



# Pickford

LAW OFFICE

## ESTATE PLANNING WORKSHEET

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Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents.

During your initial appointment we will determine your specific estate planning needs and goals. There is no fee and no obligation with your consultation. An exact quote on fees for estate planning will be provided before you decide to retain us.

Our office is located close to the intersection of Murrieta Hot Springs Road and Winchester Road, on Sky Canyon Drive. We are in the office buildings directly behind the Vons supermarket.

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# Estate Planning Worksheet

*Please provide as much of the following information as possible, but keep in mind that you don't have to complete all of the information. The attorney will be reviewing this information with you when you come for your appointment.*

*The attorney will also be glad to advise you on how to proceed. Don't worry about total accuracy. Just do the best you can. We look forward to seeing you!*

			Date
<b>Husband</b>	First Name	Middle	Last Name
	AKA	Date of Birth	Social Security Number
<b>Wife</b>	First Name	Middle	Last Name
	AKA	Date of Birth	Social Security Number

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status:     Married             Separated             Single

## Financial and Other Advisors

<u>Name</u>	Phone No.
Accountant _____	_____
Financial Advisor: _____	_____
Life Insurance Agent _____	_____

## **Children and/or other Family Members or Beneficiaries**

Please include the name of all children, including any deceased children and children you wish to exclude from your will or trust. If the children are from a previous relationship, please indicate if he or she is husband's or wife's child.

Also list any other individuals, organizations, including charities or religious organizations you wish to be your beneficiaries.

<b>Full Legal Name</b>	<b>Birth Date or Age</b>	<b>Relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **Successor / Executor of Your Estate**

Who should act as your successor or Executor? The successor would be responsible for managing the estate after death. Generally a responsible child, relative or friend is a good choice. We can also assist you in choosing a professional successor.

Successor \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

## Health Care Agent

Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

### For Husband

Agent: \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

### For Wife

Agent: \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

## Financial Agent

Who should be named to make financial decisions on your behalf including decisions regarding your finances, filing tax returns, dealing with financial institutions? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

### For Husband

Agent: \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

### For Wife

Agent: \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

## Plan of Distribution

1. **Specific Gifts.** Do you want to make charitable gifts, such as to a house of worship 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:

**Describe Item:**

**Beneficiary**

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2. **Distribution of Your Estate.** Briefly describe the plan of distribution for assets remaining after any specific gifts described above are made.

All to spouse; then among children, and if a child didn't survive, the deceased child's share to the deceased child's children.

All to spouse; then to a trust for children's health education and welfare (as provided on the following page).

All to spouse, then \_\_\_\_\_

As follows: \_\_\_\_\_

3. **Other Distribution.** Please describe any other distribution of your estate:

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3. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, your spouse, nor your children/other beneficiaries named above survive.

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*Please complete this section only if you have minor beneficiaries or beneficiaries with disabilities.*

1. **Guardian.** If you have child(ren) or other beneficiary(ies) who are minors or who have special needs, you may 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 to act if your first choice cannot serve.

Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

2. **Testamentary Trustee.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary'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 or institution 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 or institution.

Trustee: \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

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 or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

1/3 at age 21, 1/3 at age 25, 1/3 at age 30.

1/2 at age 25, 1/3 at age, 1/2 at age 30.

All at age: \_\_\_\_\_.

Other: \_\_\_\_\_.

## HEALTH CARE DIRECTIVE OPTIONS

### END-OF-LIFE DECISIONS

Client    Spouse

       I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life. Therefore, if in my agent's judgment the burdens of the proposed treatment outweigh the expected benefits, then I do not want any form of life-sustaining procedures or, if life-sustaining treatment has been instituted, I ask that it be withdrawn. I desire that my agent consider relief from suffering, preservation or restoration of functioning, and the quality as well as the extent of the life being preserved when decisions are made concerning life-sustaining care, treatment, services, and procedures. I trust my agent, who knows my desires well, and in whose judgment I have absolute faith to exercise discretionary decisions in a manner that would be satisfactory to me. "Life-sustaining treatment" means any medical procedure, treatment, intervention, or other measure including artificially or technologically supplied nutrition and hydration that, when administered, will serve principally to prolong the process of dying.

**OR**

Client    Spouse

       Prolong life to the greatest extent.

CHECK ALL BOXES YOU WISH TO INCLUDE

**OTHER WISHES.** In addition to the preceding paragraphs, I am making the following directives to my agent:

Client    Spouse

- If I ever fall into a persistently vegetative state, you are directed to reduce my misery as painlessly as possible.
- If I become senile, you are directed to let me die naturally and without any extraordinary medical treatment.
- If I am in an irreversible coma or persistent vegetative state, I do not want any form of CPR.
- If I am already in an irreversible coma or persistent vegetative state and I develop some other illness or condition for which a course of treatment would be considered, I do not want any additional treatment to be initiated (for example, if I am in an irreversible coma and it is subsequently discovered that I have cancer, I do not want chemotherapy and/or radiation).
- If I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death.
- I wish to donate my organs.
- I wish to be cremated.
- I wish to be buried.
- I trust my Agent's judgment and give final authority to my agent.