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Date of Signing: \_\_\_\_ - \_\_\_\_ -20\_\_ ;  
 Time: \_\_\_\_ : \_\_\_\_ .m. Day of Week \_\_\_\_  
 Doc Ready By: \_\_\_\_ - \_\_\_\_ -20\_\_ ; \_\_\_\_ P/U \_\_\_\_ Mail  
 Date Received by DRTPC \_\_\_\_ , 20\_\_

**PLEASE PRINT CLEARLY SO WE CAN READ INFO \*\* MUST MATCH DRIVER'S LICENSE - DON'T GUESS**

**ESTATE PLANNING - PERSONAL INFORMATION & DOCUMENT WORKSHEET**

**PERSONAL INFORMATION \* All Names on Documents Must Be Same as Driver's License - No Exceptions**

A. Man Full Legal Name: \_\_\_\_\_ Name on Documents\*: \_\_\_\_\_  
 Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_ Residency - State \_\_\_\_ County \_\_\_\_\_

B. Woman Full Legal Name: \_\_\_\_\_ Name on Documents\*: \_\_\_\_\_  
 Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_ Residency - State \_\_\_\_ County \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_ Name of Trust \_\_\_\_\_

C. Email: \_\_\_\_\_ @ \_\_\_\_\_ .com; \_\_\_\_\_ @ \_\_\_\_\_ .com

D. Phone #: Home \_\_\_\_\_ M-Cell \_\_\_\_\_ W-Cell \_\_\_\_\_

E. Address on Docs: \_\_\_\_\_

F. In case of Emergency: Relative \_\_\_\_\_ Phone \_\_\_\_\_  
 Neighbor \_\_\_\_\_ Phone: H \_\_\_\_\_ C \_\_\_\_\_

H. **Children's** Full Names, Addresses, Telephone Numbers & Birth Dates:  
 Number of Children: Man total \_\_\_\_ alive \_\_\_\_ deceased \_\_\_\_ ; Woman total \_\_\_\_ alive \_\_\_\_ ; deceased \_\_\_\_

\* Parent Code For 1<sup>st</sup> Column - Indicate parent of child - B-both; M-man; W-woman; S-Step Child Prior Marriage; D -List and identify all deceased children (also indicate parent), i.e. DB DM or DW.

Parent Code	Child's Name	Child's Address	Child's Phones	Birth Date
*	_____	_____	H-Ph#: _____ W-Ph#: _____ Cell: _____	____ - ____ - ____
	Sex M / F	_____	H-Ph#: _____ W-Ph#: _____ Cell: _____	____ - ____ - ____
	_____	_____	H-Ph#: _____ W-Ph#: _____ Cell: _____	____ - ____ - ____
	Sex M / F	_____	H-Ph#: _____ W-Ph#: _____ Cell: _____	____ - ____ - ____

<u>P Code</u>	<u>Child's Name*</u>	<u>Child's Address</u>	<u>Child's Phone #</u>	<u>Birth Date</u>
			H-Ph#: _____ W-Ph#: _____ Cell: _____	__-__-__
	Sex M / F			
			H-Ph#: _____ W-Ph#: _____ Cell: _____	__-__-__
	Sex M / F			
			H-Ph#: _____ W-Ph#: _____ Cell: _____	__-__-__
	Sex M / F			
			H-Ph#: _____ W-Ph#: _____ Cell: _____	__-__-__
	Sex M / F			

Date Completed by Client: \_\_\_\_\_, 20\_\_\_\_

Special Instructions:

1. PLEASE write clearly.
2. Exact spellings are required.
  - a. Do not guess at any information - no exceptions.
  - b. If you are not absolutely positively sure - then leave blank, go check and call us when you have the exact information.
  - c. We do not need all three types of phone numbers - usually cell is most important.
  - d. Date of Birth is to determine if child is a minor or under 23 and for internal use to verify ID if we are contacted about your file and need assurance of ID of caller.

## ESTABLISHING AN INFORMED CUSTOM ESTATE PLAN

### I. IMPORTANT ESTATE PLANNING DOCUMENTS

#### A. Powers of Attorney - financial and medical - general & mental health

Decision: Effective Immediately or "Springing" type?

HINT: Financial-springing; Medical-effective immediately

Decision: Who to appoint? Fill in Worksheet

HINT: Financial-one at time; Medical-multiple for coverage

#### B. Living Will - Declaration to Physician - Right to Die

Decision: Quality v. Quantity of Life. Written instructions to loved ones expressing your decision "pulling the plug" and the mechanics of continued care.

C. Distribution Documents - Plan ahead to protect your loved ones from the unnecessary costs and emotional stress. A will is never the best option.

### II. General Conditions Which Require a Living Trust

\*\* BEFORE FIRST MEETING - TO DO: Mark any situations that apply to YOU:

1. Appreciated Assets- Desire Income Tax Savings- upon the first death, the surviving spouse will receive a "double step up" in income tax basis by owning these assets as community property and not as joint tenants.

2. Non-Arizona Real Estate- real estate owned in another state which does not authorize Beneficiary Deeds (only 13 currently);

3. Certain direct beneficiary arrangements do not provide for contingent level beneficiaries - i.e. "per stirpes" - "only to survivors of those named" - no distribution to grandchildren;

4. No direct transfer arrangement available- certain investments do not allow direct transfers - i.e. privately held investments, i.e. corporate stock, limited liability companies, partnerships, holding or paying on promissory notes and deeds of trust\mortgages\contracts for deed, and other real estate holding (including mineral deeds or oil\gas leases).

5. Minor Beneficiaries (under age 18) who cannot receive direct payments from third parties;

6. Special Needs Beneficiaries- i.e. spendthrift, handicapped.

7. Restrictions- minimum age levels (i.e. age 23, 25 or say 30), instalment pay-outs (i.e. 1/4 at age 23, 25, 27 and 30) or educational arrangements; only, etc.);

8. Gifts - Lifetime transfers- requires constant changes;

9. Possessory Interests or Life Estates-income\real estate;

10. Tax Saving Options- Charities directly receiving tax deferred investments do not pay income tax - consider limiting to a % or fixed amt- different desires between spouses.

12. \$5 Million Estate or Close- if your gross estate is close to or in excess of \$5 million (being reduced by any taxable gifts -over annual limit \$14K 2014) special steps to avoid or reduce taxes

13. Sole & Separate Property & Step Family- you are married but have sole & separate property which was brought into the marriage, received by gift or inheritance during marriage and do not desire to leave it all to your new spouse or their children, but desire distributions to your family; and

14. Combined Investments- you have not brought equal assets into your marriage or both have contributed to purchase of significant assets so you want to make distributions fair to your family if you die first ("step family")

**DECISIONS TO MAKE RE: ESTATE DOCUMENTS**

1. **DISTRIBUTIONS** - Who do you want to receive your remaining assets (estate beneficiaries)? Be sure to indicate if you want to specifically identify certain asset distributions. If your primary beneficiaries are not surviving, then who are the next contingent beneficiaries? We recommend using a percentage approach in most instances, rather than stated amount since your estate may vary. We will customize for you.

\_\_\_ Specific Distributions of Money, "Titled Assets" (not tangible personal property items), i.e. motor vehicle, trailer, mobile home, cash, etc., "Chattels" (notes rec., stock, bond, etc.) (Use separate sheet)

Primary Beneficiaries:

- \_\_\_ equally to children
- \_\_\_ % to be specified
- \_\_\_ Others

Contingent Beneficiaries: (If any primary beneficiaries are not surviving)

- \_\_\_ equally to their descendants (issue per stirpes#)
- \_\_\_ only to surviving siblings
- \_\_\_ stated percentages
- \_\_\_ to their surviving spouse - require conditions: still married, no divorce papers
- \_\_\_ to their issue per stirpes#
- \_\_\_ to charities - \_\_\_\_\_
- \_\_\_ Others

\_\_\_ **Beneficiary Deed** - watch out for minors becoming beneficiaries - if multiple beneficiaries.  
Choose one person who you trust and let them handle for others

Survival Period: \_\_\_ "30 days and alive on date of distribution"  
\_\_\_ Other - \_\_\_\_\_

Minimum Age: \_\_\_ 23~ \_\_\_ - Other - \_\_\_; \_\_\_ Installments at \_\_\_\_\_  
Right to access share -  
Principal \_\_\_ in sole discretion of conservator for health, education and support  
Other \_\_\_\_\_

Income \_\_\_ Distribute annual income \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

**Name of Living Trust:** \_\_\_\_\_

~ If not using living trust - This is the minimum age for Minor Trust Provisions

\* All names must match driver's license - No exceptions.

# Latin wording from court - translates to "descendants by bloodline."

2. **WHO WILL ADMINISTER YOUR FINANCIAL AFFAIRS?**

- \_\_\_ a. Name at least three persons, not including your spouse.
- \_\_\_ b. Make decision - When is Financial POA effective? - See other sheet - Three Phases of Life
  - \_\_\_ 1. "Effective Only Upon your Incapacity" by a written statement from neurologist
  - \_\_\_ 2. "Effective Immediately" upon execution
- \_\_\_ c. Make Decision on Number of Persons acting at any time?
  - \_\_\_ 1. Single Appointee - acts alone
  - \_\_\_ 2. Co-Appointees
    - \_\_\_ (a) Independent Authority to Act Alone with consent of any person
    - \_\_\_ (b) Must Act Together Always
    - \_\_\_ (c) Required to Act Together UNLESS they otherwise agree in writing

If Co-Appointees to begin and 1 is no longer acting, then:

- \_\_\_ next person listed immediately is authorized to fill in and act together
- \_\_\_ remaining person acts alone and only if this person is no longer acting then go to next person listed to act

NOTE: We also recommend naming only one person to act at a time in most instances ("pecking order" concept).

**HUSBAND or SINGLE MAN**

\_\_\_ Spouse - Listed First \_\_\_ Other \_\_\_\_\_

	<u>Name *</u>	<u>Relationship to you @</u>	<u>Address</u>	<u>Phone #</u>
a.	_____	_____	_____	H _____
				W _____
				C _____
b.	_____	_____	_____	H _____
				W _____
				C _____
c.	_____	_____	_____	H _____
				W _____
				C _____
d.	_____	_____	_____	H _____
				W _____
				C _____

\* **NOTE:** All names must match driver's license - No exceptions.

@ **EXAMPLE:** Irene's Sister - David's Spouse

**WIFE or SINGLE WOMAN**

\_\_\_\_ Same as above - or list your customized order  
\_\_\_\_ Spouse - Listed First \_\_\_\_ Other \_\_\_\_\_

<u>Name *</u>	<u>Relationship to you @</u>	<u>Address</u>	<u>Phone #</u>
a. _____	_____	_____	H _____ W _____ C _____
b. _____	_____	_____	H _____ W _____ C _____
c. _____	_____	_____	H _____ W _____ C _____
d. _____	_____	_____	H _____ W _____ C _____

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@ **EXAMPLE:** Irene's Sister - David's Spouse

**3. MEDICAL DECISIONS Two TYPES - General Medical & Mental Healthcare**

**GENERAL MEDICAL POA**

NOTE: \_\_\_\_ Name at least three persons. Unlike the Financial POA, we recommend making your medical POA "Effective Immediately & naming a "trusted" group rather than limiting authority to only one person at a time.

\_\_\_\_ Since there is a risk of conflict with a "group", our office will furnish an additional document to be signed by each person named as an appointee - "Special Instructions to Medical Appointees" which must be signed by each appointee prior to receiving their duplicate original document.

You can address any specific instructions by communicating your preference verbally or in a separate letter.

\_\_\_\_ We recommend that at least one "local" person be named for each location you spend a considerable amount of time (i.e. Arizona time, summer months or travel companions).

This "local" person may only be utilized as a spokesperson and listed on the "ESTATE INFORMATION SHEET" but without authority to make decisions or give instructions for your care.

**GENERAL MEDICAL POA APPOINTEES**

**HUSBAND OR SINGLE MAN** \_\_\_ Spouse - Listed First \_\_\_ Other \_\_\_\_\_

<u>Name *</u>	<u>Relationship to you @</u>	<u>Phone #</u>
a. _____	_____	H _____ W _____ C _____
b. _____	_____	H _____ W _____ C _____
c. _____	_____	H _____ W _____ C _____
d. _____	_____	H _____ W _____ C _____

**WIFE OR SINGLE WOMAN** \_\_\_ Spouse - Listed First \_\_\_ Other \_\_\_\_\_

<u>Name *</u>	<u>Relationship to you @</u>	<u>Phone #</u>
a. _____	_____	H _____ W _____ C _____
b. _____	_____	H _____ W _____ C _____
c. _____	_____	H _____ W _____ C _____
d. _____	_____	H _____ W _____ C _____

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@ **EXAMPLE:** Irene's Sister - David's Spouse

**4. MENTAL HEALTHCARE POA**

NOTE: \_\_\_ Name at least three persons. Unlike the General Medical POA, we recommend naming only a single person at a time.

**MENTAL HEALTHCARE APPOINTEES**      **HUSBAND OR SINGLE MAN**

Name \*

Relationship to you @

Phone #

\_\_\_ Spouse - Listed First - \_\_\_ Other - \_\_\_\_\_

a.	_____	_____	H _____
			W _____
			C _____
b.	_____	_____	H _____
			W _____
			C _____
c.	_____	_____	H _____
			W _____
			C _____
d.	_____	_____	H _____
			W _____
			C _____

\* **NOTE:** All names must match driver's license - No exceptions.

@ **EXAMPLE:** Irene's Sister - David's Spouse



MENTAL HEALTHCARE APPOINTEES

WIFE OR SINGLE WOMAN

Name \*

Relationship to you @

Phone #

\_\_\_ Spouse - Listed First - \_\_\_ Other - \_\_\_\_\_

a.	_____	_____	H	_____
			W	_____
			C	_____
b.	_____	_____	H	_____
			W	_____
			C	_____
c.	_____	_____	H	_____
			W	_____
			C	_____
d.	_____	_____	H	_____
			W	_____
			C	_____

\* **NOTE:** All names must match driver's license - No exceptions.

@ **EXAMPLE:** Irene's Sister - David's Spouse

5. **RAISE YOUR MINOR CHILDREN** (until age 18, unless under a disability)? Name at least three persons, not including your spouse, and do not list both husband and wife (pick one of them at a time). We also suggest that you consider a requirement that the person you name be married, so as to not have a single parent raising your children. We may also add other conditions relating to your appointee. If the other natural parent is still alive, they will have first priority in most cases.

Not applicable     Spouse - If not parent of your children

<u>Name *</u>	<u>Relationship to you @</u>	<u>Address</u>	<u>Phone #</u>
a. _____	_____	_____	H _____
			W _____
			C _____
b. _____	_____	_____	H _____
			W _____
			C _____
c. _____	_____	_____	H _____
			W _____
			C _____

6. Who do you want to **HANDLE THE ASSETS OF YOUR MINOR CHILDREN** (until age 18 or stated age, unless under a disability which extends the time)? Name at least three persons, not including your spouse, and do not list both husband and wife (pick one of them at a time). Normally, this appointee is the same as item 2 above.

Not applicable     Spouse - If not the parent of your children

<u>Name *</u>	<u>Relationship to you @</u>	<u>Address</u>	<u>Phone #</u>
a. _____	_____	_____	H _____
			W _____
			C _____
b. _____	_____	_____	H _____
			W _____
			C _____
c. _____	_____	_____	H _____
			W _____
			C _____

\* **NOTE:** All names must match driver's license - No exceptions.

@ **EXAMPLE:** Irene's Sister - David's Spouse