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Appt: _____, _____	Signing Date/Time _____ / _____
Date Received from Client: _____	
Date Reviewed with Client: _____	Staff Initials: _____
Preferred Delivery Method: <input type="checkbox"/> EM <input type="checkbox"/> Mail <input type="checkbox"/> PU <input type="checkbox"/> Other	
<input type="checkbox"/> Single <input type="checkbox"/> Will <input type="checkbox"/> LVT <input type="checkbox"/> ; HW <input type="checkbox"/> Will <input type="checkbox"/> LVT <input type="checkbox"/> LVT Step	
Docs Prepared by: _____	Reviewed by: _____ DRT Approval: _____

## ESTATE PLANNING - PERSONAL INFORMATION & DOCUMENT WORKSHEET

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

A, Existing Documents:  Trust  Will  Fin POA  Med POA  Living Will Last Updated: \_\_\_\_\_

Existing Trust Name: \_\_\_\_\_ Last Updated: \_\_\_\_\_

If Not, Name of New Trust: \_\_\_\_\_

A. Man Full Legal Name: \_\_\_\_\_ Preferred Name on Docs: \_\_\_\_\_

Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_ Residency - State \_\_\_\_\_ County \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_

B. Woman Full Legal Name: \_\_\_\_\_ Preferred Name on Docs: \_\_\_\_\_

Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_ Residency: State \_\_\_\_\_ County \_\_\_\_\_

Maiden Name/Alias: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_

C. Address on Docs: \_\_\_\_\_

D. In case of Emergency: Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_

E. Do you own Real Estate? By deed - homes, land, timeshares, mineral rights, etc.  Yes  No

Number of Deeds \_\_\_\_\_ Counties: Maricopa# \_\_\_\_\_ Pinal# \_\_\_\_\_ Other Az \_\_\_\_\_

Non-Az \_\_\_\_\_ (Must provide office with copies of all deeds.)

F. Do you own any ADOT titled vehicles? We recommend ADOT Beneficiary Designation form for each vehicle.

Auto  Motor home  ATV  RV  Manufactured Home Note: If no wheels or offroad, register

ownership AZ Game and Fish Referred By: \_\_\_\_\_ Existing Client Yes/No \_\_\_\_\_

F. **Children** List ALL including legally adopted, estranged & deceased children \If desired can be disinherited

\*Parent Code For 1<sup>st</sup> Column Indicate parent of child: B-both, M-man, W-woman, S-Step Child Prior Marriage,

D - all deceased children LA - Legally Adopted (indicate parent as follows: i.e. DM or DF - # of Children = #Ch.

*Code	Legal Names	Sex #Ch	Address	Birth Date	Email	Phone
	Name  Spouse	—				C h w
	Name  Spouse	—				C h w
	Name  Spouse	—				C h w
	Name  Spouse	—				C h w
	Name  Spouse	—				C h w

Note: If you select any of these persons as an Appointee, you do not need to repeat their information, just write full name.

## ESTABLISHING AN INFORMED CUSTOM ESTATE PLAN

### I. IMPORTANT ESTATE PLANNING DOCUMENTS

- a. Powers of Attorney - Financial and medical, general & mental health
  - a. Decision: "Effective Immediately" or "Springing" type?
  - b. Hint: Financial - "springing", Medical - "effective immediately"
  - c. Decision: Who to appoint? Fill in Worksheet below.
  - d. HINT: Financial - one at time, Medical - multiple for coverage (New concept, custom by Dale)
- b. Living Will - Declaration to Physician - Right to Die
  - a. 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 because it does not prevent probate, it generally guarantees it.

### II. General Conditions Which may require a Living Trust - Circle ALL situations that apply to YOU or you need to discuss with Dale:

- a. 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.
- b. Non-Arizona Real Estate - Real estate owned in another state which does not authorize Beneficiary Deeds.
- c. Certain direct beneficiary arrangements (i.e. Banks, Credit Unions) Do not provide for contingent level beneficiaries - i.e. "per stirpes" - "only to survivors of those named" - no distribution to grandchildren.
- d. 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).
- e. Minor Beneficiaries (under age 18) who cannot receive direct payments from third parties.
- f. Special Needs Beneficiaries - i.e. spendthrift, mentally, or physically impaired on government aid.
- g. Restrictions - minimum age levels (i.e. age 23, 25 or say 30), installment pay-outs (i.e. 1/4 at age 23, 25, 27 and 30) or educational arrangements; only, etc.
- h. Gifts - Lifetime transfers - requires constant changes
- i. Possessory Interests or Life Estates - income\real estate
- j. Tax Saving Options - Charities directly receiving tax deferred investments do not pay income tax - consider limiting to a % or fixed amt or different desires between spouses.
- k. \$11,580,000 Million Estate or Close - If your gross estate is close to or in-excess-of \$11.2 million (being reduced by any taxable gifts -over annual limit \$15K 2019) special steps to avoid or reduce taxes.
- l. 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.
- m. 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")

## DISTRIBUTION DECISIONS: REMAINING ESTATE

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 for charities and non-children, rather than stated amount since your estate value may vary. We will customize for you.

- Tangible Personal Property Distributions need to be handwritten on a separate document or on the "Handwritten list for Distribution of Tangible Property" document, provided by the office. This information cannot be typed. Include household items, jewelry, tools, guns, etc.
- Specific Distributions of Money, Real Estate, and Intangible assets (notes, rec., stock, bond, etc.). Use separate document to list items.

### Beneficiaries:

- \_\_\_\_\_ equally to children
- \_\_\_\_\_ If any child is not surviving then
  - \_\_\_\_\_ only to surviving children no share to their grandchildren default for company forms.
  - \_\_\_\_\_ equally to their descendants (**issue per stirpes** # translates to "legal descendants" by bloodline only) not default and must expressly request
  - \_\_\_\_\_ % to be specified - different % for certain children
  - \_\_\_\_\_ Custom discuss with Attorney

**Custom Beneficiaries:** If named beneficiaries are not surviving, then designate next person(s) to receive

- \_\_\_\_\_ to deceased child's surviving spouse
- \_\_\_\_\_ require 3 conditions: still married, no divorce/separation papers ever filed by either
- \_\_\_\_\_ split with issue and surviving spouse \_\_\_\_\_
- \_\_\_\_\_ to charities - \_\_\_\_\_
- \_\_\_\_\_ Others \_\_\_\_\_

Beneficiary Deed ADOT Benf Forms Joint Checking Account Choose one person at a time who you trust and let them handle for others. Also name backup person. Watch Out Major Cost if minor(s) become beneficiaries may require "Custodianship". If multiple beneficiaries do not use per stirpes. Discuss with Attorney

### **Other Distributions Options:**

**Survival Period:** \_\_\_\_\_ Office Uses 30 days and alive on date of distribution \_\_\_\_\_ Other \_\_\_\_\_

**Minimum Age & Disability :** \_\_\_\_\_ Office Uses Age 23~ \_\_\_\_\_ Other \_\_\_\_\_ (Access to \$\$ by Fiduciary's discretion)

**Installment Payouts** at ages \_\_\_\_\_

**Other Custom Terms** Discuss with Attorney

\$\$ Held by Fiduciary: right to access income and/or principal in sole discretion of Fiduciary  
considerations: health, education, living arrangement, transportation, business opportunity and support

\_\_\_\_\_ Special Terms Right to receive \_\_\_\_\_ Income \_\_\_\_\_ Possessory Interest to Residence

Other \_\_\_\_\_

- **Disinherit** - Is there anyone that you want to disinherit? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list all names & also indicate if this includes their issue as well.

## INSTRUCTIONS WHEN NAMING "FINANCIAL APPOINTEES" ON THE FOLLOWING WORKSHEETS

Designate individuals to act on your behalf. If you are married, you do not need to list your spouse as an appointee because the spouse is presumed to be the first appointee. If the spouse is not to be the first appointee, indicate spouse to be excluded.

If you name one of your children, from the list on page 2, you do not need to repeat their information in the following forms. Include only the child's full name.

With respect to "relationship to you", please indicate to which spouse the person is related, i.e. "husband's brother", "wife's sister". Example for wife's sister - "Carol's Sister", note who Carol is.

If you select any of the persons listed as an Appointee, you do not need to repeat their information, just write full name.

### 2. MAN WHO WILL ADMINISTER YOUR FINANCIAL AFFAIRS?

- a. Name at least three persons below, not including your spouse.
- b. Timing of Authority - When is Financial POA effective? - See handout sheet - "Three Phases of Life"
  - 1. "Effective Only Upon your Incapacity" by a written statement from neurologist or doctor.
  - 2. "Effective Immediately" upon execution.
- c. Make Decision on Number of Persons required to act together at any time?
  - 1. Single Appointee - acts alone, or
  - 2. Co-Appointees (If selected, must also select manner of decision making below.)
    - a. Independent Authority to Act Alone WITHOUT consent of any persons
    - b. Must Act Together ALWAYS
    - c. Required to Act Together UNLESS they otherwise agree in writing. (Most common choice)

If Co-Appointees to begin and 1 is no longer acting, then next successor is:(Check 1 option below)

- Next person listed is authorized to fill in and act together as next "co".
- Remaining person acts alone and only if this person is no longer acting then go to next person listed to act.

### 3. WOMAN WHO WILL ADMINISTER YOUR FINANCIAL AFFAIRS? Same as Man

- a. Name at least three persons below, not including your spouse.
- b. Timing of Authority - When is Financial POA effective? - See handout sheet - "Three Phases of Life"
  - 1. "Effective Only Upon your Incapacity" by a written statement from neurologist or doctor.
  - 2. "Effective Immediately" upon execution.
- c. Make Decision on Number of Persons required to act together at any time?
  - 1. Single Appointee - acts alone, or
  - 2. Co-Appointees (If selected, must also select manner of decision making below.)
    - a. Independent Authority to Act Alone WITHOUT consent of any persons
    - b. Must Act Together ALWAYS
    - c. Required to Act Together UNLESS they otherwise agree in writing. (Most common choice)

If Co-Appointees to begin and 1 is no longer acting, then next successor is:(Check 1 option below)

- Next person listed is authorized to fill in and act together as next "co".
- Remaining person acts alone and only if this person is no longer acting then go to next person listed to act.

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

**HUSBAND or SINGLE MAN FINANCIAL POWER OF ATTORNEY**

\_\_\_\_\_ Check if spouse is first. Do not fill in spouse's name. If not checked, spouse will be omitted.

**NOTE:** If any appointee is a child, YOU DO NOT NEED TO FILL IN ANYTHING EXCEPT NAME

Name (must match driver's license)	Relationship to you	Address	Email	Phone
				c h w
				c h w
				c h w
				c h w

Note: If you need more space, attach additional sheet.

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**WIFE or SINGLE WOMAN    FINANCIAL POWER OF ATTORNEY**

\_\_\_ Same as above - or list your customized order.

\_\_\_ Check if spouse is first. Do not fill in spouse's name. If not checked, spouse will be omitted.

Name (must match driver's license)	Relationship to you	Address	Email	Phone
				c h w
				c h w
				c h w
				c h w

Note: If you need more space, attach additional sheet.

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

#### GENERAL MEDICAL POA

- a) We suggest that you 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.
- b) 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.
- c) You can address any specific instructions by communicating your preference verbally or in a separate letter.
- d) We recommend that at least one "local" person be named as a Medical POA for each location you spend a considerable amount of time (i.e. winter months - Az; summer months or travel companions). A section to identify "local contacts" is provided on page 12.
- e) After 4 named persons, cost \$ 25 per extra person each POA document.



**GENERAL MEDICAL POA APPOINTEES HUSBAND OR SINGLE MAN**

\_\_\_ Check if spouse is first. Do not fill in spouse's name. If not checked, spouse will be omitted.

Name <i>(must match driver's license)</i>	Relationship to you	Email	Phone
			c h w
			c h w
			c h w
			c h w
			c h w
			c h w

**GENERAL MEDICAL POA APPOINTEES Wife or Single Woman**

\_\_\_ Same as Man's choice - or list your customized order

\_\_\_ Check if spouse is first. Do not fill in spouse's name. If not checked, spouse will be omitted.

Name <i>(must match driver's license)</i>	Relationship to you	Email	Phone
			C h w
			C h w
			C h w
			C h w
			C h w

Note: If you need more space, attach additional sheet.

**Local Contacts**

We recommend that if you do not have listed appointees living in Az or they are regularly out of state, at least one "local" person be named as a Medical POA for each location you spend a considerable amount of time (i.e. Arizona time, summer months or travel companions). A section to identify "local contacts" is provided on page 12.

This "local contact" person may be utilized as a spokesperson and listed on the "ESTATE INFORMATION SHEET". In such event, they have no authority to make medical decisions or give instructions for your care. They will serve as a person to reach out to find or contact your out of state Appointees.

Name (must match driver's license)	Relationship to you	Address	Email	Primary Phone
				C h w
				C h w
				C h w
				C h w
				C h w

Note: If you need more space, attach additional sheet.