



MASON LAW GROUP

WILLS • TRUSTS • ESTATES

# ESTATE PLANNING ORGANIZER

**Married**

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[www.masonlawgroup.com](http://www.masonlawgroup.com)

Estate Planning Organizer

Date \_\_\_\_\_

**FAMILY INFORMATION**

**HUSBAND**

Signature Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Citizen? \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**WIFE**

Signature Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Citizen? \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**HOME ADDRESS**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

**Telephone**

**Husband**

**Wife**

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

**Email**

\_\_\_\_\_

**MARRIAGE**

Wedding Location: \_\_\_\_\_ Date: \_\_\_\_\_

Any previous marriages:

*Husband*    \_\_\_ Yes    \_\_\_ No

*Wife*        \_\_\_ Yes    \_\_\_ No

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

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## CHILDREN

(For stepchildren use H or W to indicate biological parent; A if adopted; D if deceased.)

| Full Legal Name | Birth Date | H/W, A, D |
|-----------------|------------|-----------|
| _____           | _____      | _____     |
| _____           | _____      | _____     |
| _____           | _____      | _____     |
| _____           | _____      | _____     |
| _____           | _____      | _____     |
| _____           | _____      | _____     |
| _____           | _____      | _____     |
| _____           | _____      | _____     |

### Special Needs

Name: \_\_\_\_\_

Explanation of Special Need: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Explanation of Special Need: \_\_\_\_\_

\_\_\_\_\_

## EXTENDED FAMILY

**Parents** (If married or re-married put both names on one line. If deceased indicate (D).)

Full Legal Name \_\_\_\_\_ D

*Husband*

\_\_\_\_\_

\_\_\_\_\_

*Wife*

\_\_\_\_\_

\_\_\_\_\_

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**Siblings** (Indicate H/W. If married, include name of spouse second.)

Full legal names

H/W

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Grandchildren**

Yes  No

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

### CURRENT ESTATE PLAN

Do you currently have any of the following documents?

Will

Power of Attorney for Asset Management

Living Trust

Advanced Health Care Directive

Pre/Post Marital Agreement

(Please provide a copy of all documents checked.)

## FINANCIAL INFORMATION

### INCOME (Monthly)

|                 |  |
|-----------------|--|
| Work            |  |
| Social Security |  |
| Pension         |  |
| Other           |  |

### ASSETS:

#### ***Real Estate***

(Family residence, vacation home, time share, etc.; Indicate how it is held: joint tenant (JT), community property (CP), separate property (SP), or tenants in common (TC))

| Description/Address | Held | Value | Equity |
|---------------------|------|-------|--------|
| Family Residence    |      |       |        |
|                     |      |       |        |
|                     |      |       |        |
|                     |      |       |        |
|                     |      |       |        |
| <i>Total:</i>       |      |       |        |

#### ***Personal Property***

**Type:** List only major items such as, jewelry, collections, antiques, art, and other valuables.

| Item & General Description                    | Owner | Current Value |
|---|-------|---------------|
| Furniture & Household Items (combined values) |       |               |
|   |       |               |
|   |       |               |
|   |       |               |
|   |       |               |
| <i>Total:</i>                                 |       |               |



# Estate Planning Organizer

## ***Life Insurance***

**Type:** Term, Whole, Universal, Annuity

**Provide:** Insurance company, type, death benefit, whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and life insurance agent.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

*Total:* \_\_\_\_\_

## ***Business Entities***

**Type:** General and Limited Partnerships, Sole Proprietorships, Privately Owned and Professional Corporations, etc.

| Business Name | Type  | Ownership Interest | Current Value |
|---------------|-------|--------------------|---------------|
| _____         | _____ | _____              | _____         |
| _____         | _____ | _____              | _____         |
| _____         | _____ | _____              | _____         |

*Total:* \_\_\_\_\_

## ***Money Owed to You***

**Type:** Mortgages, Promissory Notes, or other moneys owed to you.

| Name of Debtor | Date of Note | Maturity Date | Current Balance |
|----------------|--------------|---------------|-----------------|
| _____          | _____        | _____         | _____           |
| _____          | _____        | _____         | _____           |
| _____          | _____        | _____         | _____           |

*Total:* \_\_\_\_\_

# Estate Planning Organizer

## ***Anticipated Inheritance, Gift, or Lawsuit Judgment***

**Type:** Inheritance, gift, or money from a lawsuit judgment you anticipate receiving at some time in the future.

**Provide:** All relevant details

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*Anticipated Total:* \_\_\_\_\_

## ***Other Assets***

**Type:** Any property that does not fit into the previous categories.

**Provide:** All relevant detail

| Item & General Description | Current Value |
|----------------------------|---------------|
| _____                      | _____         |
| _____                      | _____         |
| _____                      | _____         |

*Total:* \_\_\_\_\_

## ***Summary of Asset Values***

|                               | Value |
|-------------------------------|-------|
| Real Property                 | _____ |
| Personal Property             | _____ |
| Bank Accounts                 | _____ |
| Retirement Accounts           | _____ |
| Stocks & Bonds                | _____ |
| Life Insurance                | _____ |
| Business Entities             | _____ |
| Money Owed to You             | _____ |
| Anticipated Inheritance, etc. | _____ |
| Other Assets                  | _____ |

***Total Assets:*** \_\_\_\_\_

## DISTRIBUTION OF YOUR ESTATE

### *Specific Gifts*

| Name  | Asset (item, money) |
|-------|---------------------|
| _____ | _____               |
| _____ | _____               |
| _____ | _____               |
| _____ | _____               |
| _____ | _____               |
| _____ | _____               |
| _____ | _____               |
| _____ | _____               |

### *Charitable Gifts*

| Name  | Asset (item, money) |
|-------|---------------------|
| _____ | _____               |
| _____ | _____               |
| _____ | _____               |

### *Residuary Gifts*

| Name  | Percent |
|-------|---------|
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |
|       | 100%    |
| _____ |         |
| _____ |         |
| _____ |         |
| _____ |         |

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**Living Trust**

**Successor Trustee.** Who do you want making decision regarding the management and distribution of your assets to your beneficiaries?

Name, Address, Phone Number, and Relationship to you

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

**Will**

**Executor.** Because the function of Executor is similar to Successor Trustee, some people choose the same person for both roles.

Do you want the same list for both Successor Trustee and Executor?    Yes \_\_\_    No \_\_\_  
(if no, then list Executor below.)

Name, Address, Phone Number, and Relationship to you

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

**Guardian.** In order of preference, please indicate the people you want to raise and love your children as close as possible to how you would:

Name, Address, Phone Number, and Relationship to you

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

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

***Power of Attorney for Asset Management***

**Agent.** In the event of incapacity, who do you want making financial decisions regarding your personal property?

Name, Address, Phone Numbers, and Relationship

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

**Pets.** Because pets become part of the family, it is important to state what should happen with your pets. Please indicate any specific instructions for who should care for your pet(s).

Name, Type, Instructions

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

***Advance Health Care Directive***

**Agent.** In the event of incapacity, who do you want making health care decisions for you?

Name, Address, Phone Numbers, and Relationship

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

**HIPPA Release.** Name the people to whom you authorize health care institutions to release your protected health care information.

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

## KEY ADVISORS

### Lawyer

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

### Accountant

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

### Financial Planner

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

### Life Insurance Agent

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_