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CLIENT ESTATE PLANNING INFORMATION:

Completing this worksheet and providing the other information indicated on this form are important first steps toward developing and executing your estate plan. Be sure to bring the completed worksheet to your meeting with your attorney at Olson & Hoggan.

I. CLIENT CONTACT INFORMATION

A. Your Information

Name (please include middle initial) _____

Street Address/P.O. Box _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Date of Birth _____

II. FAMILY AND OTHER BENEFICIARY INFORMATION

(include all children, stepchildren, adopted children, and any other person who you would like to be a beneficiary of your estate)

Full Name (please include middle initial)	Address	Date of Birth (and date of death, if deceased)	Relationship	Notes

III. ASSET SCHEDULE

A. REAL ESTATE

Type of Property & Location	Tax ID #	Names on Title ¹	Fair Market Value	Mortgage Amount	Equity
Total Real Estate					

B. VALUABLE PERSONAL PROPERTY (including automobiles, home furnishings, jewelry, artwork, other significant collectibles, etc.)

Type of Property	Names on Title ¹	Description	Fair Market Value
Total Personal Property			

C. BUSINESS INTERESTS

Name of Business	Owned By ¹	Ownership %	Entity Type ²	Fair Market Value
Total Business Interests Value				

D. BANK ACCOUNTS

Name of Bank	Names on Account ¹	Account Number Last 4 digits	Account Type	Fair Market Value
Total Bank Accounts				

E. INVESTMENT ACCOUNTS

Name of Investment Firm	Names on Account ¹	Account Number Last 4 digits	Beneficiary (if any)	Fair Market Value
Total Investment Accounts				

F. SECURITIES IN CERTIFICATE FORM HELD BY YOU AND IN YOUR NAME				
Name of Stock, Bond, etc.	Names on Account ¹	Number of Shares	Fair Market Value	
Total Securities in Certificate Form				
G. RETIREMENT ACCOUNTS				
Account Owner/Participant	Names on Certificates ³	Where Held	Beneficiary	Fair Market Value
Total Retirement Accounts				
H. UNSECURED DEBTS				
Borrower	Type ⁴	Lender	Balance Outstanding	
Total Unsecured Debts				
I. LIFE INSURANCE (ON YOUR LIFE)				
Ins. Co./ Policy Number/Type ⁵	Policy Owner ⁶	Beneficiary	Loans on Policy	Net (of loans) Face Amount
Total Life Insurance: Net Face Amount				
TOTAL NET ESTATE VALUE				

¹ Titling abbreviations: IND for Individual, JTWROS for joint tenancy with rights of survivorship, and TC for tenants in common.

² Entity types: SOLE for sole proprietorship, PART for partnerships, CORP for "regular" corporations, SUB S for subchapter S corporations, LLC for limited liability companies, and LLP for limited liability partnerships.

³ Retirement account types include IRAs, SEPs, SIMPLE plans, 401(k) plans, profit-sharing plans (PSP), 403(b) plans, 457 plans and others.

⁴ Unsecured debt types include credit cards, personal lines of credit, etc.

⁵ Insurance policy types include GRP for group term, INT for individual term, WHL for individual whole life (cash value), T for term life, and SWL for survivorship (second to die).

⁶ Policy owner: often the insured, but it can be the beneficiaries, a trust, a business, or others.

IV. OTHER CONSIDERATIONS

In addition to the family information and asset worksheet, you should also be ready to provide details about any of the questions below that apply to your situation. You can make related notes for some of these questions in the Family and Other Beneficiary Information table on Page 2.

Question	Yes	No	Explain
A. Are you married? If YES, is your spouse a U.S. citizen?			
B. If you have children:	Yes	No	Explain
1. Are any of your children from a previous relationship? If YES, indicate in the NOTES column on the table entitled "Family and other Beneficiary Information".			
2. Are any of your children minors? If YES, who would like to appoint as your minor child(ren)'s legal guardian, if ever needed	Yes	No	Explain
			Guardian: Alternate Guardian: 2 nd Alternate Guardian:
3. Do any of your children have special needs? If YES, indicate in the NOTES column on the table entitled "Family and other Beneficiary Information".	Yes	No	Explain

V. OBJECTIVES AND GOALS

Please briefly discuss what you would like to accomplish with your estate plan. You may want to include in your discussion thoughts about the following issues as well as other issues important to you:

- Asset protection for children and descendants
- Estate and gift tax planning
- Cost to establish
- Simplification of estate administration
- Charitable objectives
- Avoidance of probate

VI. SUCCESSOR TRUSTEE(S)

A successor trustee is responsible for administering and carrying out the instructions and terms of a person's trust. The successor trustees should be someone you trust to follow your wishes, treat beneficiaries fairly, be organized and be financially responsible.

A. First Choice

Name _____

Relationship _____

(i.e. daughter, son, etc.)

B. Second Choice (if first is unable or unwilling)

Name _____

Relationship _____

(i.e. daughter, son, etc.)

C. Third Choice (if first and/or second is unable or unwilling)

Name _____
Relationship _____
(i.e. daughter, son, etc.)

D. Fourth Choice (if first, second and/or third is unable or unwilling)

Name _____
Relationship _____
(i.e. daughter, son, etc.)

VII. YOUR INFORMATION

HEALTHCARE DIRECTIVE: This will give us information necessary to complete a document to be given to your physicians. This instructs them on your wishes for your health care (i.e., your desires regarding life support).

A. My Healthcare Agent(s)

1. My Agent

Name & Address _____
Phone & Email _____

My Alternate Agent(s) (This person will serve, and continuing as listed, as your agent if your agent, named above, is unable or unwilling to serve. You may list as many alternates as you would like.)

2. 1st Alternate Agent

Name & Address _____
Phone & Email _____

3. 2nd Alternate Agent

Name & Address _____
Phone & Email _____

4. 3rd Alternate Agent

Name & Address _____
Phone & Email _____

5. 4th Alternate Agent

Name & Address _____
Phone & Email _____

B. The following questions are for consideration purposes and do not need to be decided prior to your meeting. The final decision will take place at your signing; however, if you would like, you may circle your choices with respect to the following:

	Yes	No
My Agent can:		
1. Get Copies of Medical Records at any time, even if I can speak for myself		
2. Admit me to a licensed health care facility (assisted living, etc.)		
Other Consents:		
3. Participate in Medical Research		
4. Organ Donation		
Health Care Wishes (Choose <u>only ONE</u> of 5 - 8; if choose 7, you must choose either i or ii)		
5. Let my agent decide		
6. Prolong my life regardless of my medical condition		
7. Choose not to receive care for the purpose of prolonging life		
i. No limit on the ability of Health Care provider or agent		
ii. To withdraw life-sustaining care, if your healthcare provider determines certain criteria has been met		
8. Do not wish to express a preference		

C. Durable Power of Attorney

Lawful attorney/representative (You may list as many as you choose.)

1st Choice (Name): _____

If your first choice is unable or unwilling

2nd Choice (Name): _____

3rd Choice (Name): _____

4th Choice (Name): _____

D. Last Will and Testament

Personal Representative (You may list as many as you choose.)

A personal representative is responsible for settling and distributing the estate of a deceased person in accordance with that person's will. The personal representative should be someone you trust to follow your wishes, treat all beneficiaries fairly, be organized and be financially responsible.

1st Choice (Name): _____

If your first choice is unable or unwilling

2nd Choice (Name): _____

3rd Choice (Name): _____

4th Choice (Name): _____