

CONFIDENTIAL ESTATE PLANNING WORKSHEET

Prepared by:

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CONFIDENTIAL ESTATE PLANNING WORKSHEET

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If you are married and all information on this worksheet is identical for you and your spouse, complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each spouse has a separate one. Unmarried couples may use the worksheet just as married couples, but please be sure to insert correct marital status as it significantly affects application of tax rules.

For those of you who are single, please excuse our repeated use of the term “spouse.” This is for simplicity of the form only. Estate planning is very important for singles as well as couples. Plan of distribution for singles is not obvious and most or all assets will be probated since joint tenancy with a spouse is not an available method of avoiding probate.

A: FAMILY AND CONTACT INFORMATION

I am presently Married Widowed Divorced Never before married

Name: _____	Spouse's Name: _____
Place of Birth: _____	Spouse's Place of Birth: _____
Date of Birth: _____	Spouse's Date of Birth: _____
Citizenship: _____	Spouse's Citizenship: _____
Social Security Number: ____-____-_____	Spouse's SSN: ____-____-_____
Home address: _____ _____	Home Phone: _____
	Your Email address: _____
	Spouse's Email address: _____
Business address: _____ _____	Your Business Phone: _____
	Your Cell Phone: _____
	Your Fax: _____
Spouse's Business address: _____ _____	Spouse's Business Phone: _____
	Spouse's Cell Phone: _____
	Spouse's Fax: _____

How do you prefer to be contacted? Business phone Home phone Email Cell Phone

How do you prefer your documents to be delivered? Regular mail Email (PDF)

Have you been married before? No Yes: Names of former spouses? _____

Has your spouse been married before? No Yes: Names of former spouses? _____

Do you have children? No Yes (If child by prior marriage, please state other parent's name.)

1st Child: _____ 3rd Child: _____

Date of Birth: _____ Date of Birth: _____

Other Parent's Name: _____ Other Parent's Name: _____

2nd Child: _____ 4th Child: _____

Date of Birth: _____ Date of Birth: _____

Other Parent's Name: _____ Other Parent's Name: _____

Do you or your spouse have grandchildren? No Yes . (If you have grandchildren to whom you wish to make gifts, please mention them in paragraph G at the end of this worksheet.)

Living Relatives:

Spouse's Living Relatives:

Mother: _____

Mother: _____

Father: _____

Father: _____

Siblings: _____

Siblings: _____

B: YOUR ADVISORS (OPTIONAL)

Please provide us with the following information on your business and personal advisors:

Attorney Name: _____

Accountant Name: _____

Firm Address: _____

Firm Address: _____

Business Phone: _____

Business Phone: _____

Email Address: _____

Email Address: _____

May we contact your attorney for matters relating to your business, estate, and tax planning? Yes No

May we contact your accountant for matters relating to your business, estate, and tax planning? Yes No

Banker Name: _____

Investment Advisor: _____

Firm Address: _____

Firm Address: _____

Business Phone: _____

Business Phone: _____

Email Address: _____

Email Address: _____

May we contact your banker for matters relating to your business, estate, and tax planning? Yes No

May we contact your investment advisor for matters relating to your business, estate, and tax planning? Yes No

Insurance Agent: _____

Other Advisor: _____

Firm Address: _____

Firm Address: _____

Business Phone: _____

Business Phone: _____

Email Address: _____

Email Address: _____

May we contact your insurance agent for matters relating to your business, estate, and tax planning? Yes No

May we contact this other advisor for matters relating to your business, estate, and tax planning? Yes No

C. CHOICE OF FIDUCIARIES:

Please select fiduciaries or agents for the following duties.

Trustee: Your trustee will have the authority to manage your revocable trust pursuant to its terms. You may also choose co-trustees to serve at the same time. You may also nominate a professional trustee such as a bank. Before nominating your successor trustees, it is recommended that you discuss this with your nominee.

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____ 4th Choice: _____

Executors: Your will is what we term a “pour-over” will. It is our recommendation that all of your assets be transferred to your revocable trust during your lifetime to avoid the necessity for probate administration. In the event that assets are left outside of your revocable trust, your will asks the court to “pour-over” such assets into your revocable trust and be distributed pursuant to the terms of your revocable trust. The executor/executrix would be authorized to administer your estate should probate proceedings be necessary. As with your choice of trustees, you may select a sole executor/executrix or co-executors/executrices.

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____ 4th Choice: _____

Guardians for minor children: Please nominate guardians for your minor children’s estates and persons in the event of your simultaneous death. You may nominate the same person(s) as guardian(s) of children’s person who will physically care for your children or your children’s estates who will care for your children’s financial affairs.

1st Choice: _____ 2nd Choice: _____
3rd Choice: _____ 4th Choice: _____

Agents for powers of attorney: As part of your estate planning, we will provide you with powers of attorney for health care, financial management, and personal care. These powers of attorney empower your agent to make health care, financial and personal decisions on your behalf. For instance, your health care agent has the power to authorize medical personnel to use (or not use) lifesaving procedures. Your agent for financial management is authorized to pay your bills, collect money owed to you, make gifts on your behalf, hire professionals to manage your investments or prepare your tax returns. Your agent for personal care will attend to your personal affairs (i.e. where you convalesce, who visits you, if and where you attend church, etc.) You may select different agents for the three powers listed.

Health Care Agents

1 st Choice: _____	Please inform us of any special provisions you would like to add to your health care power of attorney:
Address: _____	
Bus. Phone: _____	_____
Home Phone: _____	_____
2 nd Choice: _____	_____
Address: _____	_____
Bus. Phone: _____	_____
Home Phone: _____	_____

Personal Care Agents

1 st Choice: _____	Please inform us of any special provisions you would like to add to your personal care power of attorney:
Address: _____	
Bus. Phone: _____	_____
Home Phone: _____	_____
2 nd Choice: _____	_____
Address: _____	_____
Bus. Phone: _____	_____
Home Phone: _____	_____

Financial Management Agents

1st Choice: _____

Address: _____

Bus. Phone: _____

Home Phone: _____

2nd Choice: _____

Address: _____

Bus. Phone: _____

Home Phone: _____

Please inform us of any special provisions you would like to add to your financial management power of attorney:

D. ASSETS

Only assets transferred to your revocable trust will avoid probate administration. Please provide as detailed descriptions and approximate values of your assets in the following categories.

Do you or your spouse expect to receive a substantial inheritance? I do My spouse does

Are you or your spouse the beneficiary of a trust? I am My spouse is

Real Property

Address #1: _____

Approximate Value: _____

Liens: _____

Personal Residence Rental Property

Ownership: _____

Address #3: _____

Approximate Value: _____

Liens: _____

Personal Residence Rental Property

Ownership: _____

Address #2: _____

Approximate Value: _____

Liens: _____

Personal Residence Rental Property

Ownership: _____

Address #4: _____

Approximate Value: _____

Liens: _____

Personal Residence Rental Property

Ownership: _____

Bank Accounts (Checking and savings accounts and certificates of deposit)

Account Number: _____

Financial Institution: _____

Average Balance: _____

Paid on Death to whom? _____

Ownership: _____

Account Number: _____

Financial Institution: _____

Average Balance: _____

Paid on Death to whom? _____

Ownership: _____

Account Number: _____

Financial Institution: _____

Average Balance: _____

Paid on Death to whom? _____

Ownership: _____

Account Number: _____

Financial Institution: _____

Average Balance: _____

Paid on Death to whom? _____

Ownership: _____

Account Number: _____

Financial Institution: _____

Average Balance: _____

Paid on Death to whom? _____

Ownership: _____

Account Number: _____

Financial Institution: _____

Average Balance: _____

Paid on Death to whom? _____

Ownership: _____

Pension and Retirement Plans and Individual Retirement Accounts:

Account Number: _____

Financial Institution: _____

Average Balance: _____

Participant: _____

Beneficiary? _____

Contingent Beneficiary? _____

Account Number: _____

Financial Institution: _____

Average Balance: _____

Participant: _____

Beneficiary? _____

Contingent Beneficiary? _____

Account Number: _____

Financial Institution: _____

Average Balance: _____

Participant: _____

Beneficiary? _____

Contingent Beneficiary? _____

Account Number: _____

Financial Institution: _____

Average Balance: _____

Participant: _____

Beneficiary? _____

Contingent Beneficiary? _____

Investment/Brokerage Accounts (Publically traded stocks and bonds, mutual funds. REITs)

Account Number: _____

Financial Institution: _____

Average Value: _____

Paid on Death to whom? _____

Ownership: _____

Account Number: _____

Financial Institution: _____

Average Value: _____

Paid on Death to whom? _____

Ownership: _____

Stock Name: _____

Number of Units Owned: _____

Approximate Value: _____

Stock Name: _____

Number of Units Owned: _____

Approximate Value: _____

Stock Name: _____

Number of Units Owned: _____

Approximate Value: _____

Account Number: _____

Financial Institution: _____

Average Value: _____

Paid on Death to whom? _____

Ownership: _____

Account Number: _____

Financial Institution: _____

Average Value: _____

Paid on Death to whom? _____

Ownership: _____

Stock Name: _____

Number of Units Owned: _____

Approximate Value: _____

Stock Name: _____

Number of Units Owned: _____

Approximate Value: _____

Stock Name: _____

Number of Units Owned: _____

Approximate Value: _____

Business Interests (including closely held businesses and family limited partnerships):

Entity Name: _____

"C" Corp "S" Corp LP LLC GP

Ownership? _____

Percent Owned? _____

Entity Name: _____

"C" Corp "S" Corp LP LLC GP

Ownership? _____

Percent Owned? _____

Entity Name: _____

"C" Corp "S" Corp LP LLC GP

Ownership? _____

Percent Owned? _____

Entity Name: _____

"C" Corp "S" Corp LP LLC GP

Ownership? _____

Percent Owned? _____

Notes and Accounts Receivables

Payor: _____

Principal Amount: _____

Maturity Date: _____

Secured by? _____

Payor: _____

Principal Amount: _____

Maturity Date: _____

Secured by? _____

Payor: _____

Principal Amount: _____

Maturity Date: _____

Secured by? _____

Payor: _____

Principal Amount: _____

Maturity Date: _____

Secured by? _____

Life Insurance Policies:

Insurance Company: _____

Policy Number: _____

Type: Term Whole Variable

Cash Benefit: _____

Insured: _____

Ownership: _____

Beneficiary: _____

Insurance Company: _____

Policy Number: _____

Type: Term Whole Variable

Cash Benefit: _____

Insured: _____

Ownership: _____

Beneficiary: _____

Insurance Company: _____

Policy Number: _____

Type: Term Whole Variable

Cash Benefit: _____

Insured: _____

Ownership: _____

Beneficiary: _____

Insurance Company: _____

Policy Number: _____

Type: Term Whole Variable

Cash Benefit: _____

Insured: _____

Ownership: _____

Beneficiary: _____

Miscellaneous Assets (optional)

You may wish to inventory miscellaneous assets such as collectibles, fine art, fine furniture, jewelry, etc. These will not be scheduled individually in your trust estate schedule, however, you may prepare a memorandum of distribution of these assets in your own handwriting. This handwritten memorandum may be kept with your completed estate planning documents. Other information may be provided to us in Paragraph G at the end of this worksheet.

E. DISPOSITIVE PROVISIONS

Specific Gifts: Do you have specific gifts you want to make at your death? (Example: To my son, John, my collection of rare stamps.) Please specify below or in Paragraph G at the end of this worksheet: _____

Residue of Estate: Where will the rest of your estate (the “residue”) be distributed? Often this will be to your spouse (if you are married), or in trust for your spouse and thereafter to your children, or to your children. If you are married and you have designated your spouse as primary beneficiary, please state what should happen if your spouse fails to survive you. If your children’s share of your revocable trust is to be held in trust, please elect when they may receive their share and at what proportion or percentage. For example:

- (1) ___ % [or fraction] may be withdrawn at age ____;
- (2) ___ % [or fraction] of that which remains may be withdrawn at age ____; and
- (3) the remaining Trust corpus may be withdrawn at age ____.

Also, please state your special wishes and desires with regard to the disposition of assets to your children here. For example, do you wish to set aside a certain amount for professional education? Do you have a child with special needs? _____
