



ESTATE PLANNING STRATEGY SESSION WORKSHEET

The purpose of this worksheet is to provide basic personal information to make your Estate Planning Strategy Session more personal and effective. Please complete it to the best of your ability. If there is a question or section you are unsure about, please skip it and we will address it during your session.

During your Estate Planning Strategy Session, we will discuss the following issues:

- Who do you want to take care of your finances in the event of your incapacity or death?
- Who do you want to leave your property to?
- What property do you want your estate plan to protect?
- Who will make medical decisions for you if you are incapacitated?
- Who will be in charge if your first choice is unable or unwilling to act?
- What do you most want to accomplish with your Estate Plan?

Throughout the worksheet, there are locations that we have identified where providing certain documents at the consultation could be very helpful. Having these documents available will help make your consultation more productive. In some instances, it is necessary for us to review other documents before we can make planning recommendations. However, if these documents are not immediately or easily available for our session, please do not worry. We can base our session on what information you are able to provide.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

STEP

CLIENT BACKGROUND INFORMATION

1

The information provided in this section provides important background information about you, your age, marital status, where you live, and how to best communicate with you. This section will also ensure that your names are spelled correctly in documents.

Client 1 Information

Full Name _____
(as per driver's license)

Preferred Name for Documents _____

Home Address _____

City _____ State _____ Zip _____

Birth date _____ Citizenship US Other _____

Primary Phone Number _____ Home Cell Work Other

E-mail Address _____ It is okay to communicate with me via my E-mail.

If Married: Date _____ Name of Spouse (if not Client 2) _____

If Widowed: Date of Death _____ Name of Deceased Spouse _____

If Divorced: Date of Judgment _____ Name of Ex-Spouse _____

Client 2 Information

Full Name _____
(as per driver's license)

Preferred Name for Documents _____

Home Address _____

City _____ State _____ Zip _____

Birth date _____ Citizenship US Other _____

Primary Phone Number _____ Home Cell Work Other

E-mail Address _____ It is okay to communicate with me via my E-mail.

If Married: Date _____ Name of Spouse (if not Client 1) _____

If Widowed: Date of Death _____ Name of Deceased Spouse _____

If Divorced: Date of Judgment _____ Name of Ex-Spouse _____

Existing Client Agreements

Please indicate whether any of the above clients are subject to any of the following agreements. If so, please bring copies to the initial client meeting.

- | | | |
|--------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Pre-/Post-Marital Agreement | <input type="checkbox"/> Property Co-Ownership Agreement | <input type="checkbox"/> Will |
| <input type="checkbox"/> Property Settlement Agreement | <input type="checkbox"/> Buy-Sell/Shareholder Agreement | <input type="checkbox"/> Trust |
| <input type="checkbox"/> POLST/DNR | <input type="checkbox"/> Business Partnership Agreement | <input type="checkbox"/> Powers of Attorney |

STEP**2****FAMILY & BENEFICIARY INFORMATION**

Please identify the members of your immediate family and any potential beneficiaries to your estate. Please include all children, even if they predeceased you or you intend to disinherit them. Listing a person in this section is not a firm indication to provide for them. Rather, it is simply a way of identifying individuals for discussion purposes. Please insert additional pages, if necessary.

Child #1 Relationship: Son Daughter Of: Client 1 and/or Client 2 Deceased DOD: _____

Full Legal Name _____

DOB _____ Gender: _____ Number of Children _____

Child #2 Relationship: Son Daughter Of: Client 1 and/or Client 2 Deceased DOD: _____

Full Legal Name _____

DOB _____ Gender: _____ Number of Children _____

Child #3 Relationship: Son Daughter Of: Client 1 and/or Client 2 Deceased DOD: _____

Full Legal Name _____

DOB _____ Gender: _____ Number of Children _____

Child #4 Relationship: Son Daughter Of: Client 1 and/or Client 2 Deceased DOD: _____

Full Legal Name _____

DOB _____ Gender: _____ Number of Children _____

Child #5 Relationship: Son Daughter Of: Client 1 and/or Client 2 Deceased DOD: _____

Full Legal Name _____

DOB _____ Gender: _____ Number of Children _____

Child #6 Relationship: Son Daughter Of: Client 1 and/or Client 2 Deceased DOD: _____

Full Legal Name _____

DOB _____ Gender: _____ Number of Children _____

Are there any other children or step-children not listed above? Yes No

If yes, please explain: _____

Are you anticipating that you may have additional children in the future? Yes No Don't Know

Does anyone have special educational, medical, or physical needs? Yes No Don't Know

If yes, please explain: _____

Other than your minor children, do you foresee that someone may be dependent on you? Yes No

If yes, please explain: _____

Will you be specifically disinheriting anyone for any reason? Yes No

If yes, please list the individuals to be disinherited: _____

STEP AGENTS

3

One of the most important aspects of any estate plan is identifying agents to manage your affairs and take control of your estate during an emergency – particularly if death or disability are involved. These agents and successors have different names, depending on the document and their role.

Please identify the people you want to put in charge of your affairs and who will take over if your first choice is unable or unwilling to act on your behalf. If this is a joint estate plan, both parties need to agree about Trustee but can have different agents on the other documents.

TRUSTEE: Your Trustee is responsible for managing your trust and all the assets in your Trust. Please tell us who you would like as your initial Trustee (usually yourself) and who will act as Trustee if your initial Trustee is unable or unwilling to act as Trustee.

Initial Trustee	<input type="checkbox"/> Client 1 and Client 2 or other initial Trustee:
Successor Trustee #1	
Successor Trustee #2	

EXECUTOR: Your Executor is responsible to wind-up your non-trust affairs, including collecting assets not in your trust, paying your final expenses, and filing your final tax returns. In some cases, they may be called on to open a probate case with the probate court. Please tell us who you would like as your initial Executor (usually a spouse or a successor Trustee) and who will act as your Executor if your first choice is unable or unwilling to act as Executor.

	Client 1's Responses	Client 2's Responses
Initial Executor	<input type="checkbox"/> Client 2 or other initial Executor:	<input type="checkbox"/> Client 1 or other initial Executor:
Successor Executor #1		
Successor Executor #2		

Do you want to your Executor to be able to use informal probate procedures? Yes (Default Choice) No
 Do you want to waive the bond requirement for your Executor to serve? Yes (Default Choice) No

FINANCIAL AGENTS: Your financial agent is responsible for managing your non-trust affairs if you become incapacitated but are not yet dead. They may be called upon to access bank or retirement accounts, manage property, or even sue or settle a suit in your name. Please tell use who you would like as your financial agent and who will be able to act as your financial agent if your first choice is unable or unwilling to act.

	Client 1's Responses	Client 2's Responses
Initial Financial Agent	<input type="checkbox"/> Client 2 or other initial agent:	<input type="checkbox"/> Client 1 or other initial agent:
Successor Financial Agent #1		
Successor Financial Agent #2		

When will your financial agent be empowered to act? Immediately Upon Incapacity (Default choice)

Medical agents will be entered in Step 6 Advanced Healthcare Directive.

STEP

DISTRIBUTIONS AFTER DEATH

4

You will need to determine what happens to your property after your death, even if you are creating a joint estate plan. Please tell us how you would like to have your property distributed after your death.

Survivor’s Right to Remain Beneficiary and Revoke or Amend Trust: If this is a joint estate plan, what rights do you want to give a surviving spouse/grantor to be a beneficiary or change your trust?

- I want my spouse to continue as the sole beneficiary but only be able to revoke or amend their half of the trust (keep trust the same to protect children/other beneficiaries from intentional or accidental disinheritance)
- I want my spouse to immediately receive ownership of my half of the trust and to be able to freely revoke or amend all of the trust, including my half (no protection for children or beneficiaries from intentional or accidental disinheritance)
- I want my spouse to receive nothing from my trust or estate and for my half to be distributed immediately as outlined below.
- Unsure

Distribution Scheme: Please briefly describe your ideal distribution scheme after your death:

How old should someone be to receive their inheritance outright? 18 21 25 30 Other _____

Is there anyone who you want to keep their inheritance in the trust? Yes No

If yes, please state who and the reason why: _____

Are you interested in learning about using a pet trust to care for animals after your death? Yes No

Tangible Personal Property Memorandum:

Would you like the option of distributing property by completing a listing of specific distributions to specific people after your trust has been completed and put into effect? Yes No

What happens if someone fails to claim their inheritance?

- Distribute their share to their children or other descendants, then to other named beneficiaries
- Distribute their share to the other beneficiaries named above
- Distribute their share to someone else, specify: _____
- Distribute their share to a charitable organization, specify: _____

STEP

ASSETS

5

Knowing the assets that you own is important in advising you properly. Not all assets get treated the same. Based on the nature of the assets in your estate, there may be different ways of ensuring the assets remain accessible during incapacity or passed on to your heirs.

Real Estate Please bring the most recent grant deed or quitclaim deed for each property showing current ownership

Primary Residence Address: _____

Other Real Property #1 Address: _____

Other Real Property #2 Address: _____

Other Real Property #3 Address: _____

Liquid Assets If unsure how to categorize each account, please provide a recent statement

Cash Accounts (i.e. chk, sav, CDs, Money Market): Client 1 _____ Client 2 _____

Investment Accounts Client 1 _____ Client 2 _____

Stocks and Bonds (not held in an investment account): Client 1 _____ Client 2 _____

Employee Stock Options: Client 1 _____ Client 2 _____

Tax-Deferred Assets Please provide information for the following types of tax-deferred assets

IRA, 401k, or other accounts (Total Value): Client 1 _____ Client 2 _____

Pension Plan (Total Cash Value) Client 1 _____ Client 2 _____

Life Insurance Policies (Death Value): Client 1 _____ Client 2 _____

Annuities (Cash-out Value): Client 1 _____ Client 2 _____

Business Interests Please bring any relevant business documents, such as Operating Agreements, Bylaws, and Ownership Statements, for each business

Do you own any business interests? Yes No

If Yes, please indicate the business type:

Sole Proprietorship Partnership LLC C-Corp S-Corp Unsure

Other Assets Please bring any relevant documentation for each asset

Are you owed any money from others? Yes No

If yes, please indicate the amount owed and owed by whom: _____

Are you anticipating receiving other assets in the future? Yes No

If yes, please indicate the amount and type:

Inheritance Gift Judgement from Lawsuit

Any other assets that you would like to protect? _____

Do you anticipate your estate being worth \$5.5 Million during or after your life? Yes No

If so, do you want to engage in any advanced tax-planning at this time? Yes No

STEP**6****ADVANCED HEALTHCARE DIRECTIVE**

An Advanced Healthcare Directive (AHCD) authorized another person to make medical choices in the event you are physically or mentally unable to do so. It also includes provisions that indicate your views and wishes concerning your long-term care and after-death handling of your remains.

HEALTHCARE AGENTS: If you were incapacitated, who would you want to make *health* decisions? (please include primary phone numbers for each agent)

	Client 1's Responses	Client 2's Responses
Initial Healthcare Agent	<input type="checkbox"/> Client 2 or other initial agent:	<input type="checkbox"/> Client 1 or other initial agent:
Successor Healthcare Agent #1	Name: Phone:	Name: Phone:
Successor Healthcare Agent #2	Name: Phone:	Name: Phone:

When will your Agent be allowed to make health decisions?

Client 1's Response	Client 2's Response
<input type="checkbox"/> Immediately	<input type="checkbox"/> Immediately
<input type="checkbox"/> When my physician determines (Default choice)	<input type="checkbox"/> When my physician determines (Default choice)
<input type="checkbox"/> When my spouse determines	<input type="checkbox"/> When my spouse determines

If you have an incurable and irreversible condition that will result in death in a short period of time, how would you feel about prolonging your life?

Client 1's Response	Client 2's Response
<input type="checkbox"/> Do not prolong my life	<input type="checkbox"/> Do not prolong my life
<input type="checkbox"/> Prolong my life as long as possible	<input type="checkbox"/> Prolong my life as long as possible
<input type="checkbox"/> Leave the decision to my agent (Default choice)	<input type="checkbox"/> Leave the decision to my agent (Default choice)
<input type="checkbox"/> No specific instructions	<input type="checkbox"/> No specific instructions

How do you want your remains disposed of?

Client 1's Response	Client 2's Response
<input type="checkbox"/> Burial	<input type="checkbox"/> Burial
<input type="checkbox"/> Cremation	<input type="checkbox"/> Cremation
<input type="checkbox"/> Agent to decide (Default choice)	<input type="checkbox"/> Agent to decide (Default choice)
<input type="checkbox"/> No specific instructions	<input type="checkbox"/> No specific instructions
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Do you want to make any anatomical gifts?

Client 1's Response	Client 2's Response
<input type="checkbox"/> Yes, any parts for any reason	<input type="checkbox"/> Yes, any parts for any reason
<input type="checkbox"/> Yes, but only specific parts or specific reasons	<input type="checkbox"/> Yes, but only specific parts or specific reasons
<input type="checkbox"/> Let my Agent decide (Default choice)	<input type="checkbox"/> Let my Agent decide (Default choice)
<input type="checkbox"/> No specific instructions	<input type="checkbox"/> No specific instructions
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

STEP

7

YOUR GOALS AND OBJECTIVES

To help design your personal plan, it is useful to know what you hope to achieve by creating your estate plan. A clear understanding of your hopes, fears, goals, and concerns is critical. Understanding your goals and objectives will allow us to craft the plan specifically for you and your family.

Identify any of the following issues that are important to you

Client 1

Client 2

Avoid Probate and Conservatorships

Minimize Gift and Estate Taxes

Avoid Administration Issues During Your Incapacity or Death

Care for Your Spouse After Your Incapacity or Death

Provide for Children

Provide for Grandchildren

Provide for Disabled Descendants

Protect Heirs from Themselves

Protect Heirs from Divorce or Creditors

Protect Heirs in the Event of a Remarriage by Surviving Spouse

Prepare for Disability/Incapacity

Qualifying for Medi-Cal in the Next 5 Years

Protecting Assets from Your Creditors

What are your other goals in creating your estate plan? _____

What do you see as a threat to your goals? _____

Do you have any family dynamics that may affect your estate plan, your care during incapacity, or your heirs?

STEP

CONCLUSION

8

Please note any additional information that will be helpful in creating your estate plan

Other Items You Would Like to Include or Discuss Regarding Your Estate Plan:

Affirmation of Information

We understand that Yeager Law, APC (the “Firm”) will need to rely on the information we supply to advise us and devise our estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1: _____

Date: _____

Client 2: _____

Date: _____

Congratulations on completing this questionnaire.

YOU ARE NOW ONE STEP CLOSER TO SECURING YOUR FUTURE

5 Essential Estate Planning Documents

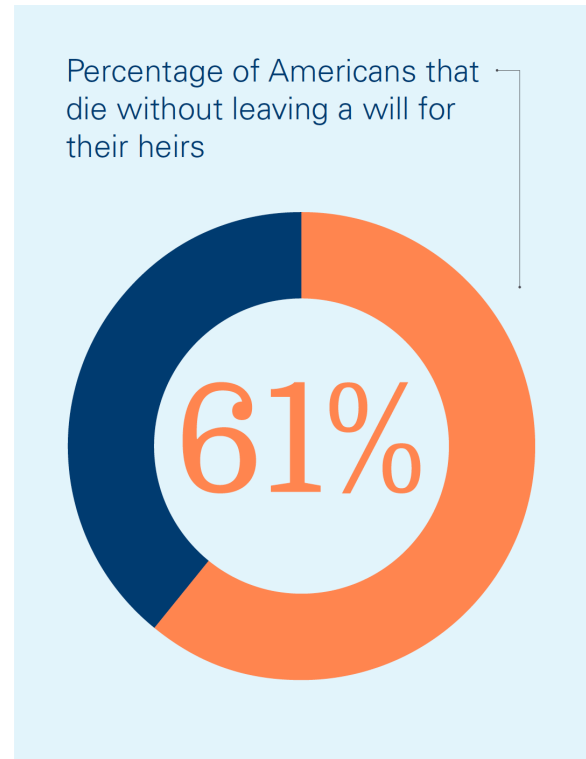
Dying intestate (without an estate plan) leaves your heirs with a potential mess. And yet, 28% of Americans would rather do anything else than prepare their estate planning documents.¹ As a result, 61% of Americans die without leaving so much as a Will, let alone any other estate planning documents.

Why You Need an Estate Plan?

Without an estate plan, a probate judge, not you, decides everything – who is in charge of your affairs, what sort of decisions they can make, where your property goes, etc. This process is known as “intestacy.” In a public court, your family will be left asking and begging the court for help.

In California, the probate process takes months or years, even where the family is working together. In some counties, such as Los Angeles and Orange counties, the courts are severely backed up, causing further delays. Money that should have gone to your heirs will go to court fees, creditors, and attorneys instead.

Unfortunately, there is no single document that can handle every situation. But an experienced estate planning attorney can prepare a complete plan to protect against as many likely scenarios as possible. This collection of documents will allow your family, friends, and heirs to act when you cannot.



1. Probate-Avoidance Trust

A Revocable Probate-Avoidance Trust can help management of your assets during any time you become incapacitated, pass those assets to heirs, and avoid probate. During your life, you will manage the trust and its assets. But in the event you become incapacitated or die, a successor trustee will be allowed to take immediate control without court involvement.

¹ 2013 Survey conducted online of 2,076 adults age 18 and older within the United States by Harris Interactive from March 19th -21st, 2013.

2. Last Will and Testament

A Will gives you a voice when you're gone. It states who is in charge of your affairs and how your property is to be divided. You can make specific requests about how to handle your remains or who should be named as a guardian to your children. There are many different ways to create your Will. So be sure to use an attorney to make sure it will function properly when the time comes.

3. Durable Power of Attorney

A Durable Power of Attorney allows your named agent to control your affairs in the event you become incapacitated. A Durable Power of Attorney will last until you recover enough to take control of your own affairs or until your death, when your Will will take over.

4. Advanced Healthcare Directive (AHCD)

Sometimes referred to as a "Living Will" or "Healthcare Power of Attorney," this document names the person who has authority to make medical decisions when you are unable to make them for yourself. They can also control where you live and even decide when it is time to pull the plug.

5. HIPAA Authorization

Due to medical privacy laws, your family and agents may have difficulty getting medical information from doctors or other professionals. The most important document your agent may require is a letter stating you are unable to manage your affairs. A HIPAA Authorization permits your doctor to provide information and letters to those you have pre-selected to receive this information.

6. Nomination of Guardianship

Who will take care of your minor children or your adult dependents when you aren't around to take care of them? With a Nomination of Guardianship, you can have a say in who will raise your children instead of letting others decide for you. Although this nomination can be placed in your Will, a separate document can have more use, especially if your guardian needs to take over due to your incapacity or if your estate doesn't need a formal probate.

This handout, and the opinions expressed within it, are not to be construed as legal advice. They are for general information only and not intended to provide specific advice or recommendation to any individual. Anyone needing specific advice or recommendation will need to schedule a consultation with the legal professional of their choosing.