

# Law Office of Pia J. Miller, PLLC

## Estate Planning Worksheet

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USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE AT LEAST ONE WEEK PRIOR TO YOUR APPOINTMENT.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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**Part I**  
**Personal Information**

Client's Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

He/Him/His    She/Her/Hers   DOB \_\_\_\_\_   SS# \_\_\_\_\_   US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

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

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Date of Marriage   **Click or tap to enter a date.** \_\_\_\_\_

Client's Spouse or Second Grantor's Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_

He/Him/His    She/Her/Hers   DOB \_\_\_\_\_   SS# \_\_\_\_\_   US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

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

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

**Children and Other Family Members**

*(Use full legal name. Use "JT" if both spouses are the parents, "1" if client or first listed Grantor is the parent, "2" if spouse or second listed grantor is the parent, and "S" if a single parent).*

Name	Date of Birth	Parent or Relationship
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Home Address _____	City _____	State _____ Zip _____
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<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	
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Home Address _____	City _____	State _____ Zip _____
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<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	
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Home Address _____	City _____	State _____ Zip _____
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He/Him/His    She/Her/Hers   Comments: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

He/Him/His    She/Her/Hers   Comments: \_\_\_\_\_

### Advisors

	<b>Name</b>	<b>Telephone</b>
Personal Attorney	_____	_____
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____

### Your Concerns

Please rate the following as to how important they are to you:

*(H= High Concern, S= Some Concerned, L= Low Concern, N/A= No Concern or not applicable).*

Description	Level of Concern	
	Client	Spouse
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a conservatorship (“living probate”) in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		

Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children's inheritance in the event of a surviving spouse's remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		
Other Concerns (Please list below):		
<hr/>		
<hr/>		
<hr/>		

### Important Family Questions

(Please check "Yes" or "No" for your answers)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>If Yes, describe below:</i>		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>		
If married, have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>		
Have you (or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		

Do any of your children receive governmental support or benefits?		
Do you provide primary or other financial support to adult children or others?		

**Additional Information**

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**Part II  
Property Information**

**Instructions for completing the Property Information checklist:**

**General Headings**

This **Property Information** checklist helps you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings, you may own more property than can be listed on this checklist. If so, attach extra sheets of paper to list your additional property.

**Type**

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

**“Owner” of Property**

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

<b>Owner of Property</b>	<b>Use</b>
If married, Client’s name alone, with no other person	C
If married, Spouse’s name alone, with no other person	S
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e., a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

## Real Property

**TYPE:** Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total:</i>	_____	_____

## Furniture and Personal Effects

**TYPE:** List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
<i>Miscellaneous Furniture and Household Effects (Total)</i>		
_____	_____	_____
_____	_____	_____
	<i>Total:</i>	_____

## Automobiles, Boats, and RVs

**TYPE:** For each motor vehicle, boat, RV, etc., please list the following: description, how titled, market value, and encumbrance:

_____
_____
_____
_____

## Bank Accounts

**TYPE:** Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution and Account Number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total:</i>	_____

Note: If Account is in your name (or your spouse’s name) for the benefit of a minor, please specify and give minor’s name.

## Stocks and Bonds

**TYPE:** List all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*indicate type below*)

Stocks, Bonds or Investment Accounts	Type	Acct Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____







## Part III Design Information

**PERSONS TO ACT FOR YOU:**

**GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name	Address	Relationship
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		

**INITIAL TRUSTEE(S):** Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

Name	Address	Relationship
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you about your property and assets?

**FOR CLIENT**

Name	Address	Relationship
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		

**FOR SPOUSE**

Name	Address	Relationship
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		

**DEATH TRUSTEE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

**FOR CLIENT**

Name	Address	Relationship
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers		

**FOR SPOUSE**

Name	Address	Relationship

He/Him/His  She/Her/Hers

He/Him/His  She/Her/Hers

**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

**CLIENT'S AGENT**

Name	Pronoun	Relationship	Instructions or Guidelines
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

**SPOUSE'S AGENT**

Name	Pronoun	Relationship	Instructions or Guidelines
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

**Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?**  
Client:  Yes  No Spouse:  Yes  No

**Gifting Power Details:** \_\_\_\_\_

**LIVING WILL:** Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?  Yes  No Do you want to provide that your organs and tissues should be made available for transplant purposes?  Yes  No

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you about medical treatment? \_\_\_\_\_

**CLIENT'S AGENT NAME/ ADDRESS/ PHONE**

Name	Pronoun	Relationship	Instructions or Guidelines
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

**SPOUSE'S AGENT NAME/ ADDRESS/ PHONE**

Name	Pronoun	Relationship	Instructions or Guidelines
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

**Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than a nursing home?** Client:  Yes  No Spouse:  Yes  No

**Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?** Client:  Yes  No Spouse:  Yes  No

**In making distributions during any period of time that the client is incapacitated, the Successor Trustee shall give primary consideration to:**

- Disabled spouse, and then needs of others.  Disabled spouse and other spouse, and then needs of others.
- Disabled spouse needs, and then needs of others equally.

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS**

**USE OF PERSONAL PROPERTY MEMORANDUM:** Do you want to include that your personal property will be distributed pursuant to a written list you may prepare later?  Yes  No

Any property not listed on the memorandum should be distributed to:

- FOR CLIENT:**
- |  |  |
|--|--|
| <input type="checkbox"/> Spouse, then children equally.        | <input type="checkbox"/> Children.                             |
| <input type="checkbox"/> Spouse, then to balance of trust.     | <input type="checkbox"/> To the balance of the trust.          |
| <input type="checkbox"/> Spouse, then other named individuals. | <input type="checkbox"/> Other named individuals (list below). |
- 

- FOR SPOUSE:**
- |  |  |
|--|--|
| <input type="checkbox"/> Spouse, then children equally.        | <input type="checkbox"/> Children.                             |
| <input type="checkbox"/> Spouse, then to balance of trust.     | <input type="checkbox"/> To the balance of the trust.          |
| <input type="checkbox"/> Spouse, then other named individuals. | <input type="checkbox"/> Other named individuals (list below). |
- 

**SPECIFIC GIFTS:** List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

**FOR CLIENT:**

Individual or Charity	Amount or Property	Contingent on Spouse Predeceasing?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR SPOUSE:**

Individual or Charity	Amount or Property	Contingent on Client Predeceasing?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE

**TO SURVIVING SPOUSE WITHOUT TAX PLANNING:** We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

- All to surviving spouse.  \_\_\_\_\_ % to surviving spouse.  
 Minimum allowed by law to surviving spouse.

**DIVIDE INTO MARITAL AND FAMILY TRUSTS:** Designed to maximize estate tax savings. To accomplish this, an amount up to the applicable exclusion amount will be transferred to the Family Trust and the balance, if any, to the Marital Trust. This is sometimes referred to as "A/B Trust Planning." The Marital Trust is sometimes referred to as the "A Trust" or "QTIP Trust." The Family Trust is sometimes referred to as the "B Trust," "By-Pass Trust," or "Credit Shelter Trust." Also provides protections for surviving spouse from creditors and predators. You decide how much control you want the surviving spouse to have. In the event of remarriage, it protects property for your heirs from a new spouse in case of death or divorce.

### MARITAL DEDUCTION FORMULA (OFFICE USE ONLY):

- Disclaimer Provision  Clayton Election.  
 Marital Pecuniary.  Marital Fractional.  
 Credit Shelter Pecuniary.

### DESIGN OF MARITAL SHARE:

**OUTRIGHT:** We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever surviving spouse wants. Also allows a new spouse to possibly make claim on property in case of death or divorce.

**GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.

**ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his or her needs (health, education, maintenance, and support).

**ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

### DESIGN OF FAMILY SHARE:

**ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his or her needs (health, education, maintenance, and support).

Descendants are permissible beneficiaries of principal.

**INCOME AND PRINCIPAL FOR NEEDS:** All income and principal is available for needs. Income may be accumulated and not distributed.

Descendants are permissible beneficiaries of income and/or principal.

**WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS:** Is surviving spouse the sole trustee with a right to appoint co-trustees (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the co-trustee with the surviving spouse? \_\_\_\_\_

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