

Wills & Trusts
Estate Administration
Estate Litigation
Guardianships
Special Needs Trusts
Elder Law

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ESTATE PLANNING (Revised 6/22/18)

Date: _____ Initial: _____

NAME (exactly as want on documents):

SPOUSE (exactly as want on documents):

Single Divorce Widowed

Married Partner

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

Age: ____: Birth Date: _____

Age: ____ Birth Date: _____

U.S. Citizen? Yes No

U.S. Citizen? Yes No

If No, Status _____

If No, Status _____

CHILDREN (with spouse): Age

CHILDREN (with spouse): Age

CHILDREN (prior relationship): Age

CHILDREN (prior relationship): Age

NOTES: Use last page if you need more space.

NAME: _____

NAME: _____

HEALTHCARE DIRECTIVE: A Health Directive appoints someone to make medical decisions for you if you are unable to do so, including termination of life sustaining measures.

And (must act together), **Or** (either can act alone), **Next** (can only act if previous cannot)

Spouse as 1st choice: Yes No
 And Or Next Relation

Spouse as 1st choice: Yes No
 And Or Next Relation

 And Or Next Relation

 And Or Next Relation

ORGAN DONATION: (choose one)

ORGAN DONATION: (choose one)

For transplantation or therapy only.

For transplantation or therapy only.

Also including medical research, education, and anatomical study.

Also including medical research, education, and anatomical study.

No.

No.

POWER OF ATTORNEY: A Power of Attorney appoints someone to manage your finances. It is often convenient to have a Power of Attorney be effective immediately for your spouse, but you may want to limit to only if disabled. Ordinarily everyone else would be only if you are disabled.

Spouse as 1st choice: Yes No

Spouse as 1st choice: Yes No

Spouse Effective Immediately

Spouse Effective Immediately

Spouse Effective Only If Disabled

Spouse Effective Only If Disabled

And Or Next Relation

And Or Next Relation

 And Or Next Relation

 And Or Next Relation

NOTES: _____

NAME: _____

NAME: _____

GUARDIAN: Your Guardian gets custody of your minor children if your spouse (or the child's other parent if divorced) does not survive you. Note that your spouse (or the child's other parent) automatically gets custody unless parental rights were terminated. Also, with a married couple, keep in mind which person you would want to be Guardian if they get divorced.

Name: _____ Relation _____ Name: _____ Relation _____

_____ And _____

And Next If Neither Relation _____ And Next If Neither Relation _____

_____ And _____

EXECUTOR: Your Executor probates your Will, liquidates your estate and pays your creditors. Your Executor then turns over your remaining probate assets to your Trustee for distribution to your beneficiaries, or may distribute directly to your beneficiaries.

Spouse as 1st choice: Yes No Spouse as 1st choice: Yes No

First Next Relation _____ First Next Relation _____

_____ And _____

And Next If Neither Relation _____ And Next If Neither Relation _____

_____ And _____

TRUSTEE: Your Trustee receives all of your assets not left to your Estate, such as life insurance benefits and retirement accounts. Your Trustee also receives your remaining probate assets from your Executor. Your Trustee then distributes all of your assets to your beneficiaries under the terms you have stated.

Spouse as 1st choice: Yes No Spouse as 1st choice: Yes No

First Next Relation _____ First Next Relation _____

_____ And _____

And Next If Neither Relation _____ And Next If Neither Relation _____

_____ And _____

NOTES: _____

NAME: _____

NAME: _____

FIRST CHOICE BENEFICIARY: This is who receives your assets upon your death.

Spouse First: Yes No N/A

Spouse First: Yes No N/A

If spouse is not your first choice, or is not your only first choice, explain here:

If spouse is not your first choice, or is not your only first choice, explain here:

SECOND CHOICE BENEFICIARY: (Or first choice if spouse is not first.)

Children: (next or first) Yes No

Children:, (next or first) Yes No

If children are not your second or first choice, or are not your only second or first choice , explain here:

If children are not your second or first choice, or are not your only second or first choice , explain here:

TRUSTS FOR CHILDREN: Our standard trust for children provides for each child to receive control of their inheritance, one half at age 25, and the other half at age 30. The Trustee may make distributions at any time before this. You may change these ages if you wish or add additional ages (for example 25/30/35). If so, note here:

NOTES: _____

COMMON DISASTER CLAUSE: Grandchildren, great grandchildren, and so on, are the next choice beneficiaries if any of your children do not survive you. In the event of a common disaster where none your children, or grandchildren, or any other descendants, survive you, who is your next choice beneficiary?

Equally among all of your and your spouse's parents, siblings, nieces, and nephews, with the alternate for each of these being proportionally to all the others. Or you may choose some other group in equal shares:

One half to your parents, siblings, nieces, and nephews, and the other half to your spouse's parents, siblings, nieces, and nephews, With the alternate for each of these being proportionally to all the others. Or you may choose some other group with one half to each side:

List of beneficiaries. For a list of beneficiaries with percentages, use the "Percent" line and check the "And" box. For a list of beneficiaries in order, put 100 on the "Percent" line and check the "Next" box.

NAME: _____ One Half or Other Percent _____

Percent	Name or Class (i.e. siblings)	Relation	
_____	_____	_____	Children as Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> And <input type="checkbox"/> Next		
_____	_____	_____	Children as Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> And <input type="checkbox"/> Next		
_____	_____	_____	Children as Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> And <input type="checkbox"/> Next		
_____	_____	_____	Children as Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> And <input type="checkbox"/> Next		
_____	_____	_____	Children as Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> And <input type="checkbox"/> Next		

NAME: _____ One Half or Other Percent _____

Percent	Name or Class (i.e. siblings)	Relation	
_____	_____	_____	Children as Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> And <input type="checkbox"/> Next		
_____	_____	_____	Children as Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> And <input type="checkbox"/> Next		
_____	_____	_____	Children as Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> And <input type="checkbox"/> Next		
_____	_____	_____	Children as Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> And <input type="checkbox"/> Next		
_____	_____	_____	Children as Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> And <input type="checkbox"/> Next		

Are any of the above, for either of you, step or half relations? Yes No

Do either of you have a divorce agreement that requires you to maintain life insurance for any particular beneficiaries? Yes No If yes, please send us a copy.

NOTES: _____

NAME: _____

NAME: _____

ASSET DETAILS: We must know the amount and type of assets to determine which documents are needed and to coordinate beneficiary designations for retirement accounts and life insurance.

LIFE INSURANCE:

Work: _____ \$ _____

Other: _____ \$ _____

_____ \$ _____

SPOUSE LIFE INSURANCE:

Work: _____ \$ _____

Other: _____ \$ _____

_____ \$ _____

RETIREMENT ACCOUNTS:

IRA's, 401K'S, Pensions, Annuities:

_____ \$ _____

_____ \$ _____

_____ \$ _____

SPOUSE RETIREMENT ACCOUNTS:

IRA's, 401K'S, Pensions, Annuities:

_____ \$ _____

_____ \$ _____

_____ \$ _____

OTHER ACCOUNTS: (Savings, Checking, Money Market, Mutual Funds)

_____ \$ _____ Who Owns: _____

_____ \$ _____ Who Owns: _____

_____ \$ _____ Who Owns: _____

_____ \$ _____ Who Owns: _____

REAL ESTATE:

Location: _____ Use: _____

Value: \$ _____ Mortgage Balance: \$ _____ Who Owns: _____

Location: _____ Use: _____

Value: \$ _____ Mortgage Balance: \$ _____ Who Owns: _____

OTHER ASSETS:

_____ \$ _____ Who Owns: _____

_____ \$ _____ Who Owns: _____

_____ \$ _____ Who Owns: _____

FINANCIAL PROFESSIONALS: We are request information about financial professionals so that we can coordinate with them when appropriate. For example, your financial planner and/or life insurance agent may be able to take care of any changes needed to the beneficiaries on your retirement accounts and/or life insurance, or we might have tax questions that we may want to discuss with your accountant. Also, if you do not have financial professionals, we can provide you with recommendations.

FINANCIAL PLANNER: _____

COMPANY: _____

TELEPHONE NUMBER: _____

WOULD YOU LIKE A RECOMMENDATION? YES _____ NO _____

LIFE INSURANCE AGENT: _____

COMPANY: _____

TELEPHONE NUMBER: _____

WOULD YOU LIKE A RECOMMENDATION? YES _____ NO _____

ACCOUNTANT: _____

COMPANY: _____

TELEPHONE NUMBER: _____

WOULD YOU LIKE A RECOMMENDATION? YES _____ NO _____

COPIES OF DOCUMENTS OK TO ABOVE? YES _____ NO _____

CURRENT DOCUMENTS

Do either of you have a current Will, Power of Attorney, Living Will, Trust or other estate planning documents? Yes No

If yes to any of above, please bring a copy to your appointment.

NOTES: _____
