ALTMAN & ASSOCIATES

Married Couples Estate Planning Organizer



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Instructions:

- Click in an input field, and type in a value.
- Press Tab (on your keyboard) to accept the input.
- To save the completed form, choose File > Save As and rename the file.
- Email completed & saved PDF to Intake@AskFrost.com
- Time to complete ~ 20 min

1. Personal Informa	tion:			(~ 3 min)
Full Legal Name* (name	most often used to title property ar	nd accounts)		
Also Known As* (other r	names used to title property and	accounts)		
Prefer to be called				
Birth Date (MM/DD/YY	/Y)*	Are you a	US Citizen?*	
Home Address*		Yes	○ No	
City	State	Zip C	ode	
Mailing Address (if differ	ent from above)			
Home Telephone	County of Residence	Cell nur	mber	
E-mail Address		ate of Marriage	9	
It is okay to communicate	e with me via my E-mail address.	*		
○ Yes ○ No				



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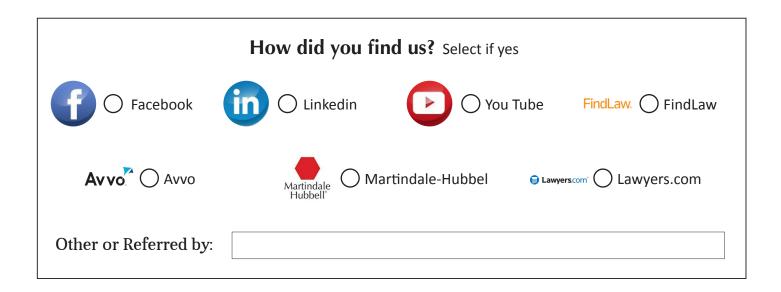
2. Your Spouse	's Inform	ation:			((~ 2 min)	
Spouse's Full Lega	Spouse's Full Legal Name* (name most often used to title property and accounts)						
Also Known As* (other names used to title property and accounts)							
Prefer to be called							
Birth Date (MM/D	D/YYYY)*			Are you a	US Citizen?*		
Spouse's E-mail				Yes	○ No		
○ Yes ○ No	It is okay to communicate with me via my E-mail address.* Yes No Spouse's Cell number						
3. Children & C Use full legal name "M" if you are the	e. Use "JT"	' if both spouse	s are the p		((~ 2 min)	
Full Legal Name (First, Middle, Last)	DOB/Age	Phone Number	Married? If yes: Name of Spouse?	Address	Children? If yes: Names & Ages?	Parent or Other Relationship?	



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4. Other Family Members or Individuals or Entities Named In Your Estate Plan, Not Listed Above: (~3 min)							
Full Legal Name (First, Middle, Last)	DOB/Age	Phone Number	Relationship	Address	EIN (if charity)		

5. Advisors for You and Your Spouse:			(~ 2 min)
	Name	Phone Number	E-mail
Accountant or CPA			
Financial Advisor			
Insurance Agent			
Other Advisors			





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6. Important Family Questions: (Please check "Yes" if applicable)	((~ 4 min)
[All Documents can be uploaded at the end]	You	Spouse
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>	Yes	O Yes
Have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i>	O Yes	O Yes
Have you (or your spouse) been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.	O Yes	Yes
Have you (or your spouse) ever filed federal or state gift tax returns? Please furnish copies of these returns.	O Yes	Yes
Have you (or your spouse) completed previous will, trust, or estate planning? Please furnish copies of these documents.	Yes	Yes
Have you lived in any of the following states while married to each other: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? If yes, which?	Yes	Yes
Do you (or your spouse) have any assets located outside the United States? If so, please explain below.	Yes	Yes



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6. [Continue] Important Family Questions: (Please check "Yes" if applicable)	((~ 4 min)
[All Documents can be uploaded at the end]	You	Spouse
Are any of your intended beneficiaries located abroad? If yes, please provide full names, addresses and additional details below.	Yes	Yes
Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement? If yes, please provide full names and what the special needs are below.	Yes	Yes
Are you (or your spouse) currently the beneficiary of anyone else's trust? If so, please explain below.	Yes	Yes
Do you (or your spouse) own any cryptocurrency? If so, please list the details below.	Yes	Yes
Have you or will you inherit any assets (including real estate or business interests) from someone who lives in another country? If so, please explain below	Yes	Yes



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7. Fiduciary D	etails:
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(~ 6 min)

(For each position, name at least one initial agent and one successor agent.)

1. PERSONAL REPRESENTATIVE/EXECUTOR (PR): Who do you want to wind up to settle your affairs upon your death (or upon the death of both you and your spouse)?

Your PR	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				

Select if spouse is same as above

Spouse's PR	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				

2. GUARDIAN FOR MINOR CHILDREN: If you have minor children, who do you want to raise them if you cannot? This person is the Guardian of your children. Do you want to provide any special economic arrangements to help your children's Guardian? Please explain any special economic arrangements you would like for your Guardian.

	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				

Additional Comments (for example, do you want to provide specific instructions to your guardians or give them guidance)					





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3. POWER OF ATTORNEY: If you are unable to make financial decisions for yourself, who would you want to make those decisions for you? Who do you want to manage and invest your assets for you or your intended beneficiaries if you are unable to do so? This person is referred to as "your agent" or your "Successor Trustee."

Your Agents:

Your Agents	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				

Spouse's Agents Select if spouse is same as above

Spouse's Agents	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				

If you are incapacitated, your Agent can use your funds for you and your dependents. Do you want your Agent to be able to spend funds for (or make gifts to) (check any that apply)?

You:		Spouse:		
0	Spouse	○ Spouse		
0	Adult Children	Adult Children		
0	Other Beneficiaries	Other Beneficiaries		
\bigcirc	Gifts consistent with prior pattern of giving	○ Gifts consistent with prior pattern of giving		

4. HEALTH CARE: Who do you want to make medical decisions for you if you are unable to communicate your desires? This person is your health care agent or proxy.

Your Agents

Your Agents	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				

Spouse's Agents (list or indicate same as above)

Spouse's Agents	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				





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	or you? Who do you want to manage and invest your assets for you or your intendare unable to do so? This person is referred to as "your agent" or your "SUCCESSOR
Do you want to provide or measures?	that the moment of your death not be unnecessarily prolonged by artificial means
You: ○ Yes ○ No	Spouse: ○ Yes ○ No
Do you want to provide You: ○ Yes ○ No	that your organs and tissues should be made available for transplant purposes? Spouse: Yes No
Do you want to designa (please check one)?	te someone to act with respect to disposition of remains (Cremation/ Burial)
You: ○ Yes ○ No	Spouse: ○ Yes ○ No
Additional Comments/	Instructions or Guidelines:

3. POWER OF ATTORNEY: If you are unable to make financial decisions for yourself, who would you want to



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8. Distribution of Assets: (~ 5 min)					
1. SPECIFIC BEQUESTS AND DISTRIBUTION OF PERSONAL PROPERTY SPECIFIC BEQUESTS: At your death, do you wish to leave any specific bequests of cash or reapproperty? If yes, please explain below:					
or	You:				
	Individual or Charity	Amount or Property	Contingent on Spouse predeceasing?		
or	Spouse:				
	Individual or Charity	Amount or Property	Contingent on Spouse predeceasing?		
2. [YOUR DEATH (OR UPON THE DEATH	·		
\subset	OTHER (Please explain):				





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3. HO	W AND WHEN TO DISTRIBUTE MY PROPERTY TO MY CHILDREN/BENEFICIRES:
0	DISTRIBUTE OUTRIGHT TO OUR CHILDREN/BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.
\bigcirc	DOES A CHILD/BENEFICIARY HAVE ANY SPECIAL NEEDS? Please explain below.
Ö	STRUCTURED TRUST (can provide protection from creditors, lawsuits, bankruptcies, bad marriages, predators or themselves): You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary, in the discretion of the Trustee, for either needs (health, education and maintenance) or for any purpose. You may give written guidelines or instructions to the trustee to follow in determining when and how much to distribute to a beneficiary. You may provide for a staggered distribution of principal. (For example: ¼ at 25, ¼ at 30 and the balance at 35 or 13 at age 30 and balance at age 40 OR you may provide that the assets stay in trust for the beneficiary's lifetime.) You decide who will be the Trustee and manage the property and to carry out your distribution instructions. Also, the beneficiary could be a Trustee or have the right to be a Co-Trustee or the right to choose the Trustee. You decide how the trust is designed. List your desires:
a com	MOTE CONTINGENT BENEFICIARY: In the event you and all of your immediate family die in amon disaster (or are not living at the time property is to be distributed from a trust), who
snoui	d receive your assets? You can name relatives, friends or charities, or any combination:
	HER ITEMS TO INCLUDE OR DISCUSS: Obviously, your estate plan should address all your s, fears, and wishes. Please list any other items you want included or want to discuss below:
1	



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Net Worth Statement Co	mplete with your	· best estimation	((~ 5 min)
Assets (Estimated Current Fair Market Value)	Titled In Your Name Only	Titled Jointly (State name)	Titled In Name Only	Current Beneficiary
Primary Residence (provide a copy of each Deed and tax bill)				
Other Real Estate (provide a copy of each Deed and tax bill)				
Checking Account				
Savings/ Money Market Account				
Certificate of Deposit				
Note(s) Receivable				
Stocks & Bonds				
Profit-Sharing/401k/IRAs				
Life Insurance				
Annuities				
Digital Assets				
Partnerships				
Closely Held Business				
Personal Property				
Total Assets				
Liabilities				
Home Mortgage				
Other Real Estate Mortgages				
Other Debt				
Total Liabilities				
Net Worth				





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ADDITIONAL INFORMATION RELATED TO YOUR ASSETS, including the address of any real estate owned or the information related to any business or partnership that owned.		