



Rick Martin | Managing Partner

Rick@Bethanylaw.com

405.949.1474 Direct Line



Ryan Owens | Partner

Ryan@Bethanylaw.com

405.603.5080 Direct Line



Brianna Tipton | Attorney

Brianna@Bethanylaw.com

405.956.3460 Direct Line



Jessica Goetzinger | Attorney

Jessica@Bethanylaw.com

405.956.3465 Direct Line



David Calfy | Estate Planning Paralegal

David@Bethanylaw.com

405.418.3306 Direct Line

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Documents to bring to meeting:

- ✓ Property and Mineral Deeds or other documents showing legal descriptions of all properties or minerals owned by client.
- ✓ Business ownership documents, operating agreements or other documents related to any business owned by client.
- ✓ Recent account statement(s) for bank accounts, retirement accounts (IRA, 401K, TRS, SEP, Pension, Annuity, etc.) or other investments (stocks, bonds, CDs). The financial details (loan balances, market values or amounts) are helpful but not required, however the institution's name, address and account number is important.
- ✓ Life, Home, Auto and Umbrella Insurance Policy institution names, account numbers, and name of agents.
- ✓ Information and documents related to any probates/trust estates that we will discuss at your meeting.

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)

DOB _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Primary Phone (Home/Cell/Work) Please circle type _____
Secondary Phone (Home/Cell/Work) Please circle type _____ County of Residence _____

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

Married: Date of Marriage _____ Widowed: Date of Death _____ Single Divorced

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

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

DOB _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Primary Phone (Home/Cell/Work) Please circle type _____
Secondary Phone (Home/Cell/Work) Please circle type _____ County of Residence _____

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

Children and Other Family Members

Name: <i>(Use full legal name)</i>	Date of Birth:	Relationship: (Be specific - Son, Grandson, Nephew, Daughter, Granddaughter, Niece, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Advisors

	Name	Telephone
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____
Home Ins Agent	_____	_____
Auto Ins Agent	_____	_____

Your Concerns

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

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

Description:	Concerned?
Desire to get affairs in order and create a plan to manage affairs in case of death or disability.	
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 your privacy from 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 failed marriage(s).	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	

Important Family Questions

(Please check “Yes” or “No” for your answers)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>If Yes, describe below:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently the beneficiary of anyone else’s trust? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other financial support to adult children or others?	<input type="checkbox"/>	<input type="checkbox"/>

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:

Owner of Property	Use
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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total:			_____

Note: If Account is in your 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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: _____

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.

Total:

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
			<i>Total:</i>	

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.

Type	Owner	Value
		<i>Total:</i>

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. Allows you to control all of your assets as before.

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

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?

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

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?

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?
 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 AGENTS: If you were unable to make decisions for yourself, who would you want to make decisions for you about medical treatment?

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

- Your needs, and then needs of others dependent upon you.
- Your needs and the needs of others dependent upon you equally.

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM:

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

- Children equally.
- To the balance of the trust.
- 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.

Individual or Charity

Amount or Property

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DIVISION OF BALANCE OF MY PROPERTY UPON THE DEATH OF THE SURVIVOR:

DIVIDE EQUALLY BETWEEN MY 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 MY BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.

DISTRIBUTE TO MY BENEFICIARIES WITH THE ABILITY FOR THE BENEFICIARY TO RETAIN THE ASSETS IN TRUST AND TAKE DISTRIBUTIONS AS NEEDED: Provides some protection from creditors and predators.

STRUCTURED TRUST: You determine how long the property is to remain in trust. During the period of time 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 be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal, i.e., 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. Here are a few options:

OPTION 1: distributed for Health Education Maintenance and Support until 21 years of age, then distributions of income only with outright distributions of principal at the following milestones: 1/3 at age _____, 1/3 at age _____, and the remaining balance at age _____.

OPTION 2: divided into shares and each share distributed over the lifetime of the beneficiary in yearly distributions of _____% to each beneficiary, with their share of the trust continuing to descendants as the same percentage for life perpetually or distributed outright to their descendants.

OPTION 3: distribute all income yearly with outright distributions of principal only at the following milestones: 1/3 at 5 years after the surviving grantor’s death, 1/3 at 10 years after the surviving grantor’s death, and all remaining principal and accumulated income 15 years after the surviving grantor’s death.

OPTION 4: Held in a special needs trust for a beneficiary who is receiving government benefits for a disability.

OTHER:

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:

- To my heirs-at-law.
- 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:

