



**LAW OFFICES OF RICHARD C. NAISH**



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**TAXATION ♦ ESTATE PLANNING ♦ TRUST AND PROBATE ADMINISTRATION ♦ BUSINESS LAW**

**ESTATE PLANNING WORKSHEET**

The information requested on this worksheet may seem like none of the attorney’s business, but it is very important that an estate planning attorney understands your present situation and your wishes for the future. This information provides the basis for the estate planning advice to be given.

If you are married and all the information on this worksheet is identical for you and your spouse, fill out one worksheet only. If the information for each spouse differs, make a copy of this worksheet so each spouse has one to fill out. Your failure to provide us with complete information could result in a recommendation that does not meet your estate planning goals.

Please read and sign the statement at the end of this worksheet.

**PART I**

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

**CLIENT**

\_\_\_\_\_  
*First Middle Initial Last*

\_\_\_\_\_  
*Date of Birth Social Security Number*

\_\_\_\_\_  
*Street City State Zip County*

**CLIENT’S SPOUSE**

\_\_\_\_\_  
*First Middle Initial Last*

\_\_\_\_\_  
*Date of Birth Social Security Number*

\_\_\_\_\_  
*Street City State Zip County*



Email address(s): \_\_\_\_\_

Marital Status:     Married             Registered Domestic Partner             Divorced  
                          Separated             Single (including widowed and not married)

Date of marriage: \_\_\_\_\_

**CHILDREN OR OTHER BENEFICIARIES**

Name	Address	Date of Birth	Relationship

**OTHER INFORMATION**

**YOUR CONCERNS**

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

Description	Level of Concern	
	Client	Spouse
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.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for 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 conservatorship (“living probate”) in case of disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		



Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Protect children’s inheritance in the event of a surviving spouse’s remarriage.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Table with 2 columns and 5 rows for notes.

Other concerns (Please list below):

Two horizontal lines for listing other concerns.

IMPORTANT FAMILY QUESTIONS

Table with 3 columns: Question, Yes, No. Contains 14 questions regarding social security, divorce, marital contracts, widowed status, gift tax, wills, charitable organizations, state residency, trusts, and children's needs.

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, death benefits on life insurance policies, and anything else you own, what is the approximate total value of the estate of yourself and your spouse?

What is the total amount of your outstanding liabilities? \_\_\_\_\_



PART II

CLIENT FINANCIAL INFORMATION

**Real Estate** Please use these descriptions in the TYPE column for your Real Estate assets:  
 Primary Residence Land Rental Home Commercial Property  
 Second Residence Vacation Home Rental Property

Type	Description	Ownership (Community property, Joint, TIC, Separate)	Purchase Price	FMV	Mortgage

**Bank Account** Please use these descriptions in the TYPE column for your Bank Account assets:  
 Checking CD Money Market Savings

Type	Description	Ownership (Community property, Joint, TIC, Separate)	Bank Balance

**Investment** Please use these descriptions in the TYPE column for your Investment assets:  
 Bonds Ltd. Partnership Preferred Stock  
 Common Stock Mutual Fund Stock Brokerage

Type	Description	Ownership (Community property, Joint, TIC, Separate)	Cost Basis	Asset Value







PART III

**APPOINTMENTS**

1. **EXECUTOR.** The will should name an executor to oversee your estate. (Executor is also sometimes referred to as personal representative or administrator). Most people name their spouse as primary executor, with a child, relative, friend, or corporate trustee as alternate. If you are creating a revocable trust, most people nominate the same persons to serve as both Executor of the will (which will be a pour-over will) and Trustee of the Trust.

**Client**

First Choice for Executor:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Alternative Choice for Executor:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Second Alternate Choice for Executor:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Client's spouse**

First Choice for Executor:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_



Alternative Choice for Executor:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Second Alternate Choice for Executor:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

- 2. **TRUSTEE.** If your estate plan includes a trust, then a successor trustee should be named. The successor trustee is often the same individual or institution named as executor. In a joint revocable living trust, the surviving spouse will automatically become the sole-trustee of the trust. Most people then nominate a child, relative, friend, or corporate trustee to serve as successor trustee.

**Client**

First Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Alternative Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Second Alternate Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_



**Client's spouse**

First Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Alternative Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Second Alternate Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**PART IV**

**PLAN OF DISTRIBUTION**

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child? If so:

**Name**

**Item**




2. Briefly describe your desired plan of distribution of assets remaining after any specific gifts are distributed: (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later.)

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 \_\_\_\_\_

As follows, \_\_\_\_\_

3. **TAKERS OF LAST RESORT.** You might want to provide for the distribution of your property if neither you, your spouse nor your children or other beneficiaries named above survive a common disaster. (For example: to your heirs at law or to a charity).

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

PART V

**PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR OR DISABLED CHILDREN**

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.

First Choice for Guardian of Minor Children:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Alternate Choice for Guardian of Minor Children:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_



- 2. **CHILDREN’S 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.

First Choice for Testamentary Trustee:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Alternate Choice for Testamentary Trustee:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

- 3. **AGE OF DISTRIBUTION.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as ½ at age 25 and the balance at age 30, or 1/3 at 25, ½ at 30, and all at 35. You may use any age or combination of ages that you choose.

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**PART VI**

**DURABLE POWER OF ATTORNEY (DPOA) AND ADVANCED HEALTH CARE DIRECTIVE (AHCD)**

- 1. **DURABLE POWER OF ATTORNEY.** We suggest that you name an individual who will serve as your attorney-in-fact that can handle your financial affairs should you become incapacitated.



**Client**

First Choice for Attorney –in-fact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Alternate Choice for Attorney –in-fact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Client’s spouse**

First Choice for Attorney –in-fact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Alternate Choice for Attorney –in-fact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

- 2. **HEALTHCARE AGENT.** A healthcare agent is someone who can make medical decisions for you if you are unable to make them for yourself.

**Client**

First Choice for Healthcare Agent:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_



Alternate Choice for Healthcare Agent:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Physician Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Client's spouse**

First Choice for Healthcare Agent:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Alternate Choice for Healthcare Agent:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Physician Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**PART VII**



**GENERAL QUESTIONS**

**NOTES AND QUESTIONS:** Please note anything else which may be of importance in planning your estate, or note any special questions you may have.

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**CLIENT REPRESENTATION(S) AND SIGNATURE(S)**

I understand that the information provided on this form will provide the basis for estate planning advice to be given. All of the information I have provided is true and complete to the best of my knowledge. I understand that if I do not provide sufficient information, the estate planning advice I receive may not take maximum advantage of the opportunities available.

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_