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## Estate Planning Worksheet for Domestic Partners

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If all information on this worksheet is identical for you and your domestic partner complete only one worksheet. If information for each partner differs, make a copy of this worksheet so each of you has a separate one.

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Date					
Client #1 First Name	MI	Last Name	AKA	Date of Birth	Social Security Number
Address		City	State	Zip	County
Phone Number		Other Phone Number		Email	
Client #2 First Name	MI	Last Name	AKA	Date of Birth	Social Security Number
Address		City	State	Zip	County
Phone Number		Other Phone Number		Email	

Are you a Registered Domestic Partnership?      Yes    No

If so, when was your date of Registration? \_\_\_\_\_

When did your Domestic Partnership begin? \_\_\_\_\_

**What is your primary motivation for considering estate planning? (Select one or more)**

Plan of distribution to insure inclusion of domestic partner      Probate avoidance  
 Guardianship for minor children      Federal estate tax planning  
 Other: \_\_\_\_\_

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? \_\_\_\_\_

	Client #1		Client #2	
Do you presently have a will?	Yes	No	Yes	No
Do you presently have a trust?	Yes	No	Yes	No
Were there any previous marriages?	Yes	No	Yes	No
If yes, year marriage ended in: _____				
Do either of you have children who are not the children of both you and your partner?	Yes	No	Yes	No
Do any of your children or other beneficiaries have disabilities?	Yes	No	Yes	No
Are you a U.S. citizen?	Yes	No	Yes	No
Have you entered into any agreements with your partner (such as a domestic partnership agreement)?	Yes	No	Yes	No
Do you or any family member or potential beneficiaries have any serious health problems?	Yes	No	Yes	No
If yes, please describe briefly _____				

Do you own a long-term care (nursing home) insurance policy?	Yes	No	Yes	No
Do you hold everything jointly with your spouse, or is some property separate?	All joint (except IRA's, pensions, etc.)		Some is separate	

**Asset Value**

What is the value of all property owned by yourself and your partner including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance?

Asset Value Client #1: \_\_\_\_\_ Asset Value Client #2: \_\_\_\_\_

What is the value of death benefits on life insurance?      Insuring Client #1 \_\_\_\_\_      Insuring Client #2 \_\_\_\_\_

What is the total amount of your outstanding liabilities? (Attribute joint debt 50% to each.)

Liabilities Client #1: \_\_\_\_\_ Liabilities Client #2: \_\_\_\_\_



## Plan of Distribution

- Specific Gifts.** Do you want to make charitable gifts, such as to a house of worship or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

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- Briefly describe the plan of distribution for assets remaining after any specific gifts described above are made. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

All to domestic partner; if domestic partner does not survive, then to the following beneficiaries who survive:

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All to domestic partner; if domestic partner does not survive, then to the following beneficiaries, or if a beneficiary does not survive, to the children of the deceased beneficiary. Beneficiaries are:

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As follows: \_\_\_\_\_

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- Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, your partner, nor your children/other beneficiaries named above survive.

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## Please complete this section only if you have minor beneficiaries or beneficiaries with disabilities.

- Guardian.** If you have minor child(ren), beneficiary(ies), or child(ren)/beneficiary(ies) with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve.

Guardian: \_\_\_\_\_ Alternate: \_\_\_\_\_

- Age of Distribution.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as  $\frac{1}{2}$  at age 25 and the balance at age 30, or  $\frac{1}{3}$  at 21,  $\frac{1}{3}$  at 25, and  $\frac{1}{3}$  at 35. You may use any age or combination of ages that you choose.

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## Asset/Liability Information

Please list your asset/liability information in the appropriate category below. Attach a separate page if necessary.

Type of Asset	Title in Which Held <small>(Client #1 sole, client #2 sole, Joint with partner, Joint with third party, Tenants in common, etc.)</small>	Current Value		
<b>Real Estate</b> <small>(Include type of property e.g., residential, agricultural, commercial, or manufacturing.)</small>				
Personal Residence				
Vacant Land				
Other				
<b>Liquid Assets</b> <small>Include account number and address where held.</small>				
Cash on Hand				
Government and Publicly Traded Securities				
Unlisted Securities (Not Publicly Traded)				
Money Market Accounts				
Equity in Business Sole Prop.				
Partnership				
Notes and Loans Receivable				
Checking Accounts				
Savings Account				
Certificates of Deposit				
Automobiles				
Other Personal Property				
<b>Annuities</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Current Value</b>	
IRAs				
Pension/Profit Sharing				
Life Insurance			Cash Value	Death Benefit
Other Assets				
<b>Liabilities</b>	<b>Name Loan Taken In</b> <small>Name Loan Taken In (Client #1, Client #2, etc.)</small>	<b>Amount Owed</b>		