MY ESTATE PLAN GUIDE™

WORKBOOK

LEGALLIFEPLAN.COM

4 Easy Steps To Get Started With Your Estate Plan.

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ABOUT THIS WORKBOOK

It's your life, it's your story, make it a good one.

You are the author of your story. Taking control back from the government is a huge step to:

Living well and passing on an abundance;

Protecting your family from Court and Conflict;

Keeping your assets safe;

Maintaining your privacy;

and so much more.

This 4 step workshop is designed to

Help you collect all the information needed to start creating your Estate Plan with an Attorney or on your own.

If you are ready

LET'S BEGIN!

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Tell Us About You & Your Family

If there's a question you don't care to answer, just skip it, you won't offend us. But the more you answer the better we will be able to assist you.

Check "Yes" if the statement is True:

I want my property to go to friends and family of my choosing.	YES ☐	NO ☐
I don't want my friends and family to have to pay again to get the things I already own.	YES ☐	NO ☐
I understand that Wills are important but they DO NOT avoid Probate.	YES ☐	NO ☐
I want control over my legal decisions and body, even when I can't communicate at all times.	YES ☐	NO ☐
I have a story I want my family to know and remember.	YES ☐	NO ☐
I want to leave the world a better place.	YES ☐	NO ☐
I have experienced Probate with a friend or family member before.	YES ☐	NO ☐
I have at least $2,500 set aside to pay for Probate. (Even if I have a Will.)	YES ☐	NO ☐
I have at least $20,000 set aside to pay for my funeral.	YES ☐	NO ☐
I have liquid cash set aside to pay all the taxes due when I die.	YES ☐	NO ☐
All of my belongings, digital assets, and passwords Are safely written down for my family to find.	YES ☐	NO ☐

The minimum monthly income my partner needs if I die is: _____

The minimum monthly income I need to retire is: _____

Let's get a little more information about you.

Your Full Legal Name:_____

Prefer to be called:_____Maiden Name:_____

Birth Date:_____Birthplace:_____

Social Security Number:_____

Citizenship: YES ☐ NO ☐ Other:_____

Home Address:_____

City:_____State:_____Zip:_____

Home Phone:_____Cell Phone:_____

E-mail:_____

Married: YES ☐ NO ☐ Date:_____Place:_____

Pre Nup. Agreement: YES ☐ NO ☐

Are any parents still living? YES ☐ NO ☐

Are any grandparents still living? YES ☐ NO ☐

Your Partner's Full Legal Name:_____

Prefer to be called:_____Maiden Name:_____

Birth Date:_____Birthplace:_____

Social Security Number:_____

Citizenship: YES ☐ NO ☐ Other:_____

Home Address:_____

City:_____State:_____Zip:_____

Home Phone:_____Cell Phone:_____

E-mail:_____

Married: YES ☐ NO ☐ Date:_____Place:_____

Pre Nup. Agreement: YES ☐ NO ☐

Are any parents still living? YES ☐ NO ☐

Are any grandparents still living? YES ☐ NO ☐

People usually name their Trust after their family, for example: "The Smith Family Trust."

What would you want to name your Trust should you decide to make one for your family?_____

Children's Info:

(Indicate if one of you isn't a biological or legal parent.)

Full Name:_____ Full Name:_____
DOB:_____ DOB:_____
_____ _____

Full Name:_____ Full Name:_____
DOB:_____ DOB:_____
_____ _____

Full Name:_____ Full Name:_____
DOB:_____ DOB:_____
_____ _____

Full Name:_____ Full Name:_____
DOB:_____ DOB:_____
_____ _____

I have minor children or grandchildren. YES ☐ NO ☐

If "No," skip to the next page. If "Yes," answer the following:

I want them protected:

- While I travel for work or pleasure. YES ☐ NO ☐
- Should I be hospitalized or pass away. YES ☐ NO ☐
- From the wrong guardians getting custody or the government. YES ☐ NO ☐
- From losing or having to pay for their inheritance. YES ☐ NO ☐
- From not being raised with my values. YES ☐ NO ☐
- From being cut off from our non-blood family friends. YES ☐ NO ☐

If you answered "Yes" to one or more of the questions above, would you like to learn more about a Child Protection Plan when we meet? YES ☐ NO ☐

Do you have minor grandchildren that need this kind of protection? YES ☐ NO ☐

1

What Do I Have?

Start by collecting the documents below into one place. General documents are a great source of information.

They may seem easy for you to find, but consider your family searching for and verifying this information when you aren't there to help them:

- Deeds to real estate;

- Account statements including:
- bank accounts,
- investment accounts,
- retirement accounts, and
- annuities.

- Stock or bond certificates;
- Premarital or Marital Agreement;
- Long-Term Care Policies;
- Divorce Decree or Property Settlement Agreement;
- 3 years of personal income, corporate, and or partnership tax returns;

- Any current:
- Wills,
- trusts,
- powers of attorney, and
- health care directives, etc.

- Other documents: Copyrights, intellectual property, business documentation, other certificates of ownership, etc.

- Social Media Accounts;
- Subscriptions;
- Digital Assets;
- and a Password vault.

REAL PROPERTY (Real Estate)

ADDRESS	OWNER	VALUE	MORTGAGE

TOTAL:_____ _____

FURNITURE AND PERSONAL EFFECTS

(List major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property.)

DESCRIPTION	OWNER	VALUE
FURNITURE& HOUSE HOLD EFFECTS (LUMP SUM)		

TOTAL:_____

AUTOMOBILES, BOATS, AND RVS

YEAR | MAKE | MODEL	OWNER	VALUE	LOAN BALANCE

TOTAL:_____

BANK & SAVINGS ACCOUNTS

Checking Account "C", Savings Account "S",
Certificate of Deposit "CD", Money Market "MM"

BANK	TYPE	ACCOUNT #	OWNER	VALUE

TOTAL:_____

INVESTMENT ACCOUNTS, BONDS, STOCKS, AND STOCK OPTIONS

List any and all investment accounts, bonds, stocks, and stock options you have an interest in. If including stock options, please indicate value of vested and unvested options separately. If held in a brokerage account, lump them together under each account.

INSTITUTION	TYPE	ACCOUNT #	OWNER	VALUE

TOTAL:_____

LIFE INSURANCE POLICES AND ANNUITIES

Term, whole life, split dollar, group life, annuity.

INSTITUTION	TYPE	ACCOUNT #	BENEFICIARY	VALUE

TOTAL:_____

RETIREMENT PLANS

Pension (P), Profit Sharing (PS), H.R.10, IRA, SEP, 401(k)

PLAN	TYPE	#	VALUE

TOTAL:_____

BUSINESS INTERESTS

BUSINESS	% OWNED	VALUE

TOTAL:_____

Who receives your interest if the event you pass away?_____

How is that being transferred?_____

MONEY OWED TO YOU

DEBTOR	DATE DUE	OWED TO	BALANCE OWED

TOTAL:_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

DESCRIBE IN DETAIL	VALUE

TOTAL:_____

OTHER ASSETS

TYPE	OWNER	VALUE
EXAMPLE: SKY MILES		

TOTAL:_____

NOTES

_____

_____

_____

_____

_____

_____

_____

_____

2

WHO'S ON THE TEAM?

WHO CURRENTLY ADVISES YOU?

TYPE	NAME	PHONE & E-MAIL
TAX		
FINANCE		
LIFE INSURANCE		
ATTORNEY		
OTHER		

YOUR AGENT (POWER OF ATTORNEY)

IS YOUR FIRST CHOICE YOUR SPOUSE OR PARTNER? YES ☐ NO ☐

	NAME	PHONE & E-MAIL
1		
2		
3		

YOUR SPOUSE OR PARTNER (POWER OF ATTORNEY)

IS YOUR FIRST CHOICE YOUR SPOUSE OR PARTNER? YES ☐ NO ☐

	NAME	PHONE & E-MAIL
1		
2		
3		

NOTES

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YOUR HEALTH AGENT (HEALTH CARE DIRECTIVE)

IS YOUR FIRST CHOICE YOUR SPOUSE OR PARTNER? YES ☐ NO ☐

	NAME	PHONE & E-MAIL
1		
2		
3		

YOUR SPOUSE OR PARTNER (HEALTH CARE DIRECTIVE)

IS YOUR FIRST CHOICE YOUR SPOUSE OR PARTNER? YES ☐ NO ☐

	NAME	PHONE & E-MAIL
1		
2		
3		

YOUR TRUSTEE/EXECUTOR (TRUST/WILL)

IS YOUR SPOUSE OR PARTNER A CO-TRUSTEE? YES ☐ NO ☐

	NAME	PHONE & E-MAIL
1		
2		
3		

YOUR SPOUSE OR PARTNER'S TRUSTEE/EXECUTOR (TRUST/WILL)

IS YOUR SPOUSE OR PARTNER A CO-TRUSTEE? YES ☐ NO ☐

	NAME	PHONE & E-MAIL
1		
2		
3		

LONG TERM GUARDIAN FOR MINOR CHILDREN

	NAME(S)	PHONE & E-MAIL
1		
2		
3		

IF A COUPLE IS LISTED. ARE THERE ANY INDIVIDUALS THAT SHOULD NOT BE GUARIDAN ON THEIR OWN? YES ☐ NO ☐

IF YES, THEN WHO?

NAME

ARE YOU INTERESTED IN ADDING A CHILD PROTECTION PLAN ON TO YOUR WILL OR TRUST? THESE PLANS ARE NORMALLY $500 BUT MAY BE BUNDLED IN FOR $350. YES ☐ NO ☐

IF "YES", PLEASE FILL OUT THE REST OF THE PAGE. IF "NO," SKIP TO THE NEXT PAGE.

SHORT TERM GUARDIAN FOR MINOR CHILDREN

	NAME(S)	PHONE & E-MAIL
1		
2		
3		

EXCLUDED GUARDIANS FOR MINOR CHILDREN

THESE ARE PEOPLE THAT SHOULD NOT BE CONSIDERED, EVER.

	NAME(S)	SHORT REASON
1		
2		
3		

WHO IS IT ALL FOR?

WHO ARE YOUR BENEFICIARIES?

NAME	RELATIONSHIP	SPECIAL NEEDS?	PHONE #
		YES ☐ NO ☐	
		YES ☐ NO ☐	
		YES ☐ NO ☐	
		YES ☐ NO ☐	
		YES ☐ NO ☐	

HOW OLD DO BENEFICIARIES HAVE TO BE TO RECEIVE A DISTRIBUTION?_____

DOES THAT AGE CHANGE FOR GRANDCHILDREN WHO MAY RECEIVE THEIR PARENT'S SHARE?

YES ☐ NO ☐ IF YES, THEN WHAT AGE WILL THEY RECEIVE THEIR SHARE?_____

WILL BENEFICIARIES RECEIVE EQUAL SHARES? YES ☐ NO ☐

IF NO, PLEASE EXPLAIN HOW TO DIVIDE BETWEEN THE BENEFICIARIES:

_____
_____
_____
_____
_____

IS THERE ANY ONE WHO SHOULD BE EXCLUDED AS BENEFICIARIES? NAME & EXPLAIN:

_____
_____
_____
_____

IS THERE A CHARITY THAT SHOULD BE LISTED AS BENEFICIARY? NAME & DESCRIBE THE DISTRIBUTION:

_____
_____
_____
_____

ARE YOU INTERESTED IN TALKING ABOUT A PET TRUST? YES ☐ NO ☐

ARE YOU INTERESTED IN TALKING ABOUT A GUN TRUST? YES ☐ NO ☐

THE FOLLOWING ARE SENSITIVE BUT IMPORTANT QUESTIONS:

Spend the time to thoughtfully consider and answer below:

	YOU	YOUR PARTNER
PARTICIPATE IN MEDICAL RESEARCH?	YES ☐ NO ☐	YES ☐ NO ☐
PARTICIPATE IN ORGAN OR OTHER TRANSPLANTS?	YES ☐ NO ☐	YES ☐ NO ☐
REMAIN ON LIFE SUPPORT?	YES ☐ NO ☐	YES ☐ NO ☐
DO NOT REMAIN ON LIFE SUPPORT WITH INSTRUCTIONS?	YES ☐ NO ☐	YES ☐ NO ☐
BURIAL?	YES ☐ NO ☐	YES ☐ NO ☐
CREMATION?	YES ☐ NO ☐	YES ☐ NO ☐

IN THE EVENT YOU PASS AWAY WHILE PREGNANT MEDICAL PROFESSIONALS SHOULD:
(LEAVE BLANK IF THIS QUESTION DOES NOT APPLY TO YOU)

KEEP THE BABY ALIVE.	YES ☐ NO ☐	YES ☐ NO ☐
MAKE NO EFFORT TO SAVE THE BABY.	YES ☐ NO ☐	YES ☐ NO ☐
LET YOUR AGENT DECIDE.	YES ☐ NO ☐	YES ☐ NO ☐

EXPLAIN IF YOU OR YOUR PARTNER HAVE ANY SPECIFIC WISHES TO BE KNOWN OR PRE-ARANGED FUNERAL INVESTMENTS:

_____
_____
_____
_____
_____
_____

NOTES:

_____
_____
_____
_____
_____
_____
_____
_____
_____

GREAT WORK!

If you already have an appointment, I look forward to working with you.

Please make sure you return this document or send a secure link to it by e-mail within 24 hours of any appointment.

If you reside in Utah, and would like to schedule a free Zoom appointment to review your answers with a real local attorney, use the following link:

https://calendly.com/michaelglassford/wills-and-trusts

If you want to just get started on your Trust to protect your family from Court and Conflict, use the following link:

https://calendly.com/michaelglassford/standard-trust

IN THE EVENT YOU CHOOSE TO SCHEDULE A FREE APPOINTMENT TO REVIEW YOUR ANSWERS PLEASE NOTE THAT ALL INFORMATION SHARED IS CONFIDENTIAL & PRIVATE.

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