

ESTATE PLANNING WORKSHEET

THIS WORKSHEET WILL ASSIST US IN DESIGNING YOUR REVOCABLE LIVING TRUST. ALL INFORMATION YOU PROVIDE US IS STRICTLY CONFIDENTIAL. WE MUST HAVE YOUR COMPLETED WORKSHEET RETURNED TO US PRIOR TO YOUR APPOINTMENT DATE. THIS IS SO WE HAVE TIME TO REVIEW IT BEFORE OUR MEETING. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT US.

PART I – PERSONAL INFORMATION

This Revocable Living Trust is for: SINGLE INDIVIDUAL MARRIED COUPLE or REGISTERED DOMESTIC PARTNERS
(check one)

Do you have an existing trust or other estate plan documents?: Yes No
If yes, please furnish copies of these documents.

For married couple or registered domestic partners, designate one person as "Client" and the other as "Spouse."

Client's legal name _____

Also known as _____

Prefer to be called _____ Birthdate _____ SS# _____ US Citizen? _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Mobile telephone _____ Work telephone _____

Occupation _____ Employer _____

Work address _____ City _____ State _____ Zip _____

Email address _____ It is okay to communicate with me via email

Currently: Married Registered Domestic Partners Date of marriage/registration _____

Previously: Divorced Widowed Date of applicable event _____

Spouse's legal name _____

Also known as _____

Prefer to be called _____ Birthdate _____ SS# _____ US Citizen? _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Mobile telephone _____ Work telephone _____

Occupation _____ Employer _____

Work address _____ City _____ State _____ Zip _____

Email address _____ It is okay to communicate with me via email

Previously: Divorced Widowed Date of applicable event _____



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CHILDREN AND OTHER BENEFICIARIES

List full legal names of your children and other beneficiaries below. For children, indicate who the parents are by using the following abbreviations:

JT = both Client and Spouse are the parents **1** = Client is the parent **2** = Spouse is the parent **S** = single parent

Name	Birthdate	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons you want to disinherit: _____

Are any children deceased?: Yes No

PART II – INCOME AND PROPERTY INFORMATION

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 using the following abbreviations:

CP = community property **C** = titled in Client's name alone (Client's separate property) **S** = titled in Spouse's name alone (Spouse's separate property)

JT = titled as joint tenancy between Client & Spouse **JTC** = titled as joint tenancy between Client & 3rd party (not Spouse) **JTS** = titled as joint tenancy between Spouse & 3rd party (not Client)

INCOME

	Client	Joint/Community	Spouse
Monthly income earned from labor:	\$ _____	\$ _____	\$ _____
Monthly social security income:	\$ _____	\$ _____	\$ _____
Monthly pension income:	\$ _____	\$ _____	\$ _____
Other monthly income:	\$ _____	\$ _____	\$ _____



REAL PROPERTY

List any interest in real estate, including your family residence, vacation home, time share, vacant land, etc. List the manner in which title is held in the "Owner" section (use abbreviations from Page 2).

Address or General Description	Owner	Market Value	Loan Balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL:		\$ _____	\$ _____

FURNITURE AND PERSONAL EFFECTS

List your furniture and personal effects, such as jewelry, collections, antiques, furs, and all other valuable non-business personal property. Give a lump sum value for miscellaneous, less valuable items.

General Description and/or Address	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____

AUTOMOBILES, BOATS, AND RVs

General Description	Owner	Market Value	Loan Balance/ Encumbrance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL:		\$ _____	\$ _____

BANK ACCOUNTS

List your bank and savings accounts. Use the following abbreviations for the types of account:

CA = Checking Account **SA** = Savings Account **CD** = Certificate of Deposit **MM** = Money Market Account

Name of Institution and Account No.	Type	Owner	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL:			\$ _____



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OTHER ASSETS

Other assets may include, without limitation: stocks and bonds; life Insurance and annuities; retirement plans; business interests; money owed to you; anticipated inheritance, etc.

TOTAL: \$ _____

PART III – DESIGN INFORMATION

INITIAL TRUSTEE(S): Usually the trust maker(s) will serve as the initial trustee(s). This allows you to continue to control your assets as before. Often both spouses serve as joint trustees.

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

SUCCESSOR TRUSTEE(S): Nominate at least two successor trustees in the event you become incapacitated and after your death. If they are to serve consecutively, number in order of succession. If any are to serve together, assign them the same number. Often the surviving spouse will serve as the first successor trustee. Indicate if you want a co-trustee to serve with the surviving spouse.

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Persons you do NOT want to become a trustee: _____

INCAPACITY: During any period of time that you are incapacitated, who do you want the successor trustee to give primary consideration to with regards to making distributions?: *(check one)*

- To you, then the needs of your dependents/others
- To you and your spouse, then the needs of your dependents/others
- To you and the needs of your dependents/others equally

DISTRIBUTIONS AT DEATH – PERSONAL PROPERTY MEMORANDUM: Do you want your personal property to be distributed after your death pursuant to a written list you will fill out later?

- Yes No



DISTRIBUTIONS AT DEATH – SPECIFIC GIFTS: List any specific gifts of property or money to be made after your death (even if your spouse is still alive):

Individual or Charity

Property Description

DISTRIBUTIONS AT DEATH – REMAINING PROPERTY: As to any property not listed above as a specific gift, not listed on the personal property memorandum, and/or if no personal property memorandum is used, who should receive your property after your death?: *(check one)*

Your spouse, then to your children equally

Your children equally

Your spouse, then to other: _____

Other: _____

MINOR CHILDREN: If your children are under the distribution age at the time of your death, you permit the trustee to distribute income and/or principal for your children: *(check one)*

For their needs only (defined as health, education, maintenance and support or "HEMS")

At the trustee's discretion (for any reason)

ADDITIONAL INFORMATION

Please list any additional information or other items you want to include or discuss. Your estate plan should address all your hopes, fears, and wishes. We want to help you do just that.

