



**BRATTON**  
ESTATE & ELDER CARE ATTORNEYS

## **Estate Planning Worksheet - Married**

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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 fill out to the best of your ability. You may always update information as you receive it. If possible, please return the completed worksheet to our office at the time of your appointment and please ask any questions you may have about the requests.

**Bratton Law**

Phone: (856) 857-6007 ♦ Fax: (856) 857-6008

**Part I**  
**Personal Information**

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Partner/Spouse #1

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 \_\_\_\_\_ Birth date \_\_\_\_\_ 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.

Date of Marriage \_\_\_\_\_

Partner/Spouse #2 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 \_\_\_\_\_ Birth date \_\_\_\_\_ 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 Other Family Members**

*(Use full legal name. Use "JT" if both Partners/Spouses are the parents, "1" if Partner/Spouse #1 is the parent, "2" if Partner/Spouse #2 is the parent, "S" if a single parent.)*

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

## Advisors

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Name

Telephone

Personal Attorney \_\_\_\_\_

\_\_\_\_\_

Accountant \_\_\_\_\_

\_\_\_\_\_

Financial Advisor \_\_\_\_\_

\_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

\_\_\_\_\_

## 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

#### Partner/Spouse

#1

#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 Partner/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 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 conservatorship ("living probate") in case of a 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 partner/spouse's remarriage.

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

Other Concerns (Please list below):

\_\_\_\_\_

\_\_\_\_\_

Bratton Law

Phone: (856) 857-6007 ♦ Fax: (856) 857-6008

## Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your partner/spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you (or your partner/spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>	<input type="checkbox"/>	<input type="checkbox"/>
If married, have you and your partner/spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you (or your partner/spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you (or your partner/spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you (or your partner/spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
Are you (or your partner/spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other major financial support to adult children or others?	<input type="checkbox"/>	<input type="checkbox"/>

### Additional Information

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## Part II

### Property Information

#### Instructions for completing the Property Information checklist:

#### General Headings

This **Property Information** checklist helps 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, attach 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 married, Partner/Spouse #1's name alone, with no other person	1
If married, Partner/Spouse #2's name alone, with no other person	2
If married, Joint Tenancy with Partner/Spouse	JTS
Joint Tenancy with someone other than a Partner/Spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

## Real Property

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**TYPE:** Any interest in real estate including your family residence, vacation home, timeshare, 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:


## Bank Accounts

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

Name of Institution	Type	Owner	Amount
		<i>Total</i>	

Note: If Account is in your name (or your spouse'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		Owner	Amount
			<i>Total</i>	

## Life Insurance Policies 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.

[illegible]

## 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 current value of the plan, and any other pertinent information.

[illegible]

### 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.

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*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
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
			<i>Total</i>	<hr/>

### 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 

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*Total estimated value* 

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### Other Assets

**TYPE:** Other property is any property that you have that does not fit into any listed category.

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



## Summary of Values

Assets	Amount*		Total Value
	Partner/Spouse #1	Partner/Spouse #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 Partner/Spouse #1's column and 1/2 in Partner/Spouse #2's column.*

# **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.

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>

**INITIAL EXECUTOR(S):** Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>

**SUCCESSOR EXECUTOR:**

**FOR Partner/Spouse #1**

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**FOR Partner/Spouse #2**

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

**Partner/Spouse #1's AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

**Partner/Spouse #2's AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Partner/Spouse # 1 ☐ Yes ☐ No

Partner/Spouse #2 ☐ Yes ☐ No

Gifting Power Details: \_\_\_\_\_

**LIVING WILL:** Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? \_\_\_\_\_ Do you want to provide that your organs and tissues should be made available for transplant purposes? \_\_\_\_\_

**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?

**Partner/Spouse #1's AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

**Partner/Spouse #2's AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

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? Partner/Spouse #1 ☐ Yes ☐ No Partner/Spouse #2 ☒ Yes ☐ No

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

- ☐ Disabled partner/spouse, the needs of others.
- ☐ Disabled partner/spouse needs and the needs of others equally.
- ☐ Disabled partner/spouse and other partner/spouse, and then needs of others.

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? ☐ Yes ☐ No

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

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

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

**SPECIFIC GIFTS:** List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.  
Indicate whether these gifts are to be made even if the other partner/spouse is alive.

FOR Partner/Spouse #1 : Individual or Charity	Amount or Property	Contingent on Partner/Spouse #2 predeceasing?
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FOR Partner/Spouse #2 : Individual or Charity	Amount or Property	Contingent on Partner/Spouse #1 predeceasing?
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**DIVISION OF PROPERTY UPON DEATH OF SECOND PARTNER/SPOUSE TO DIE**

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

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

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

☐ **DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

☐ **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 and maintenance). You may give written instructions to the trustee outlining guidelines to follow in determining the beneficiary's needs. You may provide for a staggered distribution of principal. For example:. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

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**REMOTE CONTINGENT BENEFICIARY:** Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- ☐ To each spouse's heirs-at-law.
- ☐ One-half to Partner/Spouse #1's heirs-at-law and one-half to Partner/Spouse #2's heirs at law.
- ☐ To the following named individuals and/or charities:

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**OTHER ITEMS TO INCLUDE OR DISCUSS:** Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

[illegible]

**Do you currently have estate planning documents?**

**\*If yes please provide a copy.**

Yes ☐ No ☐