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	often used to title pro	nerty and accounts)	
Also Known As	les used to title prope		
		US C	citizen?
Home Address			
Home Telephone County of Residence		Business Telephone	
Employer		Position	
Business Address	City	State	_ Zip
E-mail Address	\Box It is okay to	communicate with me via m	ıy E-mail address.
Date of Marriage Click or tap to enter a date.			
Client's Spouse or Second Grantor's Legal Name			
Also Known As	(name most off	en used to title property and accoun	ts)
□ He/Him/His □ She/Her/Hers DOB	SS#	US C	itizen?
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 m	ny 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	
Home Address	□ She/Her/Hers	Comments:	City	State	Zip
Home Address □ He/Him/His	□ She/Her/Hers	Comments:	City		Zip
Home Address			City	State	Zip

□ He/Him/His □	She/Her/Hers	Comments:
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Home Address			City	St	ate	Zip
□ He/Him/His	□ She/Her/Hers	Comments:				
			<u>Advisors</u>			
			Name			Telephone
Personal Attorney	у					
Accountant						
Financial Adviso	r					
Life Insurance Ag	gent					

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):	1	· · ·

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? If a federal estate tax return or a state death tax return was filed, please furnish a copy.		
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 a 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? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.		
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

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.

TypeImmediately 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:

Owner of Property	Use
If married, Client's name alone, with no other person	С
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
	Total:		

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 Miscellaneous Furniture and Household Effects (Total)	Owner	Market Value
	Total:	

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*). <u>Do not include IRAs or 401(k)s here</u>

Name of Institution and Account Number	Туре	Owner	Amount
		Total:	

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. <u>If held in a brokerage account, lump them together under each account</u>. *(indicate type below)*

Stocks, Bonds or Investment Accounts	Туре	Acct Number	Owner	Amount

Total:

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total:

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total:

Total:

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Money Owed To You

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed To	Current Balance
			Total:	

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail**.

Description:

Total Estimated Value:

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category.

Туре	Owner	Value
	Total:	

Summary of Values

	Amount*			
Assets	Client	Spouse	Total Value	
Real Property				
Furniture and Personal Effects				
Automobiles, Boats and RVs				
Bank and Savings Accounts				
Stocks and Bonds				
Life Insurance and Annuities				
Retirement Plans				
Business Interests				
Money Owed to You				
Anticipated Inheritance, etc.				
Other Assets				
Total Assets:				

* Joint Property values= enter ½ in Client's column and ½ in Spouse's column.

Comments:

Part III Design Information

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN	N: If you have any children under the age of 18, list in order o wish to be <u>guardian</u> .	f preference who you
Name	Address	Relationship
□ He/Him/His □ She/Her/Hers		
He/Him/His She/Her/Hers		
	aker will be the Trustee of his or her own trust. Often, both sp e to jointly control your assets as before.	oouses, jointly. Allows
Name	Address	Relationship
□ He/Him/His □ She/Her/Hers		
He/Him/His She/Her/Hers		
	e unable to make decisions for yourself, who would you want t your property and assets?	o make decisions for
FOR CLIENT Name	Address	Relationship
□ He/Him/His □ She/Her/Hers		
□ He/Him/His □ She/Her/Hers		
FOR SPOUSE Name	Address	Relationship
□ He/Him/His □ She/Her/Hers		
He/Him/His She/Her/Hers		
	ath, who do you want carrying out your instructions, for distri gement of property for your beneficiaries?	bution to and, if
FOR CLIENT Name	Address	Relationship
□ He/Him/His □ She/Her/Hers		
□ He/Him/His □ She/Her/Hers		
FOR SPOUSE Name	Address	Relationship

□ He/Him/His □ She/Her/H	lers		
□ He/Him/His □ She/Her/H	Hers		
POWER OF ATTORNEY:	If you were unable to make financial de those decisions for you?	ecisions for yourself,	, who would you want to make
CLIENT'S AGENT			
Name	Pronoun	Relationship	Instructions or Guidelines
	□ He/Him/His □ She/Her/Hers		
	□ He/Him/His □ She/Her/Hers		
	□ He/Him/His □ She/Her/Hers		
CROUGENS & CENT			
SPOUSE'S AGENT Name	Pronoun	Relationship	Instructions or Guidelines
Ivanie	\square He/Him/His \square She/Her/Hers	•	
	$\square \text{ He/Him/His} \square \text{ She/Her/Hers}$		
	$\square He/Him/His \square She/Her/Hers$		
Client:	∐ No Spot	use: 🗆 Yes 🗆 No	
HEALTH CARE:	artificial means or measures?	or transplant purpos or yourself, who wou	ses? □ Yes □ No
	•		
CLIENT'S AGENT NAME/		Deletionskin	Instantions on Caridalizas
Name	Pronoun □ He/Him/His □ She/Her/Hers	Relationship	Instructions or Guidelines
	$\square He/Him/His \square She/Her/Hers$		
	☐ He/Him/His □ She/Her/Hers		
SPOUSE'S AGENT NAME/		Deletionshin	Instructions on Critalines
Name	Pronoun □ He/Him/His □ She/Her/Hers	Relationship	Instructions or Guidelines
	\square He/Him/His \square She/Her/Hers		
	☐ He/Him/His ☐ She/Her/Hers		
Do you want to authorize you	r Medical Agent to take whatever steps are	e necessary to keen	you in a personal residence
rather than a nursing home?		Duse: \Box Yes \Box No	
0			
Do you want to provide that u arrange for voluntary admiss	pon certification by 2 physicians of need for ion? Client: □ Yes □ No Spo	or psychological or s ouse:	
In making distributions during consideration to:	g any period of time that the client is incapa	acitated, the Success	sor Trustee shall give primary
\Box Disabled spouse, and then n	eeds of others.	led spouse and other	spouse, and then needs of others.
\Box Disabled shouse needs, and	then needs of others equally.		

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

	PROPERTY MEMORAN written list you may prepa		o include th □ Yes □	at your personal property will be No
Any property not listed of	on the memorandum should	d be distributed to:		
FOR CLIENT:	\Box Spouse, then children equally. \Box Chi		□ Child	lren.
	\Box Spouse, then to balar	nce of trust.	\Box To th	e balance of the trust.
	\Box Spouse, then other na	amed individuals.	□ Other	r named individuals (list below).
FOR SPOUSE:	□ Spouse, then children	n equally.	□ Child	lren.
	\Box Spouse, then to balar			e balance of the trust.
	\Box Spouse, then other na			r named individuals (list below).
	1			× ,
	e gifts are to be made even		live.	ce to either individuals or charities. Contingent on Spouse Predeceasing?
FOR SPOUSE: Individual or Charit	У	Amount or Prop	erty	Contingent on Client Predeceasing?
			<u> </u>	

□ 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. \Box All to surviving spouse. \Box

 \Box % to surviving spouse.

 \Box Clavton Election.

□ Marital Fractional.

□ 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
- □ Marital Pecuniary.
- 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?

□ **LIMITED POWER OF APPOINTMENT:** Do you want the surviving spouse to be able to modify the way property is distributed upon the surviving spouse's death?

If so, to whom may the surviving spouse distribute your property:

 \Box Your descendants.

☐ Your descendants and charities.

 \Box Your descendants and their spouses.

 \Box Your descendants, their spouses and charities.

 \Box Anyone, no limitations.

DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE

Divide equally between our children and the descendants of any deceased children:

□ Divide among named individuals and/or Charities:

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

□ **DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

 \Box **STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period the property is held in trust it is available to the beneficiary for needs (health, education, maintenance, and support). You may give written instructions to the trustee outlining guidelines to follow in determining the beneficiary's needs. You may provide for a staggered distribution of principal. For example: 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a co-trustee and/or choose his or her own co-trustee? You decide how the trust is designed. List your desires below:

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- \Box To each spouse's heirs-at-law.
- \Box One-half to Client's heirs-at-law and one-half to Spouse's heirs-at-law.
- $\hfill\square$ To the following named individuals and/or charities:

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously, your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss: