

# HERITAGE

ELDER LAW & ESTATE PLANNING, LLC.

 *A Veteran Owned Law Firm*

## Design Worksheet

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**PLEASE BRING THESE FORMS WITH YOU TO YOUR DESIGN MEETING. PLEASE COMPLETE THESE FORMS TO THE BEST OF YOUR ABILITY TO ENSURE A PRODUCTIVE AND INFORMATIVE MEETING SO THAT WE CAN CREATE AN ESTATE PLAN THAT BEST MEETS YOUR GOALS.**

ATTORNEY INITIALS \_\_\_\_\_

Client Name (Spouse #1) \_\_\_\_\_

Client Name (Spouse #2) \_\_\_\_\_

**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**

_____	_____
_____	_____
_____	_____

**INITIAL TRUSTEE(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**

_____	_____
_____	_____

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

**FOR CLIENT**

**Name and Address**

**Relationship**

_____	_____
_____	_____
_____	_____

**FOR SPOUSE**

**Name and Address**

**Relationship**

_____	_____
_____	_____
_____	_____

**DEATH TRUSTEE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

**FOR CLIENT**

**Name and Address**

**Relationship**

_____	_____
_____	_____
_____	_____
_____	_____

**FOR SPOUSE**

Name and Address	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

**POWER OF ATTORNEY:**

If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

**CLIENT'S AGENT**

Name and Address	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SPOUSE'S AGENT**

Name and Address	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Client:  Yes  No

Spouse:  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?  Yes  No

Do you want to provide that your organs and tissues should be made available for transplant purposes?  Yes  No

**HEALTH CARE:**

If you are unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

**CLIENT'S AGENT**

Name and Address	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SPOUSE'S AGENT**

Name and Address	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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? Client:  Yes  No Spouse:  Yes  No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? Client:  Yes  No Spouse:  Yes  No

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

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

**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 CLIENT:**
- Spouse, then children equally.
  - Spouse, then to balance of trust.
  - Spouse, then other named individuals.
  - Children
  - To the balance of the trust.
  - Other named individuals. List on next line.

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- FOR SPOUSE:**
- Spouse, then children equally.
  - Spouse, then to balance of trust.
  - Spouse, then other named individuals.
  - Children
  - To the balance of the trust.
  - Other named individuals. List on next line.
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**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 spouse is alive.

**FOR CLIENT:**

Individual or Charity	Amount or Property	Contingent on Spouse predeceasing?

**FOR SPOUSE:**

Individual or Charity	Amount or Property	Contingent on Client predeceasing?

**WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS:** Is surviving spouse the sole trustee with a right to appoint cotrustees (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the cotrustee with the surviving spouse? \_\_\_\_\_

**LIMITED POWER OF APPOINTMENT:** Do you want the surviving spouse to be able to modify the way property is distributed upon the surviving spouse's death? \_\_\_\_\_

If so, to whom may the surviving spouse distribute your property:

- Your descendants
- Your descendants and their spouses
- Your descendants and charities
- Your descendants, their spouses and charities
- Anyone, no limitations

**DIVISION OF PROPERTY UPON DEATH OF SECOND 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 co-trustee and/or choose his or her own co-trustee? 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 Client’s heirs-at-law and one-half to Spouse’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:

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