

# ESTATE PLANNING HOMEWORK

For: \_\_\_\_\_ Date: \_\_\_\_\_

Call (212) 601-2425 or Email: [jmiller@mtrustlaw.com](mailto:jmiller@mtrustlaw.com) with your answers

Initial Executor: \_\_\_\_\_  Co-Executor \_\_\_\_\_

1<sup>st</sup> Successor Executor \_\_\_\_\_  2<sup>nd</sup> Successor Executor \_\_\_\_\_

Initial Co- Trustee (2) \_\_\_\_\_

1<sup>st</sup> Successor Trustee \_\_\_\_\_  2<sup>nd</sup> Successor Trustee \_\_\_\_\_

Initial Guardian \_\_\_\_\_ Co-Guardian \_\_\_\_\_

1<sup>st</sup> Successor Guardian \_\_\_\_\_

Commissions: Directions/prohibitions \_\_\_\_\_

Specific Bequests of Personal Property (i.e. Gift of watch, ring, etc.) Give name and gift.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remainder of contents of home.

( ) 1<sup>st</sup> Beneficiary \_\_\_\_\_ ( ) Alternate Beneficiary \_\_\_\_\_

Gifts of Cash/Real Estate to Individuals. Give name and gift.

\_\_\_\_\_  
\_\_\_\_\_

Charitable Gifts. Give name of Charity and description of Gift.

\_\_\_\_\_  
\_\_\_\_\_

Distribution of Residuary Estate. Give names and percentages.

\_\_\_\_\_  
\_\_\_\_\_

Tax- sheltered Trust.

( ) Primary Objective(s) \_\_\_\_\_

( ) Power of appointment. Y or N.

( ) 5 and 5 power. Y or N.

( ) Type: Carve out or Disclaimer (Choose one)

Marital Trust.

Is one desired vs. outright to surviving spouse? Y or N

Describe any objectives \_\_\_\_\_

Trusts for Descendants.

( ) Payouts.

- 1. \_\_\_ % at age \_\_\_\_\_
- 2. \_\_\_ % at age \_\_\_\_\_
- 3. \_\_\_ % at age \_\_\_\_\_

( ) Primary Objective(s) \_\_\_\_\_

Ultimate Contingency Provision (Family Disaster).

- 1. \_\_\_ % to \_\_\_\_\_
- 2. \_\_\_ % to \_\_\_\_\_
- 3. \_\_\_ % to \_\_\_\_\_
- 4. \_\_\_ % to \_\_\_\_\_

Living Will.

( ) Husband: Y or N.                      ( ) Wife: Y or N

Health Care Agent.

( ) Primary: Name, address & phone #: \_\_\_\_\_

( ) Successor: Name, address & phone #: \_\_\_\_\_

Power of Attorney. Type: Springing or Durable (Choose one).

Initial Attorney in fact: Name and Address \_\_\_\_\_

Successor Attorney in fact: Name and Address \_\_\_\_\_

Statutory Major Gifts Rider: Y or N

Agent can gift to self: Y or N

( ) Gifting scope: \_\_\_\_\_

(Describe potential beneficiaries)

Organ Donor Declaration

( ) Husband: Y or N                      ( ) Wife: Y or N

Other: (Describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit:

- ( ) Buy-Sell agreement.                      ( ) Net worth statement.                      ( ) Old estate planning documents.
- ( ) Divorce agreement.                      ( ) Pre-nuptial agreement.                      ( ) Other: Describe

\*\*\*\*\*  
JILL MILLER & ASSOCIATES, P.C.  
61 Broadway, Suite 2125  
New York, NY 10006  
www.mtrustlaw.com  
(212) 601-2425