



# Family Protection Worksheet

The information requested on this worksheet helps me understand your situation and wishes for the future. Your time investment in this worksheet ensures that your goals are met and that taxes and administrative expenses are minimized.

If you are married and all information on this worksheet is identical for you and your spouse, complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each spouse has a separate one.

Date \_\_\_\_\_ Signing Date \_\_\_\_\_ Phone Number \_\_\_\_\_

HUSBAND

_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>
_____	_____	_____
<i>Date of Birth</i>		<i>Social Security Number</i>
_____	_____	_____
<i>Job Title</i>		<i>Employer</i>
_____	_____	_____
<i>Please PRINT How You Sign Your Name</i>		<i>Email Address</i>

WIFE

_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>
_____	_____	_____
<i>Date of Birth</i>		<i>Social Security Number</i>
_____	_____	_____
<i>Job Title</i>		<i>Employer</i>
_____	_____	_____
<i>Please PRINT How You Sign Your Name</i>		<i>Email Address</i>

Address: \_\_\_\_\_  
*Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP* \_\_\_\_\_

County: \_\_\_\_\_

Marital Status:  Married  Divorced  
 Separated  Single (including widowed and not remarried)

If Married, Date of Marriage: \_\_\_\_\_

**What is your primary motivation for considering estate planning? (Select one or more)**

- |  |  |
|--|--|
| <input type="checkbox"/> Probate Avoidance               | <input type="checkbox"/> Federal Estate Tax Planning           |
| <input type="checkbox"/> Guardianship for Minor Children | <input type="checkbox"/> Business Planning                     |
| <input type="checkbox"/> Care for Pets                   | <input type="checkbox"/> Asset Protection for Self or Children |
| <input type="checkbox"/> Special Needs Planning          | <input type="checkbox"/> Other: _____                          |

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? \_\_\_\_\_

How did you find out about **The Law Office of Meg Elizabeth Goblet, P.C.**?

\_\_\_\_\_

- |  | <u>Husband</u>               |                             | <u>Wife</u>                  |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Do you presently have a will?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you presently have a trust?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you have a Trust, what is the date of the Trust?  | _____                        |                             | _____                        |                             |
| Are you interested in avoiding probate of your estate?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were there any previous marriages?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any of your children not from your current marriage?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please describe briefly: \_\_\_\_\_

\_\_\_\_\_

- |  |  |                             |  |                             |
|--|--|-----------------------------|--|-----------------------------|
| Do you own a business or a farm?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes           | <input type="checkbox"/> No |
| Are you a U.S. citizen?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes           | <input type="checkbox"/> No |
| Have you entered into any agreements with your spouse (such as a prenuptial or community property agreement) | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes           | <input type="checkbox"/> No |
| Do you own a long-term care (nursing home) insurance policy?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes           | <input type="checkbox"/> No |
| Do you hold everything jointly with your spouse, or is some property separate?                               | <input type="checkbox"/> All Joint<br>(Except IRA's, pensions, etc.) |                             | <input type="checkbox"/> Some Separate |                             |
| What is the value of death benefits on life insurance?   | Insuring<br>Husband \$ _____   | Insuring<br>Wife \$ _____   |  |                             |

**INCOME/ASSET/LIABILITY INFORMATION**

Please list your income/asset/liability information in the appropriate category below.  
Attach a separate page if necessary.

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

Type of Asset	Title in Which Held (Husband sole; Wife sole; Joint with spouse; Joint with third party; Tenants in common, community property, etc.)	Type of Property (Residential, Commercial, Manufacturing, Agricultural)	Current Value
<b>REAL ESTATE:</b>			
Personal Residence			
Vacant Land			
Income Property			
Vacation / Time Share			
Equity in Business:			
<input type="checkbox"/> Sole Prop.	<input type="checkbox"/> Partnership		
Notes and Loans Receivable			

Type of Asset	Title in Which Held (Husband sole; Wife sole; Joint with spouse; Joint with third party; Tenants in common, Community Property, etc.)	Current Value
Checking Accounts		
Savings Accounts, including Money Market Accounts		
Stocks, Bonds (Non IRA/Pension/401k, etc)		

Certificates of Deposit				
Automobiles				
Other Personal Property				
Annuities	<b><u>Owner</u></b>	<b><u>Beneficiary</u></b>		
IRA's				
Pension/Profit Sharing/401k				
Life Insurance			<u>Cash Value</u>	<u>Death Benefit</u>
Other Assets				
<b>Total Assets</b>				
<b>LIABILITIES:</b>	<b>Name Loan Taken In: (Husband, Wife, Joint, Other</b>	<b>Amount Owed</b>		
Mortgage				
Credit Cards				
Other:				
<b>Total Liabilities</b>				

**CHILDREN OR OTHER BENEFICIARIES**

<b>Name</b>	<b>Address/Phone</b>	<b>Date of Birth</b>	<b>Relationship</b>

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**GIFT TAX RETURNS**

Have gift tax returns ever been filed to report gifts made? \_\_\_\_\_ \*\*\*If YES, please bring copies of the returns to your appointment.

**PEOPLE YOU TRUST**

**1. PERSONAL REPRESENTATIVE.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) (E.g., spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. In second marriage situations, spouse as primary personal representative may not be appropriate.)

	<b>Husband</b>	<b>Wife</b>
PERSONAL REPRESENTATIVE:		
ALTERNATE:		
SECOND ALTERNATE:		

**2. SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable, or in the case of a joint trust, neither you nor your spouse were able, to manage assets due to incompetency. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, when neither you nor your spouse survive.

	<b>Husband</b>	<b>Wife</b>
SUCCESSOR TRUSTEE:		
ALTERNATE:		
SECOND ALTERNATE:		

**3. HEALTH CARE AGENT.** Who should be named to make decisions on your behalf including decisions regarding medical issues (i.e. medical consents, life support issues, and nursing home admission) if you were unable to make these decisions yourself? (Frequently, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

	<b>Husband</b>	<b>Wife</b>
HEALTH CARE AGENT:		
HCA ADDRESS:		

HCA PHONE:	
ALTERNATE :	
ALTERNATE ADDRESS:	
ALTERNATE PHONE:	
SECOND ALTERNATE :	
ALTERNATE ADDRESS:	
ALTERNATE PHONE:	

**4. PROPERTY AGENT.** Who should be named to make decisions on your behalf including decisions regarding property management issues (i.e. real estate, taxes, retirement, government benefits, etc.) if you were unable to make these decisions yourself? (Frequently, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative or your health care agent to be your property agent.

	Husband	Wife
PROPERTY AGENT:		
ALTERNATE:		
SECOND ALTERNATE:		

**5. HIPAA.** The Health Insurance Portability and Accountability Act is a privacy act that protects your medical information. Who should be named to find out information regarding your medical condition if you were injured and unable to give the medical staff permission to give out medical information.

	Husband	Wife
NAME:		
NAME:		
NAME:		
NAME:		
NAME:		

NAME:

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NAME:

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NAME:

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NAME:

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NAME:

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NAME:

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## WHO GETS WHAT

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

\_\_\_\_\_

\_\_\_\_\_

2. Briefly describe where you would want assets remaining after any specific gifts are distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

All to spouse; then equally among children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.

All to spouse, then equally among surviving children

All to spouse, then \_\_\_\_\_

\_\_\_\_\_

As follows: \_\_\_\_\_

\_\_\_\_\_

3. **ULTIMATE DISTRIBUTION.** It's terrible to think about, but you might want to provide for the distribution of your property if neither you, your spouse nor your children/other beneficiaries named above survive (heirs at law; charity, etc.) \_\_\_\_\_

\_\_\_\_\_

### PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR BENEFICIARIES OR BENEFICIARIES WITH DISABILITIES

1. **GUARDIAN.** If you have minor children or a beneficiary with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name at least one alternate guardian to act if your first choice cannot serve. This is an important obligation, so make sure the appointed guardian agrees to accept this responsibility

GUARDIAN: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

2. **CHILDREN'S TRUSTEE.** You may need a trustee to manage assets for beneficiaries until they are capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach an age specified or until they no longer have special needs. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes.

CHILDREN'S TRUSTEE: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

3. **AGE OF DISTRIBUTION.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose. If you have a beneficiary with special needs or a child who may be subject to liability or creditor claims, you may choose to keep the assets in trust for your child's entire life.

\_\_\_\_\_

\_\_\_\_\_

## GENERAL QUESTIONS

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