

# CROCKETT LAW CORPORATION

## DATA SHEETS FOR ESTATE PLANNING (confidential)

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**INSTRUCTIONS:** If married, fill in spaces for spouse: if unmarried, ignore the spaces for spouse. Please print your entries in the blank spaces. Circle "Yes" or "No," or check the appropriate box. If you need more space, use another letter size sheet. If you are not certain about an answer leave the space blank.

Do not be concerned if you cannot fill in all the spaces or answer all the questions. I shall fill in the open spaces when we meet. Phone me to discuss any questions you might have.

**I. FAMILY FACTS** Date prepared: \_\_\_\_\_

1. **Your name:** \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Spouse: \_\_\_\_\_ Spouse Soc Sec # \_\_\_\_\_

Are you a USA citizen: YES NO

Is your spouse a USA citizen: YES NO

2. **Residence address:**  
Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business address:**  
Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Phone:** Residence ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

FAX: Residence ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

EMAIL: Residence \_\_\_\_\_ Business \_\_\_\_\_

4. **Children**, if any, of this marriage:

List full name, address, date of birth, and gender.

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5. **Prior marriages if any:** (List name and date of divorce.)

Client: \_\_\_\_\_

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Spouse: \_\_\_\_\_

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6. **Children, if any, of prior marriage:**

List full name, address, date of birth, and gender.

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7. **Deceased children**, if any:

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8. **Birth Dates:** Yours: \_\_\_\_\_ Spouse's: \_\_\_\_\_

9. **Marriage agreements:** (If Yes, give copy to attorney)

Before marriage? YES NO      After marriage? YES NO

10. **Any obligations from prior marriages:** YES NO

(If YES, give me a copy of divorce decree and property settlement.)

Child support []; Spousal support []; Life Ins. [];  
Ret. Pl. []

11. **Special Family Considerations:** YES NO    If Yes, attach separate sheet and enter details

Spouse? []; Child? []; Grandchild? []; Parent? []; Prior marriage? []

## II. DOCUMENT DECISIONS AND INFORMATION

1. **Executor of your Will:** (name & address)

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_

4<sup>th</sup> choice \_\_\_\_\_

2. **Executor of Spouse's Will:** (Name and address.)

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_

4<sup>th</sup> choice \_\_\_\_\_

3. **Name of revocable living trust:**

Your name preference: \_\_\_\_\_

4. **Living Trust Trustee(s)** and successor trustees.  
(names & addresses)

Starting Trustee or Co-Trustees: \_\_\_\_\_

\_\_\_\_\_  
1st Successor Trustee: \_\_\_\_\_

\_\_\_\_\_  
2nd Successor Trustee: \_\_\_\_\_

\_\_\_\_\_  
3rd Successor Trustee: \_\_\_\_\_

Special Trustee, if any: \_\_\_\_\_

5. **Springing Durable Power of Attorney for PROPERTY--FOR YOU:**  
(Please list Agent's name, address, and telephone #.)

1st Agent: \_\_\_\_\_

\_\_\_\_\_  
Successor Agent: \_\_\_\_\_

6. **Springing Durable Power of Attorney for PROPERTY--FOR YOUR SPOUSE:** (Please list Agent's name, address and telephone #.)

1st Agent: \_\_\_\_\_

\_\_\_\_\_  
Successor Agent: \_\_\_\_\_

7. **Durable Power of Attorney for HEALTH CARE--FOR YOU:**  
(Please list Agent's name, address and telephone #.)

1st Agent: \_\_\_\_\_

\_\_\_\_\_  
Successor Agent: \_\_\_\_\_

8. **Durable Power of Attorney for HEALTH CARE--FOR YOUR SPOUSE:**  
(Please list Agent's name, address and telephone #.)

1st Agent: \_\_\_\_\_  
\_\_\_\_\_

Successor Agent: \_\_\_\_\_

9. **Nomination of Conservator**, if ever needed:  
(Please list name, address, and telephone #.)

For you: \_\_\_\_\_  
\_\_\_\_\_

For your spouse: \_\_\_\_\_  
\_\_\_\_\_

10. **Burial instructions:**

a. For You: \_\_\_\_\_  
\_\_\_\_\_

b. For Spouse: \_\_\_\_\_  
\_\_\_\_\_

11. **IF THERE ARE PRESENT WILLS OR TRUSTS OR BOTH IN EXISTENCE,**  
SEND THEM TO ME AS SOON AS POSSIBLE.

a. Living Trust in existence? YES NO

**III. ASSETS INFORMATION:** Please list all property owned and how  
title is held: (Whether held as community, joint/tenancy, tenants  
in common, separate property, inheritance).

1. REAL ESTATE (INCLUDING PROPERTY OWNED OUT OF STATE):

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

2. VEHICLES, BOATS, TRAILERS:

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3. BANK\CREDIT UNION\SAVINGS ACCOUNTS:

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4. LIFE INSURANCE: (Including Company Name, Policy Amount, and Who owns the policy.)

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5. JEWELRY, FURNITURE, EQUIPMENT, MACHINERY, LIVESTOCK:  
(List items of significant value only)

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6. STOCKS, BONDS, TRUST DEEDS, SECURED NOTES: (Name of Company and No. of Shares.)

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7. RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES:

Your's: \_\_\_\_\_

Spouse's: \_\_\_\_\_

8. ACCOUNTS RECEIVABLE, UNSECURED NOTES:

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9. PARTNERSHIPS, JOINT VENTURES, OTHER BUSINESS INTERESTS:

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**IV. DISPOSITION OF ASSETS--GIFTS AND TRUSTS**

1. DO YOU WANT TO MAKE ANY GIFTS TO SPECIFIC PERSONS? YES NO  
(Please specify to whom and what you are leaving below.)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

2. DISTRIBUTION OF BALANCE OF PROPERTY (RESIDUE) AFTER PAYMENT  
OF TAXES AND EXPENSES

A. Do you wish to make an outright distribution to the  
Surviving Spouse? YES NO

(If YES, consider danger of additional death taxes  
later)

b. If NO, do you wish to make the distribution in trust to  
the Surviving Spouse? YES NO

c. How do you wish to make distributions to your children?

(1) Outright upon your death, if you are single, or  
death of Surviving Spouse, if you are married?  
YES NO

or

(2) Into Children's trust YES NO

(a) Do you want the children's trust to divide into separate trusts for each child when the youngest child reaches a certain age? YES NO

(b) If yes, what age? \_\_\_\_\_

(c) If no, then at what age of the youngest child or under what circumstances do you wish the Children's Trust to terminate? \_\_\_\_\_

\_\_\_\_\_

or

(3) Into separate trusts for each child? YES NO

(4) Should distribution be made equally among children?  
YES NO

(If NO, put details on a separate sheet with your ideas.)

(5) Do you wish to allow your child(ren) to withdraw portions of the trust as the child gets older?  
YES NO

If yes, list the ages and percentages below:

Age: \_\_\_\_\_ % of balance \_\_\_\_\_

Age: \_\_\_\_\_ % of balance \_\_\_\_\_

Age: \_\_\_\_\_ All of remainder

(7) What kind of control do you want the Trustee of the Child's of Children's Trust to have?

(a) Do you want the Trustee to have discretion over whether to distribute the income to your children or do you want it to be mandatory?

Income distribution--

Mandatory [ ];

Discretionary [ ]

(b) Do you wish to have a broad or narrow standard to regulate the trustee's discretion to distribute the principal of the child or children's trust?

Broad: Unlimited. Health, Education, Support, Maintenance, Comfort, Welfare, etc.

Narrow: Limited to Health, Education, Support, and Maintenance.

**V. ADMINISTRATIVE DECISIONS IN DOCUMENTS**

1. Any forgotten heirs?                    YES    NO  
    Unnamed children?                    YES    NO  
    Unnamed grandchildren?                YES    NO

Spouse not named in Will?                YES    NO

2. Any person to be SPECIFICALLY Disinherited?    YES    NO.  
(Give name, relation, and any details you wish to specify in instrument.)

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3. Survival period to receive gifts?    30 days?    60 days?  
    5 months?    6 months?

Suggestion: For Spouse--Between 60 days and 6 months.

4. Any contract to make a Will? (Be sure to answer this) YES NO

5. Death taxes payable:

a. Should beneficiaries pay death taxes on specific gifts?  
( i.e. Penalize them) YES NO

b. WATCH NON-PROBATE ASSETS and ASSETS OUTSIDE THE TRUST.

(1) Probate estate pays taxes on only probated assets?  
    YES NO

(2) Trust assets bear taxes on only assets in trust?  
YES NO

(3) Beneficiaries pay taxes by apportionment (Pro rata)  
YES NO

6. Executor Powers--Special

a. To appoint a successor Executor? YES NO

b. Spouse's occupation of residence at no cost? YES NO