

**ALTMAN**  
& ASSOCIATES

A Division of  

---

**FROST LAW**



Married Couples  
Estate Planning Organizer

---

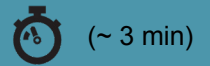
Using this organizer will assist us in designing an estate plan that meets your goals. All information provided is strictly confidential. Submitting information either in print or electronically does not constitute a legal contract. Please return the completed worksheet to our office at least 24 hours prior to your appointment, thank you.

---

**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 Information:**



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/DD/YYYY)\*

Are you a US Citizen?\*

Yes  No

Home Address\*

City

State

Zip Code

Mailing Address (if different from above)

Home Telephone

County of Residence

Cell number

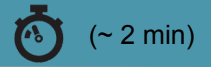
E-mail Address

Date of Marriage

It is okay to communicate with me via my E-mail address.\*

Yes  No

## 2. Your Spouse's Information:



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/DD/YYYY)\*

Are you a US Citizen?\*

Yes  No

Spouse's E-mail

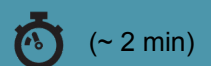
It is okay to communicate with me via my E-mail address.\*

Yes  No

Spouse's Cell number

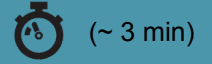
## 3. Children & other Family Members:

Use full legal name. Use "JT" if both spouses are the parents, "M" if you are the parent, "S" if your spouse is the parent.



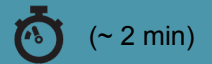
Full Legal Name (First, Middle, Last)	DOB/Age	Phone Number	Married? If yes: Name of Spouse?	Address	Children? If yes: Names & Ages?	Parent or Other Relationship?

**4. Other Family Members or Individuals or Entities Named In Your Estate Plan, Not Listed Above:**



Full Legal Name (First, Middle, Last)	DOB/Age	Phone Number	Relationship	Address	EIN (if charity)

**5. Advisors for You and Your Spouse:**



	Name	Phone Number	E-mail
Accountant or CPA			
Financial Advisor			
Insurance Agent			
Other Advisors			

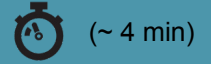
**How did you find us?** Select if yes

-   Facebook
-   LinkedIn
-   You Tube
-   FindLaw
-   Avvo
-   Martindale-Hubbell
-   Lawyers.com

Other or Referred by:

**6. Important Family Questions:**

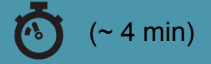
*(Please check "Yes" if applicable)*



<b>[All Documents can be uploaded at the end]</b>	<b>You</b>	<b>Spouse</b>
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>	<input type="radio"/> Yes	<input type="radio"/> Yes
Have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i>	<input type="radio"/> Yes	<input type="radio"/> Yes
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>	<input type="radio"/> Yes	<input type="radio"/> Yes
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>	<input type="radio"/> Yes	<input type="radio"/> Yes
Have you (or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i>  ----- -----	<input type="radio"/> Yes	<input type="radio"/> 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?  ----- ----- ----- -----	<input type="radio"/> Yes	<input type="radio"/> Yes
Do you (or your spouse) have any assets located outside the United States? <i>If so, please explain below.</i>  ----- ----- ----- -----	<input type="radio"/> Yes	<input type="radio"/> Yes

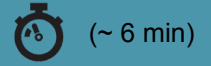
**6. [Continue] Important Family Questions:**

*(Please check "Yes" if applicable)*



<b>[All Documents can be uploaded at the end]</b>	<b>You</b>	<b>Spouse</b>
<p>Are any of your intended beneficiaries located abroad? <i>If yes, please provide full names, addresses and additional details below.</i></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p><input type="radio"/> Yes</p>	<p><input type="radio"/> Yes</p>
<p>Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement? <i>If yes, please provide full names and what the special needs are below.</i></p> <p>-----</p> <p>-----</p>	<p><input type="radio"/> Yes</p>	<p><input type="radio"/> Yes</p>
<p>Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i></p> <p>-----</p> <p>-----</p> <p>-----</p>	<p><input type="radio"/> Yes</p>	<p><input type="radio"/> Yes</p>
<p>Do you (or your spouse) own any cryptocurrency? <i>If so, please list the details below.</i></p> <p>-----</p> <p>-----</p>	<p><input type="radio"/> Yes</p>	<p><input type="radio"/> Yes</p>
<p>Have you or will you inherit any assets (including real estate or business interests) from someone who lives in another country? <i>If so, please explain below</i></p> <p>-----</p> <p>-----</p>	<p><input type="radio"/> Yes</p>	<p><input type="radio"/> Yes</p>

## 7. Fiduciary Details:



*(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)

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
- Adult Children
- Other Beneficiaries
- Gifts consistent with prior pattern of giving

Spouse:

- Spouse
- Adult Children
- Other Beneficiaries
- 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				



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.”

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

You:  Yes  No      Spouse:  Yes  No

Do you want to provide that your organs and tissues should be made available for transplant purposes?

You:  Yes  No      Spouse:  Yes  No

Do you want to designate someone to act with respect to disposition of remains (Cremation/ Burial) (please check one)?

You:  Yes  No      Spouse:  Yes  No

Additional Comments/ Instructions or Guidelines:

---

---

---

---

---

---

---

---

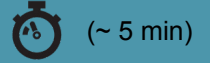
---

---

---

---

**8. Distribution of Assets:**



**1. SPECIFIC BEQUESTS AND DISTRIBUTION OF PERSONAL PROPERTY**

**SPECIFIC BEQUESTS:** At your death, do you wish to leave any specific bequests of cash or real property? If yes, please explain below:

For You:

Individual or Charity	Amount or Property	Contingent on Spouse predeceasing?

For Spouse:

Individual or Charity	Amount or Property	Contingent on Spouse predeceasing?

**2. DIVISION OF PROPERTY UPON YOUR DEATH (OR UPON THE DEATH OF SECOND SPOUSE TO DIE):**

- DIVIDE EQUALLY BETWEEN ALL CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:
- OTHER (Please explain):

3. HOW AND WHEN TO DISTRIBUTE MY PROPERTY TO MY CHILDREN/BENEFICIARIES:

- DISTRIBUTE OUTRIGHT TO OUR CHILDREN/BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.
- DOES A CHILD/BENEFICIARY HAVE ANY SPECIAL NEEDS?** Please explain below.
- 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 1/3 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:

4. REMOTE CONTINGENT BENEFICIARY: In the event you and all of your immediate family die in a common disaster (or are not living at the time property is to be distributed from a trust), who should receive your assets? You can name relatives, friends or charities, or any combination:

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

<b>Net Worth Statement</b>		Complete with your best estimation			 (~ 5 min)
<b>Assets</b> (Estimated Current Fair Market Value)	<b>Titled In Your Name Only</b>	<b>Titled Jointly</b> (State name)	<b>Titled In ___ Name Only</b>	<b>Current Beneficiary</b>	
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					
<b>Total Assets</b>					
<b>Liabilities</b>					
Home Mortgage					
Other Real Estate Mortgages					
Other Debt					
<b>Total Liabilities</b>					
<b>Net Worth</b>					

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.