

# Planning Worksheet

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Creative Trust Design, Implementation, and Administration  
Cryptoasset Succession Planning & Efficient Sales  
U.S. Tax Planning for Non-U.S. Persons  
Privacy, Inheritance Protection, and Legacy Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING A PLAN THAT MEETS YOUR GOALS.  
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE AS SOON AS POSSIBLE.

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Part I  
Personal Information

CLIENT #1's Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As/Preferred Name for Signature \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ May we communicate by E-mail? \_\_\_\_\_

If married or with partner:

CLIENT #2's Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As/Preferred Name for Signature \_\_\_\_\_  
(other names used to title property and accounts)

Legally married? \_\_\_\_\_ If yes, date of Marriage \_\_\_\_\_

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ May we communicate by E-mail? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Children and Other Loved Ones

(Use full legal name. Use "JT" if both clients are the parents, "C1" if Client #1 is the parent, "C2" if Client #2 is the parent, "S" if a single parent. If you have any specific planning considerations for an individual, please indicate below.)

Full name	Birth date	Parent or Relationship
_____	_____	_____
Special considerations: _____		
_____	_____	_____
Special considerations: _____		
_____	_____	_____
Special considerations: _____		
_____	_____	_____
Special considerations: _____		
_____	_____	_____
Special considerations: _____		

### Advisors

Name	Telephone or Email
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____
Other _____	_____

### Planning Priorities

Please rate the following as to how important they are to you:

*(H high concern, S some concern, L low concern, N/A no concern or not applicable)*

Description	Level of Concern	
	Client #1	Client #2
Create a comprehensive plan to manage affairs in case of death or disability.		
Provide for and protect a spouse or partner.		
Provide for and protect children or other loved ones.		
Make large gifts to children or others during your life.		
Provide for charities at your death.		
Manage, transfer, diversify, or liquidate complex assets.		
Plan for the protection or transfer of a business.		
Reduce or eliminate federal estate taxes.		
Reduce or eliminate capital gains taxes on appreciated assets.		
Minimize taxes for beneficiaries in the future.		
Avoid court proceedings in case of a disability or death.		
Avoid will contests or other disputes upon death.		
Protect assets from potential lawsuits or creditors.		
Preserve and increase your privacy.		
Provide for a child with disabilities or special needs.		
Protect your loved ones from the possibility of failed relationships.		
Protect loved ones' inheritances if your spouse/partner remarries.		
Provide that your death is not unnecessarily prolonged by artificial measures.		

**Other planning concerns or priorities?**

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## Important Planning Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse/partner) receiving Social Security, disability, or other government benefits? <i>Describe</i> _____		
Are you (or your spouse/partner) making payments under a divorce or property settlement order? <i>If so, please furnish a copy</i>		
If married, have you and your spouse signed a pre- or post-marriage agreement? <i>If so, please furnish a copy</i>		
Have you (or your spouse/partner) been widowed? <i>If an estate tax return (IRS Form 706) was filed, please furnish a copy</i>		
Have you (or your spouse/partner) ever filed <u>gift tax</u> returns? (IRS Form 709) <i>Please furnish copies of these returns</i>		
Have you (or your spouse/partner) completed previous will, trust, or other estate planning? <i>Please furnish electronic copies of these documents.</i>		
Do you wish to provide for any charitable organizations during your life or after your death? <i>If so, please explain below.</i>		
Do you have any spiritual or religious perspectives to consider in your planning? <i>If so, please let us know if we can discuss these with you.</i>		
If married, have you lived in any of the following states <u>while married</u> to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse/partner) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children or other intended beneficiaries have special educational, medical, or physical needs?		
Do any of your children or other intended beneficiaries receive governmental support or benefits?		
Do you provide significant financial support to anyone else?		

**OTHER ITEMS TO INCLUDE OR DISCUSS:** Your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

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## Part II

### Property Information

Instructions for completing the Property Information checklist:

#### General Headings

This **Property Information** checklist helps you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings, you may own more property than can be listed on this checklist. If so, attach extra pages as necessary.

#### Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

#### "Owner" of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married/with partner, Client #1's name alone, with no other person	C1
If married/with partner, Client #2's name alone, with no other person	C2
If <u>legally married</u> , Joint Tenancy with spouse (only if legally married)	JTS
Joint Tenancy with someone other than a spouse, i.e. an unmarried partner, sibling, child, parent, etc.	JTO
If unsure...	?

## Real Property

**TYPE:** Any interest in real estate including your residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

## Furniture and Personal Effects

**TYPE:** List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total) _____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

## Automobiles, Boats, and RVs

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value, and estimated loan balance:

_____
_____
_____

## Bank Accounts

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below. Do not include IRAs or 401(k)s here*)

Name of Institution	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse/partner's name) for the benefit of a minor, please specify and give minor's name.



### Stocks and Bonds

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds or Investment Accounts	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

### Cryptocurrencies and other Digital Assets

If you have any cryptocurrencies, blockchain tokens, or other valuable digital assets, please describe them generally below. If you have cryptocurrencies or other blockchain tokens, do you have a written plan to manage those assets in case of your disability or death? \_\_\_\_\_

_____		
_____		
_____		
<i>Total value (USD)</i>		_____

### Life Insurance Policies and Annuities

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____		
_____		
_____		
_____		
<i>Total</i>		_____

### Retirement Plans

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

_____		
_____		
_____		
_____		
<i>Total</i>		_____

### Business Interests

**TYPE:** General and Limited Partnerships, Limited Liability Companies, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Please indicate what jurisdiction those businesses were formed in, whether there are other owners involved in the business, and briefly describe the nature of the business and the estimated value of the interests.

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*Total* \_\_\_\_\_

### Money Owed To You

**TYPE:** Mortgages or promissory notes payable to you, or other money someone else owes you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

### Anticipated Inheritance, Gift, or Lawsuit Judgment

**TYPE:** Gifts or inheritances that you expect to receive at some time in the future; or amounts you expect to receive through a judgment in a lawsuit. **Describe in appropriate detail.**

Description \_\_\_\_\_

\_\_\_\_\_

*Total estimated value* \_\_\_\_\_

### Other Assets

**TYPE:** Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

### Summary of Values

Assets	Amount*		Total Value
	CLIENT #1	CLIENT #2	
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Cryptocurrencies or other Digital Assets			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
<b>Total Assets:</b>			

\* *Joint Property? Enter 1/2 of property value in each spouse's column.*

Part III  
Your Decision Makers

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be their guardian.

Name and Address	Relationship
_____	_____
_____	_____

PROPERTY DECISION MAKERS IF YOU'RE UNABLE TO MAKE DECISIONS FOR YOURSELF  
(Who will manage your property if you're incapacitated or after your death?)

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

MEDICAL DECISION MAKERS  
(Who will make medical decisions for you if you're unable to communicate your instructions to medical providers?)

CLIENT #1's MEDICAL REPRESENTATIVE(S)

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

CLIENT #2's MEDICAL REPRESENTATIVE(S)

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____