# ESTATE PLANNING WORKSHEET FOR MARRIED COUPLES

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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 RETURN THE COMPLETED WORKSHEET TO OUR OFFICE VIA EMAIL, MAIL OR FAX SO IT ARRIVES AT LEAST 48 HOURS PRIOR TO YOUR APPOINTMENT.

### **PERSONAL INFORMATION**

Husband's Legal Name			
	(name most often used to title propert	y and accounts)	
Also Known As			
	(other names used to title property a	and accounts)	
Prefer to be called	Birth date	SS#	US Citizen?
Home Address:	City	State	Zip
Home Telephone	County of Residence	Business T	elephone
Employer		_ Position	
Business Address	City		State Zip
E-mail Address	It is	s okay to communicate w	ith me via my E-mail address.
Date of Marriage			
Wife's Legal Name			
	(name most often used to title propert	y and accounts)	
Also Known As			
	(other names used to title property a	and accounts)	
Prefer to be called	Birth date	SS#	US Citizen?
Home Address:	City	State	Zip
Home Telephone	County of Residence	Business T	elephone
Employer		_ Position	
Business Address	City		State Zip
E-mail Address	It is	s okay to communicate w	ith me via my E-mail address.
EmployerBusiness Address	City	_ Position	State Zip

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

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name		Parent or Relationship
Comments:		

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### **ADVISORS**

Name	Telephor	ne
Personal Attorney		
Accountant		
Financial Advisor		
Life Insurance Agent		
<b>YOUR CONCERNS</b> Please rate the following as to how important they are to you: ( <i>H</i> high concern, <i>S</i> some concerned, <i>L</i> low concern, <i>N</i> / <i>A</i> no concern or not applicable)		
Description	Level of C	Concern
	Husband	Wife
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 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 spouse's remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		
Other Concerns (Please list below):	I	

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# **IMPORTANT FAMILY QUESTIONS**

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

# ADDITIONAL RELEVANT INFORMATION

## **PROPERTY INFORMATION**

## INSTRUCTIONS FOR COMPLETING THE PROPERTY INFORMATION CHECKLIST

General Headings	This <i>Property Information</i> checklist is designed to help 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, use <b>extra sheets</b> of paper to list your additional property.		
Туре	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 <b>extremely important</b> 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, Husband's name alone, with no other person	Н	
	If married, Wife's name alone, with no other person	W	
	If married, Joint Tenancy with spouse	JTS	

child, parent, etc.

Joint Tenancy with someone other than a spouse, i.e. a

If you cannot determine how the property is owned

JTO

?

#### **REAL PROPERTY**

**TYPE:** Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
	Total		

## 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
AUTOMOBILES, BOATS AND RVS	Total	

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

## **BANK & SAVINGS ACCOUNTS**

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

Name of Institution and account number	Туре	Owner	Amount
		Total	

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. <u>If held in a brokerage account, lump them together under each account</u>. *(indicate type below)* 

Stocks, Bonds or Investment Accounts	Туре	Acct. Number	Owner	Amount
			Total	

## 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.

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.

	MONEY OWE	D TO YOU	Total _	
TYPE: Mortgages or promissory no				
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 \_\_\_\_\_

Total estimated value \_\_\_\_\_

## **OTHER ASSETS**

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

Туре	Owner	Value
	Total	

# **SUMMARY OF VALUES**

	Amount*		
ASSETS	Husband	Wife	Total Value
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds		<u>`</u>	
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

\* Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.

### **DESIGN INFORMATION**

#### PERSONS TO ACT FOR YOU:

Name and Address	Relationship
INITIAL TRUSTEE(S): Usually the Maker will be the Trustee o you to continue to jointly control your a	
Name and Address	Relationship
DISABILITY TRUSTEE: If you were unable to make decision you with regard to your property an FOR HUSBAND	
Name and Address	Relationship
FOR WIFE Name and Address	Relationship
DEATH TRUSTEE: After your death, who do you want car desired, management of property for yo FOR HUSBAND	rying out your instructions, for distribution to and, if our beneficiaries?
Name and Address	Relationship
FOR WIFE	
Name and Address	Relationship

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#### **POWER OF ATTORNEY:**

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

#### HUSBAND'S AGENT

	Name	Relationship	Instructions or Guidelines		
WIFE'S AGENT	Name	Relationship	Instructions or Guidelines		
Husba	ze your Financial Agent to make gifts on nd: □ Yes □ No	Wife:  Yes  No	od of time you are incapacitated?		
LIVING WILL:	Do you want to provide that the mome means or measures? Do you want to p for transplant purposes?	provide that your organs and			
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	Relationship	Instructions or Guidelines		
WIFE'S AGENT					
	Name	Relationship	Instructions or Guidelines		
Do you want to authori than nursing home?	ze your Medical Agent to take whatever Husband: □ Yes □ No	steps are necessary to keep y Wife:  Ves  No	ou in a personal residence rather		
Do you want to provide arrange for voluntary a	e that upon certification by 2 physicians of admission? Husband: □ Yes □ No	of need for psychological or s Wife: □ Yes □ No	ubstance treatment, Agent may		
In making distributions consideration to:	s during any period of time the client is i	ncapacitated, the successor <b>T</b>	rustee shall give primary		
	<ul><li>Disabled spouse, the needs of others.</li><li>Disabled spouse needs and the needs</li></ul>	-	her spouse, and then needs of others		

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#### **DISTRIBUTIONS OF**

<b>RIBUTIONS OF I</b>	PERSONAL PROPERTY AND SPECIF	IC GIFTS	Page 11
	AL PROPERTY MEMORANDUM: Do to a written list you may prepare later?	o you want to provide t □ Yes □ No	that your personal property will be
Any property not lis	sted on the memorandum should be distributed	uted to:	
FOR HUSBAND:	□ Spouse, then children equally.	Children	
	□ Spouse, then to balance of trust.	To the balance of	of the trust.
	□ Spouse, then other named individuals.	□ Other named in	dividuals. List on next line.
OR WIFE:	□ Spouse, then children equally.	Children	
	□ Spouse, then to balance of trust.	□ To the balance of	of the trust.
	□ Spouse, then other named individuals.	□ Other named in	dividuals. List on next line.
	-		
FOR WIFE:			

#### PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE

**TO SURVIVING SPOUSE WITHOUT TAX PLANNING:** We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

□ All to surviving spouse. □ \_\_\_\_% to surviving spouse.

☐ Minimum allowed by law to surviving spouse.

DIVIDE INTO MARITAL AND FAMILY TRUSTS: Designed to maximize estate tax savings. To accomplish this, an amount up to the "applicable exclusion amount" (currently \$2,000,000) will be transferred to the Family Trust and the balance, if any, to the Marital Trust. This is sometimes referred to as "A/B Trust Planning". The Marital Trust is sometimes referred to as the "A Trust" or "QTIP Trust". The Family Trust is sometimes referred to as the "B Trust", "By-Pass Trust" or "Credit Shelter Trust". Also provides protection for surviving spouse from creditors and predators. You decide how much control you want the surviving spouse to have. In the event of remarriage protects property for your heirs from a new spouse in case of death or divorce.

#### MARITAL DEDUCTION FORMULA (OFFICE USE ONLY):

Disclaimer Provision

Marital Pecuniary

Credit Shelter Pecuniary

#### **DESIGN OF MARITAL SHARE:**

 $\Box$  **OUTRIGHT:** We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows a new spouse to possibly make claim on property in case of death or divorce

Clayton Election

□ Marital Fractional

**GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.

□ ALL INCOME – PRINCIPAL FOR NEEDS: All income is distributed to surviving spouse; principal is available for his or her needs (health, education and maintenance).

**ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

#### **DESIGN OF FAMILY SHARE:**

□ ALL INCOME – PRINCIPAL FOR NEEDS: All income is distributed to surviving spouse; principal is available for needs (health, education and maintenance).

Are descendants permissible beneficiaries of principal?

□ INCOME AND PRINCIPAL FOR NEEDS: All income and principal is available for needs. Income may be accumulated and not distributed.

Are descendants permissible beneficiaries of income and/or principal?

**ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

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

LIMITED POWER OF APPOINTMENT: Do you want the surviving spouse to be able to modify the way Page 13 property is to be distributed upon his or her 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:

#### 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 be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 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:

**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 Husband's heirs-at-law and one-half to Wife's heirs at law.

□ To the following named individuals and/or charities:

**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: