

ESTATE PLAN UPDATE WORKSHEET (10-2022)

The purpose of this Worksheet is to help me gather information on the changes you wish to make to your current estate plan prepared by me.

DATE COMPLETED	
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INDIVIDUAL: Answer questions for any changes referenced as “Client One.”

MARRIED COUPLE: Answer questions for any change referenced as “Client One” and “Client Two.”

Client One Name:	
Client Two Name:	

SECTION ONE - ADDITIONAL CHILDREN

If you have added had more children since I originally did your estate plan, please provide either or both of you have children and/or stepchildren, please provide brief summary information below. Changes here will impact your Will(s) and your Children’s Legacy Plan:

Complete Legal Name of Child	Gender	Date of Birth

Please identify any of the above children that are not the biological or adopted children of both of you:

Child’s Name	Name of Father	Name of Mother

FUTURE CHILDREN

Do you wish future children that may be born to you or adopted by you included as beneficiaries of your estate plan? Yes No

SECOND TWO - GUARDIANS FOR MINOR CHILDREN

If you wish to make changes to your guardians for children, please complete the following section, naming guardians in order of preference. This will make changes to your Will(s) and your Children's Legacy Plan.

FOR CLIENT ONE

	Name	Relationship to Client One
1.		
2.		
3.		
4.		

If you wish to have one or more of your children's Guardians to serve at the same time with each other, then please name them here:

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FOR CLIENT TWO

Check here if the same as for Client One

	Name	Relationship to Client Two
1.		
2.		
3.		
4.		

If you wish to have one or more of your children's Guardians to serve at the same time with each other, then please name them here:

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DISINHERITANCE: First, I need to know if there is anybody that either or both of you wish to never receive any portion of your trust property, no matter how unlikely that may be. This is called “disinheritance.” If either or both of you have family members that you would never want to receive any share of your trust property for any reason, please give me their names and their relationships to you. For each person, please also indicate if you would not want any of that person’s descendants (i.e. children, grandchildren, etc.) to receive any share as well:

CLIENT ONE’S FAMILY MEMBERS TO DISINHERIT

Name of person to be disinherited	Relationship	Disinherit Descendants?

CLIENT TWO’S FAMILY MEMBERS TO DISINHERIT

Name of person to be disinherited	Relationship	Disinherit Descendants?

Office Use Only: _____

SECTION THREE - SUCCESSOR TRUSTEES FOR YOUR TRUST

(If you do not wish to make any changes to your incapacity trustees, then leave this blank)

In your estate plan, you already named one or more Successor Trustees to either care for your trust property while you are alive, or else handle the administration and distribution of your trust property after your death. If you wish to make any changes to the trustees for your living trust, please indicate who the new trustees are in the order that you wish them to serve. I will use this information to update your estate plan, replacing any trustees that are no longer on the list and adding any new trustees who are now on the list.

INCAPACITY TRUSTEES FOR YOUR LIVING TRUST

While you are still alive, if you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and property owned by your living trust?

- (Married Couple) We want the same Incapacity Trustees for both of us (fill in for CLIENT ONE only)
- (Married Couple) We want different Incapacity Trustees for each of us (fill in for each of you below)

FOR CLIENT ONE

- CLIENT TWO is my first choice as my Incapacity Trustee

	Name	Relationship to Client One
1.		
2.		
3.		
4.		

If you wish to have one or more of your Incapacity Trustees to serve at the same time with each other, then please name them here (First names only are OK):

FOR CLIENT TWO

(only if you want to choose different Incapacity Trustees)

- CLIENT ONE is my first choice as my Incapacity Trustee

	Name	Relationship to Client Two
1.		
2.		
3.		
4.		

If you wish to have one or more of your Incapacity Trustees to serve at the same time with each other, then please name them here (First names only are OK):

ADMINISTRATIVE TRUSTEES FOR YOUR LIVING TRUST

After you are deceased, who do you want to do the estate administration for your trust, establishing new trusts if necessary, and then providing for the distribution of your property to your beneficiaries?

- Use the Same Incapacity Trustees Named as my/our Administrative Trustees (*most common choice*)
- (Married Couple) We want the same Administrative for both of us (fill in for CLIENT ONE only)
- (Married Couple) We want different Administrative Trustees for each of us (fill in for each of you below)

FOR CLIENT ONE (*or both of you if your choice is the same*)

- Second Spouse is my first choice as my Administrative Trustee

Name	Relationship to Client One
1.	
2.	
3.	
4.	

If you wish to have one or more of your Administrative Trustees to serve at the same time with each other, then please name them here (first names only are OK)

FOR CLIENT TWO (only if you want to choose different Administrative Trustees)

- CLIENT ONE is my first choice as my Administrative Trustee

Name	Relationship to Client Two
1.	
2.	
3.	
4.	

If you wish to have one or more of your Administrative Trustees to serve at the same time with each other, then please name them here (first names only are OK)

Office Use Only: May any trustees appoint their own successors?

- No, trustees may not appoint their own successors
- Yes, all named trustees may appoint their own successors
- Yes, all named trustees and future trustees may appoint their own successors
- Yes, but only the following trustees may appoint their own successors (*office use only*)

NOTE: The Administrative Trustees you name will also appear in your pour-Over Will as your Personal Representatives (i.e. Executors), to handle any after death matters involving property that was not transferred into your living trust ownership while you were alive.

**SECTION FOUR - FINANCIAL AGENTS
NAMED IN YOUR DURABLE POWER OF ATTORNEY**

If you become incapacitated, who would you want to handle your property owned or held outside of your living trust, such as 401k plans, IRAs, other retirement plans, and any specific assets that you choose to keep outside of your living trust such as a personal checking account? In addition, who would you want to handle dealings with government agencies and programs such as the IRS, Franchise Tax Board, Medicare, Social Security, Medi-Cal (Medicaid), Veterans Administration, etc.

- Use the Same Incapacity Trustees Named Above in Section Three as our Financial Agents
- Same Financial Agents for both of us (fill in for CLIENT ONE only)
- Different Financial Agents for each of us (fill in both below)

FOR CLIENT ONE (or both of you if your choice is the same)

- CLIENT TWO is my first choice as my Financial Agent

Name	Relationship to CLIENT ONE
1.	
2.	
3.	
4.	

If you wish to have one or more of your Financial Agents to serve at the same time with each other, then please name them here (first names only are OK)

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FOR CLIENT TWO (only if you want to choose different Financial Agents)

CLIENT ONE is my first choice as my Financial Agent

Name	Relationship to CLIENT ONE
1.	
2.	
3.	
4.	

If you wish to have one or more of your Financial Agents to serve at the same time with each other, then please name them here (first names only are OK)

OFFICE USE ONLY – WHEN IS AGENT POWER EFFECTIVE?

- Immediate power for spouse as agent, springing power for everyone else
- Immediate power for all Agents Springing power for all Agents

**SECTION FIVE – HEALTH CARE AGENTS IN YOUR ADVANCE
HEALTH CARE DIRECTIVE**

If wish to change your health care agents, please provide updated information below:

- Same Health Care** for both of us (fill in for CLIENT ONE only)
 Different Health Care Agents for each of us (fill in both below)

FOR CLIENT ONE (or both of you if your choice is the same)

- CLIENT TWO is my first choice as my Health Care Agent

	Name	Relationship to CLIENT ONE
1.		
2.		
3.		
4.		

If you wish to have one or more of your Health Care Agents to serve at the same time with each other, then please name them here (first names only are OK)

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FOR CLIENT TWO (only if you want to choose **different** Health Care Agents)

- CLIENT ONE is my first choice as my Health Care Agent

	Name	Relationship to CLIENT ONE
1.		
2.		
3.		
4.		

If you wish to have one or more of your Health Care Agents to serve at the same time with each other, then please name them here (first names only are OK)

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OFFICE USE ONLY – WHEN IS AGENT POWER EFFECTIVE?

- Immediate power for spouse as agent, springing power for everyone else
 Immediate power for all Agents Springing power for all Agents

**SECTION SIX – CHANGES TO HIPAA AUTHORIZATION FORM
TRUST**

Please indicate here if you wish to add or remove persons named in your HIPAA Authorization Form to permit them to obtain your medical information:

CLIENT ONE:

<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD
<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD
<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD
<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD
<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD
<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD

Please add and/or remove the same persons as CLIENT ONE

CLIENT TWO (If different than CLIENT ONE above)

<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD
<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD
<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD
<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD
<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD
<input type="checkbox"/> REMOVE <input type="checkbox"/> ADD

OFFICE USE ONLY

**SECTION SEVEN – CHANGES TO DISTRIBUTIONS
FROM YOUR LIVING TRUST**

If you wish to add, change, or remove any specific distributions that you have made in your living trust, please identify here:

- I/we wish to remove the distribution(s) for the following person(s) or organization(s):

- I/we wish to modify the distribution(s) for the following person(s) or organization(s). If specific property, percentage of estate, or dollar amount, please indicate under “Modification”:

Name	Modification

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