



## ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

*We must have this Worksheet returned to us at least three days prior to our meeting* (this will ensure we have enough time to understand the specifics of your situation before our meeting). If you need assistance completing the information, call our office (310-697-0411) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

**ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

### PERSONAL INFORMATION

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21021 Trigger Lane, Diamond Bar, CA 91765  
P: 909-348-07657 | F: 909-594-8523  
[www.manasanlaw.com](http://www.manasanlaw.com)

Client's Signature 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 \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Business Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via E-mail.

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

Cohabiting: Domestic Partnership Registration Filed? \_\_\_\_\_

Partner's Signature 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 \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Business Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via E-mail.

### **CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES**

*(Use full legal name. For stepparents, note "H" if only husband is the biological parent, note "W" if only wife)*

is the biological parent.)

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADVISORS**

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

**YOUR PLANNING OBJECTIVES**

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

Preserve and Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death (up to 55% of your assets and life insurance benefits)
- By reducing estate administration costs through probate avoidance
- Avoid or limit MediCal claims on your assets should you require long-term care
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

Protect Yourself and Your Spouse

- From malpractice or other creditor claims
- From conservatorship proceedings (aka “living probate”) if you or your partner become incapacitated
- From probate delays and stress upon your death or the death of your partner
- From hospital policies requiring life sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

#### Protect Your Children or other Beneficiaries ....

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to take half of your child or beneficiary’s inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditors’ claims (such as car accident plaintiffs)
- From the stress and delays of the average 16-month process of probate
- From the financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- From litigation claims by disinherited heirs
- For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care
- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- For special needs beneficiary only:* from neglect in the government care system

#### Achieve your Dreams

- Have clarity about your life purpose, goals and dreams
- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- For parents only:* By providing guidelines for how your children should be supported while their assets are in trust.
- For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

## IMPORTANT FAMILY QUESTIONS

**HUSBAND**

**WIFE**

Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents*

Yes     No     Yes     No

Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*

Yes     No     Yes     No

If married have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*

Yes     No     Yes     No

Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below*

Yes     No     Yes     No

Do you own a business?

Yes     No     Yes     No

Do you own a long-term care (nursing home) insurance policy?

Yes     No     Yes     No

Do you own any property that is not community property?

Yes     No     Yes     No

Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*

Yes     No     Yes     No

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*

Yes     No     Yes     No

Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.*

Yes     No     Yes     No

**ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.**

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**FAMILY VALUES**

Rate the following values in order of their importance to you from “Most Important” to “Least Important.”  
*Feel free to leave blank any item you do not wish to rank.*

	Most Important	Importan t	Neut ral	Least Important
▪ Cultural values such as art, music, travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Economic values such as financial responsibility, frugality, savings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Educational values such as study, self-improvement, academic achievements, lifelong learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Emotional values such as compassion, kindness, generosity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ethical values such as honesty, fairness, justice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Material values such as possessions, social standing, rank and title.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personal values such as modesty, loyalty, independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Philanthropic values such as volunteer work, donations (time and money).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Physical values such as health, relaxation, exercise, appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Public values such as citizenship, community involvement, public service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Recreational values such as sports, leisure time, hobbies, vacations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Relationship values such as family, friends, colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Spiritual values such as faith, belief in God, inner peace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Work values such as effort, competence, professional recognition and success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INCOME/ASSET/LIABILITY INFORMATION**

Please list your income/asset/liability information in the appropriate section below.  
Attach additional pages, if necessary.

<b>INCOME:</b>	<u><b>Husband</b></u>	<u><b>Community/Joint</b></u>	<u><b>Wife</b></u>
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	— _____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

**ASSETS:**

**REAL PROPERTY**

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.  
(please list manner in which title held – Joint Tenant, Community Property, Separate Property, Tenant in Common)

<b>General Description and/or Address</b>	<b>Owner</b>	<b>Market Value</b>	<b>Equity</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

**PERSONAL PROPERTY**

**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.*)

<b>Type or Description</b>	<b>Owner</b>	<b>Market Value</b>
<u>Miscellaneous Furniture and Household Effects (Total)</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

## BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*).

*Do not include IRA's or 401(k)'s here*

Name of Institution and account number	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

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

**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	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

## LIFE INSURANCE POLICES 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.

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Total \_\_\_\_\_

### 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total \_\_\_\_\_

### 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total \_\_\_\_\_

### 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** \_\_\_\_\_



**DESIGN INFORMATION**

**PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE**

**GUARDIAN FOR MINOR CHILDREN:**

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

**Name, Address and Phone Number**

**Relationship**

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**GUARDIAN FOR PETS:**

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**FINANCIAL DECISION MAKERS**

**DEATH TRUSTEE:** After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

**Name, Address and Phone Number**

**Relationship**

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**HEALTH CARE DECISION MAKERS**

**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?

**HUSBAND’S AGENT**

**Name, Address, and Phone Number** **Relationship**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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?**

\_\_\_\_\_

**WIFE’S AGENT**

**Name, Address, and Phone Number** **Relationship**

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**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?**

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