

# SINGLE CLIENT WILL WORKSHEET

## Documents to be created:

- Will
- General P of A    Health Care Directive
- Revocation of Existing Trust    Deed Severing Joint Tenancy

Signing Date:  Not Sure    \_\_\_\_\_;  this will be date of documents.  
(Date or Month if known)

Signing at Office:  Yes    No; If no, County for signing:  Default    \_\_\_\_\_

Fee Quoted:  \$250    \$350    \$500    \$\_\_\_\_\_

Correspondence Needed:    Fee Agreement    Send Draft    Send Originals

## Executor/Personal Rep Options:

- Single Executor    One Executor with one named successor
- One Executor with a named successor and then a third named successor
- One Executor with two co-Executors as successor s    Two co-Executors only
- Two co-Executors with one named successor co-Executor
- Two co-Executors with survivor acting alone and then a named successor
- Three co-Executors    List of Executors in column format

Name and Relationship (and Address if needed) of Executors/Personal Reps:

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

Names and order are the same for the agents under the General Power of Attorney

Guardian Options:                      Same as Executor/Personal Reps?:  Yes    No; If no:

- Single Guardian    1 Guardian with one named successor
- 1 Guardian w/2 co-Guardians as successor    Two co-Guardians only
- Two co-Guardians with survivor acting alone and then a named successor.
- List of Guardians in column format

Name and Relationship (and Address if needed) of Guardians:

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



Non-Per Stirpes Distribution:

Distribute shares of residue to named beneficiaries. # of Shares to divide trust: \_\_\_\_\_

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

Make distributions to young beneficiaries under UTMA?

If UTMA, age for dist:  18  21  25

Custodian:  Parent  \_\_\_\_\_

Distribute in following manner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Per Stirpes Distribution:

Outright to Child or Children

Delay to Ages  Family Pot; If Delay or Family Pot:

Single distribution  Two step distribution  Three step distribution

If single distribution, the age for income distribution and for principal distribution is the same:  18  21  23  25  30  \_\_\_\_\_

Otherwise,

Age for income distribution (or Family Pot division):  18  21  23  25

Age for 1<sup>st</sup> principal distribution:  18  21  23  25  30  \_\_\_\_\_

Age for 2<sup>nd</sup> principal distribution:  25  30  35  40  \_\_\_\_\_

Age for 3<sup>rd</sup> principal distribution:  30  35  40  50  \_\_\_\_\_

Trustee Options:

Same as Executor?:  Yes  No; If no:

Single Trustee  1 Trustee with one named successor

1 Trustee w/2 co-Trustees as successor

Two co-Trustees only  Two co-Trustees with one named successor co-Trustee

Two co-Trustees with survivor acting alone and then a named successor.

Three co-Trustees  List of Trustees in column format

Name and Relationship (and Address if needed) of Trustees:

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

Contingent Distribution:

Heirs-at-Law  To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Disinheritance; Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Exclude issue of above as well

If Testamentary Trust:

Letter to Life Insurance Company  
 Letter to Pension Plan Administrator

Power of Attorney:

Alternate Agents (after Primary)  Joint Agents  
 One Alternate Agent  Two Alternate Agents  Three Alternate Agents  
 Springing Power  Run a Business  Make gifts (limited to annual exclusion)

Primary Agent: \_\_\_\_\_

1<sup>st</sup> Alternate \_\_\_\_\_

2<sup>nd</sup> Alternate \_\_\_\_\_

Agents are same for Health Care

Health Care Directive:

Alternate Agents  Joint Agents  
 One Alternate Agent  Two Alternate Agents  Three Alternate Agents

Primary Agent: \_\_\_\_\_

1<sup>st</sup> Alternate \_\_\_\_\_

2<sup>nd</sup> Alternate \_\_\_\_\_