

Strategy Session

Planning Worksheet



Date: _____

Instructions: Please complete this worksheet and return it to our office prior to your Strategy Session. Call **616-777-5291** if you have any questions. To submit this information online, please visit www.eyestonelawoffices.com/intake.

Section 1: Personal Information

You	<i>Full Legal Name:</i> <i>(as you want it to appear in your documents)</i>	
	<i>What you prefer to be called (if different):</i>	
	<i>Date of Birth:</i>	<i>SS Number</i> <i>(last 4):</i> XXX-XX-
	<i>Employer:</i>	<i>Job Title:</i>
	<i>Phone:</i>	<i>Email:</i>
	<i>Citizenship:</i>	<i>Ex / Dec'd Spouse(s):</i>
	<i>Military Veteran?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Branch/Years Served:</i>

Spouse	<i>Full Legal Name:</i> <i>(as you want it to appear in your documents)</i>	
	<i>What you prefer to be called (if different):</i>	
	<i>Date of Birth:</i>	<i>SS Number</i> <i>(last 4):</i> XXX-XX-
	<i>Employer:</i>	<i>Job Title:</i>
	<i>Phone:</i>	<i>Email:</i>
	<i>Citizenship:</i>	<i>Ex / Dec'd Spouse(s):</i>
	<i>Military Veteran?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Branch/Years Served:</i>

Address	<i>Street:</i>	
	<i>City:</i>	<i>County:</i>
	<i>State:</i>	<i>Zip:</i>

Marriage	<i>Date of Marriage:</i>
	<i>Place of Marriage:</i>

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Legal Insurance	<i>Member Name:</i>	<i>Relationship to Member:</i>
	<i>Legal Plan Name:</i>	<i>Plan Number:</i>
	<i>Case Number(s) if obtained:</i>	

Section 2: Professional Advisors

Please include the names of the advisors you would like involved with your estate planning during your life or your trust / estate administration following death or incapacity.

Financial Advisor	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

Accountant	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

Life Insurance Agent	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

Religious Advisor	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

Other Advisor	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

* If you have additional advisors, please make a copy of this worksheet for each one.

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Section 3: Your Reasons for Planning

Please identify the reasons you are considering estate planning or questions you have (check all applicable).

Protect Your Children or Other Beneficiaries:

- From predators who can access inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to have half of your child or beneficiary's inheritance
- From malpractice claims, for beneficiaries in their professions
- From other creditor claims (such as car accident plaintiffs)
- From the stress and delays of the average 16-month process of probate
- From financial immaturity resulting in a quick loss of the entire inheritance
- From sharing assets with heirs you would rather disinherit
- From lawsuits by disinherited heirs
- For parents only:* From relatives who would be poor, abusive or even dangerous guardians
- For parents only:* From acquaintances and relatives who should not be allowed to be alone with your children
- For parents only:* From a court proceeding that costs precious time in the event you are unable to authorize needed medical care for your child
- For special needs beneficiaries only:* From neglect in the government care system

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 45% of your assets and life insurance benefits)
- By reducing estate administration costs through probate avoidance
- Avoid or limit Medicaid 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 reasonable lifestyle no matter what

Protect Yourself and Your Spouse:

- From malpractice or creditor claims
- From conservatorship proceedings (aka "living probate") if you or your spouse become incapacitated
- From probate delays and stress upon your death or the death of your spouse
- 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

Ensure Quality of Life:

- Give to a charitable organization or activity
- Support a common family goal through coordinated planning
- Provide that your death will not be unnecessarily prolonged by artificial means
- For parents only:* Provide guidelines for how your children should be supported while their assets are in trust
- For special needs beneficiaries only:* Provide instructions, people, and assets to support your special needs beneficiary above a poverty lifestyle
- For business owners only:* Provide for the orderly continuation and transfer of family business interests rather than a distress sale

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Section 4: Timeline / Urgency

How soon would you like to complete planning? (Specific deadline, such as an upcoming trip, surgery, etc.?)

Section 5: Current Planning

	<u>You</u>		<u>Spouse</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
Are your planning options limited by previous marriages (divorce decree, prenuptial agreement, irrevocable trust, etc.)?	<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? If yes, please describe briefly: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business or a farm?	<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
How long have you lived in Michigan?	_____		_____	
Have you ever lived in a community property state? (e.g., Wisconsin, Oregon, Idaho, California, Nevada, Arizona, New Mexico, Texas, Louisiana, etc.)	<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		<input type="checkbox"/> Some Separate (Except IRA's, pensions, etc.)	

Section 6: Children / Beneficiaries

Name	Address			Phone	DOB	Relationship
	Street					
	City	State	Zip			
	Street					
	City	State	Zip			
	Street					
	City	State	Zip			
	Street					
	City	State	Zip			
	Street					
	City	State	Zip			

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Section 7: Asset Information

Please list the information in the appropriate category below. (Attach additional pages if necessary.)

Type of Asset	Title in which Held (You, Spouse, Joint w/ Spouse, Joint w/ Others, etc.)	Estimated Current Value
Personal Residence		
Other Real Estate		
Cash, Checking, Savings, Money Market		
Stocks and Bonds and CDs		
Unlisted Securities (Not Publicly Traded)		
Business <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
IRA's		
Pension/Profit Sharing/401(k)		
Term Life Insurance		
Whole Life Insurance		
Other Assets		
Anticipated Inheritance, Gift, or Lawsuit Proceeds		
Automobiles		
Other Personal Property (e.g., Gold Coins, Jewelry, Valuable Collections)		
Total Estimated Asset Value:		

Financial Fiduciary Worksheet



Section 1: Financial Decision Maker (Power of Attorney, Trust, Will)

For the initial agent, married couples typically choose a spouse, and single people often choose a parent, sibling, or child, depending on their age. For married people, these people are often named as alternates. Before doing what most people do, though, consider whether the person has the knowledge and experience necessary to manage your financial matters. Choose someone you would trust with your checkbook, and if you have a business, choose someone would trust to run the business for you.

A professional financial fiduciary may be more appropriate if you have a more complicated family or financial situation or if the burden of managing your finances might be more than any of your family or close friends can handle. It is also often a good idea to name a professional fiduciary as your financial fiduciary of last resort, especially if you are unsure who to trust beyond one or two trusted individuals.

Your Name:			
<input type="radio"/>	<input type="radio"/>	Spouse as Initial Agent/Co-Trustee (If No, set the priority for the first name listed below as 1).	
Yes	No		
Financial Fiduciary Name		Relationship to You	Priority (1-4)

Questions / Comments for Financial Fiduciaries:

Healthcare Fiduciary Worksheet



Section 2: Healthcare Fiduciary (Patient Advocate, Caregiver, Funeral Representative)

When you need medical care, your doctor or the hospital is required to get your permission before beginning treatment. That permission can be difficult or even impossible to get if you are incapacitated or unconscious. Many times, hospitals will require a signed document authorizing a patient advocate to give this permission for you if you cannot. Without a signed document, hospitals and doctors may require a court order before providing non-life-saving treatment or before withholding treatment that you may not want.

A caregiver can also be nominated to assist with the coordination of your care upon discharge from the hospital. An advocate could make end of life and organ donation decisions, whereas a caregiver coordinator may just follow up to make sure you take your prescriptions get to appointments and other post-op care, or coordinate your caregiving in accordance with the wishes you select in our Caregiver Guide.

<input type="radio"/> Yes	<input type="radio"/> No	Spouse as Initial Healthcare Fiduciary (If No, set the priority for the first name listed below as 1).		
		Healthcare Fiduciary Name	Relationship to You	Priority (1-4)

Questions / Comments for Healthcare Fiduciaries:

Healthcare Decisions Worksheet



Section 3: Healthcare Decisions

We will prepare a document that guides your Patient Advocate regarding end-of-life medical care in case you become unable to communicate your decisions in the event you:

- a. are declared to be in a permanent vegetative state with no reasonable chance of recovery (i.e. brain dead); or
- b. have a terminal condition from which you are not reasonably expected to recover (collectively “Terminal Condition”).

Life-Prolonging Procedures: *Life-prolonging procedures* include the following:

- a. Nutrition and hydration administered by invasive procedures;
- b. Antibiotics;
- c. Respirators, pacemakers, renal dialysis, or any other mechanical devices designed to assist the functioning of organs;
- d. Transfusion of blood and blood products; and/or
- e. Cardiac or cardiopulmonary resuscitative procedures or devices.

Cremation / Burial / Undecided: You may choose whether your remains are buried or cremated, or you may indicate that you are undecided and leave it up to your advocate to decide.

Organ Donation: Your registration on your Driver’s License as an Organ Donor will override your Patient Advocate’s decision; however, if you have not indicated a preference on your Driver’s License or if you want to make sure that your Patient Advocate is aware of it, indicate your preference below, and we will include it in your Patient Advocate Designation.

<input type="radio"/> Terminate Life-Prolonging Procedures with Terminal Condition		<input type="radio"/> Always Continue Life-Prolonging Care	
<input type="radio"/> Cremation	<input type="radio"/> Burial		<input type="radio"/> Undecided
<input type="radio"/> Organ Donor	<input type="radio"/> No Organ Donation		<input type="radio"/> Undecided

Questions / Comments about Healthcare Decisions:

Primary Beneficiaries Worksheet



Section 4: Primary Beneficiaries

Please indicate who will be the Primary Beneficiaries of your Trust upon your death, or if you have a joint trust, upon the second to die of you and your spouse.

<input type="radio"/> Yes	<input type="radio"/> No	Spouse as Primary Death Beneficiary		
<input type="radio"/> Yes	<input type="radio"/> No	Children in Equal Shares as Primary Death Beneficiary, with the share of a deceased child going to his or her surviving children (If unequal, list children individually below).		
		Primary Beneficiaries Names	Relationship to You	% or amount if not equal

Questions / Comments about Primary Beneficiaries:

Primary Beneficiaries Worksheet



Section 5: Underage Beneficiaries / Delayed Distributions

For underaged beneficiaries, you may choose to delay their distributions from the Trust over a period of time from 5 to 20 years. Prior to that, your beneficiaries would receive distributions of income plus principal distributions for their Health, Education, Maintenance, and Support at the Trustee’s discretion.

<input type="radio"/> 18	<input type="radio"/> 25	<input type="radio"/> 30	<input type="radio"/> 35	<input type="radio"/> 40	Choose the Age when Principal Distributions Start
<input type="radio"/> Immediate	<input type="radio"/> 5 Years	<input type="radio"/> 10 Years	<input type="radio"/> 15 Years	<input type="radio"/> 20 Years	

Section 6: Disinherited Individuals / Barred Fiduciaries

You may list up to 8 individuals or classes of individuals (e.g. “all of my children”) to disinherit, which will also include their descendants, unless you have specifically provided for the descendant as a primary or contingent devisee of your Trust. Our documents also will automatically treat divorced former spouses of you or a beneficiary as disinherited, as well, unless you have specifically provided for the divorced spouse as a primary or contingent beneficiary.

For each excluded beneficiary, you may check the circle to bar them from a fiduciary role as well for which they might otherwise have statutory standing (guardian, conservator, personal representative).

Name	Disinherit	Bar as Fiduciary
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

Questions / Comments about Underage Beneficiaries or Disinherited / Barred Individuals:

Contingent Beneficiaries Worksheet



Section 7: Contingent Beneficiaries

Upon the death of all of your Primary Beneficiaries, you can name contingent beneficiaries to receive their shares. You can name up to 8 different individuals, classes of individuals (e.g., our nieces and nephews), or charities. If you name no one, the Catastrophic Death Clause will dictate who receives your assets.

<input type="radio"/> Yes	<input type="radio"/> No	Children in Equal Shares as Primary Death Beneficiary, with the share of a deceased child going to his or her surviving children (If unequal, list children individually below).	
Contingent Beneficiaries Names		Relationship to You	% or amount if not equal

Section 8: Catastrophic Beneficiaries

In case of a catastrophic event, where none of your named beneficiaries are living at the time of your death, you may choose one of the following alternate groups of beneficiaries:

<input type="radio"/>	Your Heirs-at-Law only (heirs-at-law are those individuals who would receive your assets if you did not have a Will in the order and proportions as set by Michigan law, i.e. your spouse, your children, your parents, your siblings, your nieces and nephews, etc.).
<input type="radio"/>	½ to Your Heirs-at-Law and ½ to Your Spouse’s Heirs-at-Law
<input type="radio"/>	Contingent Beneficiaries’ Heirs-at-Law <i>pro rata</i>

Questions / Comments about Contingent or Catastrophic Beneficiaries:

Contingent Beneficiaries Worksheet



Section 9: Guardians and Parental Delegates

If any of your children are under the age of 18, you can create a temporary guardianship by delegating your parental rights in the event something happens to you short of death. You can also nominate guardians to care for your children upon your death. You may name up to four parental delegates and four guardians with your first choice being labeled Priority 1, second choice Priority 2 and so on. We have provided eight spaces below, as people oftentimes will choose someone different for a temporary parental delegate versus who they would choose for a permanent guardian of their children.

Guardian or Parental Delegate Names	Guardian Priority (1-4)	Parental Delegate Priority (1-4)

Questions / Comments about Guardians and Parental Delegates:
