE:** List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

## AUTOMOBILES, BOATS AND RVs

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance. Please do not include leased vehicles:

Vehicle Description	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

## BANK & SAVINGS ACCOUNTS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRA's or 401(k)'s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse's or life partner's name) for the benefit of a minor, please specify and give minor's name.

## STOCKS AND BONDS

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.  
*(indicate type below)*

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
<i>Total</i>				_____

## LIFE INSURANCE POLICES AND ANNUITIES

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

Company	Type	Face Amount	Insured	Owner	Beneficiaries	Premium Payer	Agent
<i>Total</i>							_____

## RETIREMENT PLANS

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the participant (C1 or C2), the current value of the plan, designated beneficiaries and any other pertinent information.

Type of plan	Plan Name	Participant	Current Value	Beneficiaries	Other Information
<i>Total</i>					_____



## BUSINESS INTERESTS

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Entity Name	Interest Type	Ownership Interest	Estimated Value	Other Information

*Total* \_\_\_\_\_

## MONEY OWED TO YOU

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

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
			<i>Total</i>	_____

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

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

**Description** \_\_\_\_\_  
 \_\_\_\_\_

*Total estimated value* \_\_\_\_\_

## DIGITAL ASSETS / OTHER ASSETS

**TYPE:** Please identify any valuable digital assets, such as domain names, online profiles, avatars, etc. Other property is any property that you have that does not fit into any listed category.

Do you have an inventory of your "online" digital assets – account user names / passwords, email addresses, social media profiles, etc.?  Yes /  No

Type	Owner	Value
		<i>Total</i> _____

# SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Client #1	Client #2	
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
<b>Total Assets:</b>			

\* *Joint Property values enter 1/2 in Client #1's column and 1/2 in Client #2's column.*

## PERSONAL LIABILITIES

Residence mortgages			
Other mortgages			
Bank loans			
Margin loans			
Taxes (due and owing)			
Credit cards			
Auto loans			
Leases			
Accounts payable			
Judgments			
Personal guarantees			
Other liabilities			
<b>Total Liabilities</b>			

**APPROXIMATE ANNUAL INCOME**

**Client #1**

**Client #2**

**Total Value**

Salary and Wages

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Commissions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interest & Dividends

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rents, Royalties, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pensions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disability Payments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Income (please describe below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Annual Income:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PART III - 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. Please indicate if anyone is to serve as a Co-Guardian.

Name and Address	Relationship
_____ <input type="checkbox"/> Co-Guardian	_____
_____ <input type="checkbox"/> Co-Guardian	_____
_____ <input type="checkbox"/> Co-Guardian	_____

**INITIAL TRUSTEE(S):** Usually the Client(s) will be the initial Trustee(s) of his or her own trust; often, both spouses or life partners will serve jointly in this regard. This allows you to continue to jointly control your assets as before.

Name and Address	Relationship
_____	_____
_____	_____

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets? Typically, the spouse or life partner will serve as your Disability Trustee; however, it is important to name alternates if the spouse or life partner cannot or is unavailable to serve. Please indicate if any persons are to serve jointly as Disability Cotrustees.

**FOR CLIENT #1**

Name and Address	Relationship
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____

**FOR CLIENT #2**

Name and Address	Relationship
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____

**DEATH TRUSTEE:** After your death, who do you want to carryout your instructions for distribution to and, if desired, management of property for your beneficiaries? Again, typically, the spouse or life partner will serve as your Death Trustee, but it is important to name alternates if the spouse or life partner cannot or is unavailable to serve. If some limited circumstances, there is a tax / asset protection disadvantage if the spouse, life partner, or a beneficiary serves. We will advise you of this during the time of the estate design consultation. Please indicate if any persons are to serve jointly as Death Cotrustees.

**FOR CLIENT #1**

Name and Address	Relationship
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____

**FOR CLIENT #2**

Name and Address	Relationship
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____
_____ <input type="checkbox"/> Co-Trustee	_____

**FINANCIAL / PROPERTY POWER OF ATTORNEY:** In addition to the assets inside a trust, it is important to name someone to administer assets outside of the trust. As such, if you were unable to make financial decisions for yourself, who do you want to make those decisions for you? Typically, the initial Financial Agent is the spouse or life partner and the alternates are the same as the Disability Trustees. However, you can name different persons if you like.

**CLIENT #1'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CLIENT #2'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*\*Generally, a Financial Agent cannot continue to make gifts after you become incapacitated, even if you have a history or pattern of making such gifts on a frequent or periodic basis, i.e., birthday, anniversary or holiday gifts, tithes, charitable gifts, etc. Do you want to authorize your Financial Agent to continue to make these gifts on your behalf during any period of time you are incapacitated, so long as it is not contrary to your financial interests?

Client #1:  Yes /  No

Client #2:  Yes /  No

Gift Power Details: \_\_\_\_\_

**LIVING WILL:**

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

Client #1:  Yes /  No

Client #2:  Yes /  No

If either client is female and pregnant, do you want to provide that life sustaining procedures will be taken to prolong the client's life until such time as the baby or fetus may be delivered?

Client #1:  Yes /  No /  N/A

Client #2:  Yes /  No /  N/A

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

Client #1:  Yes /  No

Client #2:  Yes /  No

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? Typically, the initial Healthcare Agent is the spouse or life partner and the alternates are the same as the Disability Trustees. However, you can name different persons if you like.

**CLIENT #1'S AGENT**

Name, Address & Telephone No.	Relationship	Instructions or Guidelines
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**CLIENT #2'S AGENT**

Name, Address & Telephone No.	Relationship	Instructions or Guidelines
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? Client #1:  Yes /  No Client #2:  Yes /  No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, your Medical Agent may arrange for voluntary admission? Client #1:  Yes /  No Client #2:  Yes /  No

**DISTRIBUTION PRIORITY DURING DISABILITY OF EITHER CLIENT:**

In making distributions during any period of time a client is incapacitated, the successor Trustee shall give primary consideration to:

- Disabled spouse/partner, and then the needs of others dependent on client(s).
- Disabled spouse/partner and other spouse/partner equally, and then needs of others
- Disabled spouse/partner needs and the needs of others equally.

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS:**

**USE OF PERSONAL PROPERTY MEMORANDUM:** Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? Client #1:  Yes /  No Client #2:  Yes /  No

Any property not listed on the memorandum should be distributed to:

- FOR CLIENT #1:**  Spouse/Partner, then children equally.  Children  
 Spouse/Partner, then to balance of trust.  To the balance of the trust.  
 Spouse/Partner, then other named individuals.  Other named individuals. List on next line.

- FOR CLIENT #2:**  Spouse/Partner, then children equally.  Children  
 Spouse/Partner, then to balance of trust.  To the balance of the trust.  
 Spouse/Partner, then other named individuals.  Other named individuals. List on next line.

**SPECIFIC GIFTS:** List any specific gifts of cash or certain assets you wish to make to either individuals or charities, *before* the rest and remainder of the estate is distributed. For example, “\$500 to each of my nieces and nephews”, or “\$10,000 to church or charity”, or “\$20,000 in trust for grandchildren’s education”, or “my real estate to my cousin, John Doe.” Indicate whether these gifts are to be made even if the other spouse/partner is alive.

**FOR CLIENT #1:**

Individual or Charity	Amount or Property	Contingent on Client #2 predeceasing?
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Gift #1 Directions (i.e., outright, in trust, etc.): _____	_____	
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Gift #2 Directions (i.e., outright, in trust, etc.): _____	_____	
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Gift #3 Directions (i.e., outright, in trust, etc.): _____	_____	
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Gift #4 Directions (i.e., outright, in trust, etc.): _____	_____	

**FOR CLIENT #2:**

Individual or Charity	Amount or Property	Contingent on Client #1 predeceasing?
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Gift #1 Directions (i.e., outright, in trust, etc.): _____	_____	
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Gift #2 Directions (i.e., outright, in trust, etc.): _____	_____	
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Gift #3 Directions (i.e., outright, in trust, etc.): _____	_____	
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Gift #4 Directions (i.e., outright, in trust, etc.): _____	_____	

Notes for any Restrictions or Conditions on Specific Gifts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO SURVIVING SPOUSE/PARTNER WITHOUT TAX PLANNING:** We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

- All to surviving spouse/partner.                       \_\_\_\_\_% to surviving spouse/partner.
- Minimum allowed by law to surviving spouse/partner.

**DIVIDE INTO MARITAL AND FAMILY TRUSTS:** Designed to maximize estate tax savings. To accomplish this, an amount up to the “applicable exclusion amount” (\$5,250,000 in 2013; indexed for inflation in subsequent years) will be transferred to the Family Trust and the balance, if any, to the Marital Trust. This is sometimes referred to as “A/B Trust Planning”. The Marital Trust is sometimes referred to as the “A Trust” or “QTIP Trust”. The Family Trust is sometimes referred to as the “B Trust”, “By-Pass Trust” or “Credit Shelter Trust”. Also provides protection for surviving spouse/partner from creditors and predators. You decide how much control you want the surviving spouse/partner to have. In the event of remarriage, protects property for your beneficiaries from a new spouse / partner in case of death or divorce. *Note: Under current federal tax law, full estate tax planning under “A/B Trust Planning” may only be available for “married” couples in certain states. Unmarried couples living in certain states and with taxable estates may require additional tax planning to minimize or eliminate federal estate taxes upon death.*

**MARITAL DEDUCATION FORMULA (OFFICE USE ONLY):**

- Disclaimer Provision.                                               Clayton Election.
- Marital Pecuniary.                                                       Marital Fractional.
- Credit Shelter Pecuniary

**DESIGN OF MARITAL SHARE:**

- OUTRIGHT:** We want to leave property outright to the surviving spouse/partner. We recognize that this offers ***no*** protection from creditors, or predators, and ***allows*** the surviving spouse/partner to leave property to whomever he or she wants. Also allows a new spouse/partner to possibly make claim on property in case of death or divorce.
- GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse/partner upon demand. The surviving spouse/partner is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.
- ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse/partner; principal is available for his or her needs (health, education, maintenance or support).
- ONLY INCOME:** Only income is distributed to surviving spouse/partner. Principal is not available to the surviving spouse/partner.

**DESIGN OF FAMILY SHARE:**

- ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse/partner; principal is available for needs (health, education, maintenance, support).  
Are descendants permissible beneficiaries of principal?  Yes /  No
- INCOME AND PRINCIPAL FOR NEEDS:** All income and principal is available to surviving spouse/partner for needs. Income may be accumulated and not distributed.  
Are descendants permissible beneficiaries of income and/or principal?  Yes /  No
- ONLY INCOME:** Only income is distributed to surviving spouse/partner. Principal is not available to the surviving spouse/partner.

**WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS:**

Is surviving spouse/partner the sole trustee with a right to appoint cotrustee (surviving spouse/partner then determines the management and distributions for his or her needs)?  Yes /  No

Do you wish to name someone to be the cotrustee with the surviving spouse/partner?  Yes /  No

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**LIMITED POWER OF APPOINTMENT:** After the death of the first client, do you want the surviving spouse/partner to be able to modify the way property is to be distributed upon his or her death?  Yes /  No

If so, to whom may the surviving spouse/partner distribute your property:

- Your descendants
- Your descendants and their spouses
- Your descendants and charities
- Your descendants, their spouses, and charities
- Anyone, no limitations

**DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE/PARTNER TO DIE**

**DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN;**

**DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

NAME	RELATIONSHIP	PERCENTAGE/AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HOW AND WHEN TO DISTRIBUTE MY PROPERTY:**

**DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides *no* protection from creditors, predators and from themselves. However, beneficiary is given the right to maintain the property in trust, which may give some protection from creditors and predators.

**STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education, maintenance or support). You decide who is the one to manage the property and to carry out your distribution instructions. You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. The following are examples of several structured trust options:

**AGES:** You may provide for a staggered distribution of principal based the attained age of a beneficiary; i.e. 1/3 at age 25; 1/2 of balance at age 30, and balance at age 40.

**STAGES:** You may provide for an interval distribution based on the passage of time; i.e., 1/4 at first anniversary of surviving spouse's/partner's death; 1/3 at second anniversary; 1/2 at third anniversary; and balance at fourth anniversary.

**INCENTIVE:** You may provide that principal is distributed upon the beneficiary achieving certain milestones, i.e., college graduation, marriage, purchase of first house, etc.

**DISCRETIONARY:** You may provide that income and principal is distributed at the discretion of a trustee. This provides greater asset protection for a beneficiary.

**BENEFICIARY CONTROLLED TRUST:** You may provide that the assets are to remain in the trust for a long period of time or for the remainder of the beneficiary's life, while giving the beneficiary input into the investment and management of the assets and the opportunity to serve as a cotrustee and/or choose his or her own cotrustee. This provides the maximum asset protection for the beneficiary.

Please list your desires regarding the distribution of the trust assets to your beneficiaries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

