

CONFIDENTIAL
ESTATE PLANNING
ORGANIZER
(MARRIED COUPLE)



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**CONFIDENTIAL
ESTATE PLANNING INFORMATION**

Personal Information

Husband

Wife

Full Name:	_____	_____
Goes By:	_____	_____
Birth Date:	_____	_____
Citizenship:	_____	_____
Social Security Number:	_____	_____
Home Address:	_____	_____
	_____	_____
Home Phone:	_____	_____
Employer:	_____	_____
Work Address:	_____	_____
	_____	_____
Work Phone:	_____	_____
Fax number:	_____	_____
E-Mail Address:	_____	_____
Name of prior spouse (if any):	_____	_____
Dependants other than children:	_____	_____
Mother (name if living)	_____	_____
Father (name if living)	_____	_____
No. of Living Siblings	_____	_____

Children

Name	Birth Date	Relationship* to		Married (Y/N)	No. of Children
		Husband	Wife		
1.					
2.					
3.					
4.					
5.					
6.					

*(A) if adopted, (N) if natural, (S) if step

Do any of your children have special educational, medical or physical needs? Yes_____ No_____

Do any of your children receive governmental support or benefits? Yes_____ No_____

General Information

	<u>Husband</u>	<u>Wife</u>
Do you currently have a will?	Yes_____ No_____	Yes_____ No_____
Do you currently have a (revocable or irrevocable) trust?	Yes_____ No_____	Yes_____ No_____
Do you have a prenuptial agreement that may affect your ability to dispose of property by will or trust?	Yes_____ No_____	Yes_____ No_____
Do you have a divorce decree from a prior spouse that may affect the manner in which you dispose of property by a will or trust?	Yes_____ No_____	Yes_____ No_____
Have you granted authority to anyone to be your attorney-in-fact under a Power of Attorney?	Yes_____ No_____	Yes_____ No_____
Do you hold or have you exercised any power of appointment?	Yes_____ No_____	Yes_____ No_____
Are there any trusts not created by you under which you are a beneficiary or trustee?	Yes_____ No_____	Yes_____ No_____
Have you ever filed a gift tax return?	Yes_____ No_____	Yes_____ No_____
Are you receiving disability or Medicaid benefits?	Yes_____ No_____	Yes_____ No_____
Do you expect to receive any inheritance or other windfall that will materially affect your financial status?	Yes_____ No_____	Yes_____ No_____
Do you have a safe deposit box?	Yes_____ No_____	Yes_____ No_____
Do you own insurance on the life of anyone other than you or your spouse?	Yes_____ No_____	Yes_____ No_____

General Information

Husband

Wife

Have you ever lived in a community property state¹ during your marriage?

Yes _____ No _____

Yes _____ No _____

Plan Structure

Your estate plan can be structured with either traditional wills or with a revocable trust (aka living trust). Visit our estate planning website (www.durrell.com) to learn more about the use of a revocable trust or ask us to send you a brochure describing the use and benefits of a revocable trust. Would you prefer:

Wills _____

Revocable Trust _____

Unsure _____

Fiduciaries

1. **Personal Representative/Successor Trustee:** The Personal Representative (or successor trustee of your Revocable Trust) is the individual or corporate fiduciary² designated to gather assets of your estate, pay claims, expenses and obligations of the estate, settle the tax liability and distribute the estate as provided in the Will (or Revocable Trust). The Personal Representative will work with an attorney and usually a CPA, life insurance agent and other professionals. Spouses will often serve for each other, and another individual or corporate fiduciary will serve as successor. Best to have a Personal Representative who lives nearby for efficient estate administration.

Husband

Wife

Name of individual(s) or entity to serve as Personal Representative (PR) and as Successor Personal Representative (SPR)

(PR) _____

(SPR) _____

2. **Trustee:** The Trustee is the individual(s) or corporate fiduciary designated to hold, manage and distribute assets placed in any trust(s) established in the Will or Revocable Trust, such as a children's trust.

Name of individual(s) or entity to serve as Trustee (TR) and Successor Trustee (STR) of any trusts to be established

(TR) _____

(STR) _____

3. **Guardian:** The Guardian is the individual(s) who will take custody of your minor children (i.e., children under age 18) when there is no surviving parent. The Guardian's role is parental in nature, rather than financial. The Guardian and Trustee will coordinate with each other, but can be the same person.

Name of individual to serve as Guardian (G) and Successor Guardian (SG)

(G) _____

(SG) _____

¹ Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin

² Corporate Fiduciaries available in Alaska: Wells Fargo Alaska Trust Company; Alaska Trust Company; First National Bank Alaska; and Alaska USA Trust Company.

Dispositive Provisions

1. **Spouse Surviving.** Putting tax considerations aside, do you desire that your property pass to your surviving spouse?

Yes _____ No _____

If yes, do you desire that your property pass outright or in trust to your surviving spouse?

Outright _____ In Trust _____

2. **No Spouse Surviving.** It is usually advisable to establish a trust in your Will to hold your estate for the benefit of your children (or other descendants) if there is no surviving spouse. The provisions of the trust generally allow the Trustee to make payments for the health, support, maintenance and education of the children. At some point, however, a child's share is usually distributed to him or her outright, and the trust terminates. However, in Alaska it is now legally possible to have a trust run in perpetuity. If you decide the trust should not run in perpetuity, the termination should be at the age or ages at which the child can be expected to manage the funds independently. For example, one-half of a child's share could be distributed to the child at age 25 with the balance distributed at age 30. Do you think that the use of a trust for the children is advisable?

Yes _____ No _____

If yes, should the trust continue for their lifetime or at what age or ages should their shares be distributed to them free of trust?

3. **No Spouse nor Descendants Surviving.** If neither your spouse, nor any of your descendants, survive until the complete distribution of your estate, please identify the individuals, or perhaps charitable organizations, to whom the residue should pass:

4. **Specific Bequests.** Apart from specific items of tangible personal property (items such as jewelry, antiques, guns and collections will be dealt with in a separate written statement), would you like to make any specific bequests of cash, real estate or other assets to anyone?

Would you like to make any of these specific bequests even if your spouse or any of your descendants survive you?

Funeral and Burial/Cremation Instructions

You may wish to include as part of your estate plan specific written instructions regarding your funeral and burial/cremation wishes addressed to your family members. We will provide a separate document for you to handwrite any instructions you may want to leave.

Advance Health Care Directive

We generally prepare advance health care directives for our estate planning clients. An advance health care directive is a directive to physicians regarding the appointment of a health care agent and certain end-of-life decisions. Would you like us to prepare advance health care directives?

Yes _____ No _____

If yes, who should be identified as the health care agent?

Husband

Wife

First Choice: _____
Second Choice: _____
Third Choice: _____

Durable Power of Attorney

In order to address a possible disability circumstance, we generally prepare durable powers of attorney running between the spouses that "spring" into effect in the event of a legal disability. Would you like us to prepare durable powers of attorney for you?

Yes _____ No _____

If yes, who should be identified as the attorney-in-fact?

Husband

Wife

First Choice: _____
Second Choice: _____
Third Choice: _____

Should the attorney-in-fact have the power to make gifts of your assets? Yes____ No____

If yes, should the power be limited to be consistent with your prior giving patterns? Yes____ No____

Advisors (Name and telephone number)

Investments: _____
Accountant: _____
Life Insurance: _____
Other: _____

FINANCIAL INFORMATION

Personal Residence/Recreation Property

Description	Owner Code*	Market Value \$	Liability \$	Equity \$

Other Real Property

Description	Owner Code*	Market Value \$	Liability \$	Equity \$

Cash (Checking, Savings, CD's, Money Market Accounts, Treasury Bills)

Description	Owner Code*	Market Value \$	Liability \$	Equity \$

Marketable Securities (Stocks, Corporate Bonds, Municipal Bonds, Mutual Funds)

Description	Owner Code*	Market Value \$	Liability \$	Equity \$

Business Interests (Closely-held Business, Investment Partnership)

Description	Owner Code*	Market Value \$	Liability \$	Equity \$

Annuities (Tax Sheltered Annuities)

Description	Owner Code*	Market Value \$	Liability \$	Equity \$

Notes Receivable (Escrow Accounts, debts owed to you)

Description	Owner Code*	Market Value \$	Liability \$	Equity \$

Tangible Personal Property (List specific items of significant value, e.g., automobiles, coin collections, artwork, antiques, grand piano, jewelry)

Description	Owner Code*	Market Value \$	Liability \$	Equity \$

Debts (List any debts you owe not reflected above)

Description	Obligor (Husband, Wife or Both)	Amount \$

Owner Codes:

H = Husband

CP = Community Property

W = Wife

TIC = Tenants in Common (no right of survivorship)

JWROS = Joint (with right of survivorship)

TBE = Tenants by Entirety

JWOROS = Joint (without right of survivorship)

O=Other

Life Insurance

(1) Insured Codes	H=Husband	W=Wife	1=1 st to Die	2=2 nd to Die		O=Other
(2) Owner Codes	H=Husband	W=Wife	J=Joint	G=Group Ins.	T=Trust	O=Other
(3) Primary Beneficiary	H=Husband	W=Wife	C=Children	E=Estate	T=Trust	O=Other
(4) Secondary Beneficiary	H=Husband	W=Wife	C=Children	E=Estate	T=Trust	O=Other
(5) Policy Types	G=Group	P=Personal	U=Universal	W=Whole Life	T=Term	O=Other

Insurance Company	(1) Insured	(2) Owner	Beneficiary		(5) Policy Type	Annual Premium	Current Cash Value	Death Benefit
			(3) Primary	(4) Secondary				
a.								
b.								
c.								
d.								
e.								
f.								

Retirement Benefits

(1) Plan Type	PS= Profit Sharing	P=Pension	B=403(b)	I=IRA	K=401(K)	O=Other
(2) Plan Participant	H=Husband	W=Wife	C=Community Property			
(3) Primary Beneficiary	H=Husband	W=Wife	C=Children	T=Trust	O=Other	
(4) Secondary Beneficiary	H=Husband	W=Wife	C=Children	T=Trust	O=Other	

Plan Administrator or Custodian	(1) Plan Type	(2) Plan Participant	Beneficiary		Account Balance
			(3) Primary	(4) Secondary	
a.					
b.					
c.					
d.					
e.					
f.					

DOCUMENT CHECKLIST

Please provide the following documents along with the completed estate planning organizer:

- A list of (or be prepared to discuss) your goals and objectives.
- Copies of any prior gift tax returns.
- Copies of currently effective wills.
- Copies of any trust agreements for which you are a trustor, trustee or beneficiary.
- Copy of any currently effective power of attorney (over your personal affairs).
- Copy of any relevant pre- or post-nuptial agreement.
- Copy of any relevant divorce decree.
- Copy of most recent financial statement of any closely-held business.
- Copy of any business buy-sell agreement.