

ESTATE ANALYSIS



COMPREHENSIVE
ESTATE PLANNING
SERVICES



CITADEL LAW
CORPORATION

Your Estate Planning Law Firm™

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Estate Analysis

ASSOCIATE: ALL SECTIONS MUST BE COMPLETED TO BEGIN PROCESSING

Attorney/Paralegal: _____

Trust Signing Date: _____

Signing City: _____

Type of Trust: _____

I. CLIENT INFORMATION

- A. Client's Name _____ SSN _____ DOB ____/____/____
- B. Spouse's Name _____ SSN _____ DOB ____/____/____
- C. Address _____
STREET CITY COUNTY STATE ZIP
- D. Home Phone (____) _____ - _____ Other Phone (____) _____ - _____
Client: Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____
Spouse: Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____
- E. Client's Email _____ Spouse's Email _____
- F. Date of Marriage _____ Prior Marriage?(Yes/No) Husband _____ Wife _____ (If Yes, give details:)

- G. Are you a United States citizen? (Yes/No) Client _____ Spouse _____

II. BENEFICIARIES

A. Children of this Marriage if married; or all children if single (including adopted and deceased children)

1. _____ DOB _____ % _____, if not, then to _____
2. _____ DOB _____ % _____, if not, then to _____
3. _____ DOB _____ % _____, if not, then to _____
4. _____ DOB _____ % _____, if not, then to _____
5. _____ DOB _____ % _____, if not, then to _____
6. _____ DOB _____ % _____, if not, then to _____
7. _____ DOB _____ % _____, if not, then to _____

B. Husband's children from prior marriage, if any. (Divorce _____ Death _____ Date _____)

1. _____ DOB _____ % _____, if not, then to _____
2. _____ DOB _____ % _____, if not, then to _____
3. _____ DOB _____ % _____, if not, then to _____
4. _____ DOB _____ % _____, if not, then to _____
5. _____ DOB _____ % _____, if not, then to _____

C. Wife's children from prior marriage, if any. (Divorce _____ Death _____ Date _____)

1. _____ DOB _____ % _____, if not, then to _____
2. _____ DOB _____ % _____, if not, then to _____
3. _____ DOB _____ % _____, if not, then to _____
4. _____ DOB _____ % _____, if not, then to _____
5. _____ DOB _____ % _____, if not, then to _____

- D. Is there a possibility of more children? _____
- E. Are your children your primary beneficiaries? _____ (If not, then list beneficiaries below, Section J)
- F. Are your children to receive your estate in EQUAL shares? _____ (If not, indicate appropriate shares on page 1)
- G. Are your children or beneficiaries to receive the estate OUTRIGHT? _____ (If not, define distribution in H below)
- H. My children or beneficiaries shall not receive the estate outright, but instead shall receive distributions as follows:
1. 1/4 at age _____ 1/4 at age _____ 1/4 at age _____ 1/4 at age _____
 2. 1/3 at age _____ 1/3 at age _____ 1/3 at age _____
 3. 1/2 at age _____ 1/2 at age _____
 4. 100% at age _____
 5. Other: _____
 6. _____ Check here if Trustee is to have discretion to make advanced distributions for health, education and welfare.
- I. If a child or beneficiary predeceases you, unless indicated otherwise, that beneficiary's share shall go instead to:
- _____ equally to the living issue of the deceased child or beneficiary
- _____ equally to the surviving children or beneficiaries
- _____ other (specify): _____
- J. If your children are NOT going to be your primary beneficiaries, or if you have no children, then list your primary beneficiaries below and what portion of the estate each beneficiary is to receive.

Client's Beneficiaries

1. _____ Age _____ % _____, if not, then to _____
2. _____ Age _____ % _____, if not, then to _____
3. _____ Age _____ % _____, if not, then to _____
4. _____ Age _____ % _____, if not, then to _____
5. _____ Age _____ % _____, if not, then to _____

Spouse's Beneficiaries

1. _____ Age _____ % _____, if not, then to _____
2. _____ Age _____ % _____, if not, then to _____
3. _____ Age _____ % _____, if not, then to _____
4. _____ Age _____ % _____, if not, then to _____
5. _____ Age _____ % _____, if not, then to _____

- K. Beneficiaries if the above beneficiaries predecease you:

Client's Secondary Beneficiaries

1. _____ Age _____ % _____, if not, then to _____
2. _____ Age _____ % _____, if not, then to _____
3. _____ Age _____ % _____, if not, then to _____
4. _____ Age _____ % _____, if not, then to _____
5. _____ Age _____ % _____, if not, then to _____

Spouse's Secondary Beneficiaries

- 1. _____ Age _____ % _____, if not, then to _____
- 2. _____ Age _____ % _____, if not, then to _____
- 3. _____ Age _____ % _____, if not, then to _____
- 4. _____ Age _____ % _____, if not, then to _____
- 5. _____ Age _____ % _____, if not, then to _____

L. Ultimate contingent beneficiaries if all of the above beneficiaries predecease you:

Client's Ultimate Beneficiaries

- 1. Heirs at Law _____
- 2. Charity (Specify) _____
- 3. Other: _____

Spouse's Ultimate Beneficiaries

- 1. Heirs at Law _____
- 2. Charity (Specify) _____
- 3. Other _____

III. TRUSTEES AND FIDUCIARIES

A. INITIAL TRUSTEE(S) and EXECUTORS: Client: Yes _____ No _____ Spouse: Yes _____ No _____

B. SUCCESSOR TRUSTEES (and Executors):

- 1st Choice Trustee _____
- 2nd Choice Trustee _____
- 3rd Choice Trustee _____
- Other _____

_____ Check here if the above are to serve **as Co-Trustees.**

Notes: _____

C. Guardians of your minor children (Guardian of the Person & Guardian of the Estate):

Client's Will

- 1. _____
- 2. _____
- 3. _____

Spouse's Will

- 1. _____
- 2. _____
- 3. _____

D. Attorneys in Fact for **Asset Administration in the event of incapacitation, (Spouse first? _____):**

Attorneys in Fact for Client

- 1. _____
- 2. _____

Attorneys in Fact for Spouse

- 1. _____
- 2. _____

E. Attorneys in Fact for **Health Care in the event of incapacitation, (Spouse first? _____):**

Attorneys in Fact for Client

- 1. _____
- 2. _____

Attorneys in Fact for Spouse

- 1. _____
- 2. _____

IV. TRUST TYPES

A. TYPE OF TRUST

1. _____ Single Male _____ Single Female _____
2. _____ Married Couple, Simple Trust
3. _____ Married Couple, AB (Unified Credit) Trust _____ Discretionary AB Trust
4. _____ Married Couple, ABC (QTIP) Trust
5. _____ Married Couple, QDOT (Qualified Domestic Trust for non-citizens)
6. _____ Married Individual Trust, Separate Male _____ Separate Female _____
7. _____ Irrevocable Insurance Trust
8. _____ CRT (Charitable Remainder Trust)
9. _____ QPRT (Qualified Personal Residence Trust)
10. _____ Other: _____

B. Married Couple Considerations for Decedent's Trust, (for AB, ABC and QDOT Trust only)

Check all that apply

1. _____ Income to surviving spouse (optional)
2. _____ 5% or \$5,000 to surviving spouse (optional)
3. _____ Discretionary principal invasion up to 100% (optional)

Do any of the above terminate at survivor's remarriage? (Yes/No) _____

If Yes, specify: _____

V. FINANCIAL STATEMENT

A. BANK ACCOUNTS

	Name of Bank	Type of Account	Interest Rate	Balance
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____
8.	_____	_____	_____	\$ _____

Enter Total on Financial Summary Page

TOTAL: \$ _____

B. STOCKS, BONDS, MUTUAL FUNDS & SECURITIES

	Name of Security	Number of Shares	Price/Share	Market Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____
8.	_____	_____	_____	\$ _____

Enter Total on Financial Summary Page

TOTAL: \$ _____

C. IRA's, TSA's, 401(k)'s AND OTHER QUALIFIED RETIREMENT PLANS

	Location of Account	Type of Account	Interest Rate	Balance
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____
8.	_____	_____	_____	\$ _____

Enter Total on Financial Summary Page

TOTAL: \$ _____

D. PARTNERSHIPS, CORPORATIONS, SOLE PROPRIETORSHIPS AND OTHER INVESTMENTS

	Name of Investment	Type of Investment	Units or Shares	Market Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____
8.	_____	_____	_____	\$ _____

Enter Total on Financial Summary Page

TOTAL: \$ _____

E. REAL ESTATE (Copies of the most recent **GRANT DEED** and **PROPERTY TAX BILL** for each property are required for proper processing.)

Property Address	Market Value	Debt	Net Value
1. _____	\$ _____	-\$ _____	=\$ _____
2. _____	\$ _____	-\$ _____	=\$ _____
3. _____	\$ _____	-\$ _____	=\$ _____
4. _____	\$ _____	-\$ _____	=\$ _____
5. _____	\$ _____	-\$ _____	=\$ _____
6. _____	\$ _____	-\$ _____	=\$ _____
7. _____	\$ _____	-\$ _____	=\$ _____
8. _____	\$ _____	-\$ _____	=\$ _____
Enter Total on Financial Summary Page	TOTALS: \$ _____	-\$ _____	=\$ _____

F. PERSONAL PROPERTY

Item	Cost Basis	Market Value
1. Autos _____	\$ _____	\$ _____
2. Boats _____	\$ _____	\$ _____
3. Trailers & RV's _____	\$ _____	\$ _____
4. Mortgages Owned _____	\$ _____	\$ _____
5. Promissory Note _____	\$ _____	\$ _____
6. Promissory Note _____	\$ _____	\$ _____
7. Jewelry _____	\$ _____	\$ _____
8. Collections & Heirlooms _____	\$ _____	\$ _____
9. Other _____	\$ _____	\$ _____
Enter Total on Financial Summary Page	TOTAL: \$ _____	\$ _____

G. LIFE INSURANCE

Company	Policy Owner	Insured	Primary Beneficiary	Secondary Beneficiary	Cash Value	Loans	Death Benefit
1. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
Enter Total on Financial Summary Page	TOTALS: \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

H. Have you planned for Pre-memorial Needs? Yes _____ No _____

I. Do you wish to be cremated? Yes _____ No _____

J. Other burial wishes: _____

K. Please describe and estimate any future expected inheritances: _____

VI. FINANCIAL SUMMARY

ASSETS

Cash on Hand and in Banks (Schedule A)	\$ _____
Stocks, Bonds, Mutual Funds and Securities (Schedule B)	\$ _____
IRA's, SEP's, 401(K)'s and other Qualified Retirement Plans (Schedule C)	\$ _____
Partnerships, Corporations, Sole Proprietorships & Other Investments (Schedule D)	\$ _____
Real Estate (Schedule E)	\$ _____
Personal Property (Schedule F)	\$ _____
Cash Value of Life Insurance (Schedule G)	\$ _____
Other Assets	\$ _____
TOTAL ASSETS	\$ _____

LIABILITIES

Total Debt on Real Estate (Schedule E)	\$ _____
Other Debt (specify)	\$ _____
Other Debt (specify)	\$ _____
Other Debt (specify)	\$ _____
TOTAL LIABILITIES	\$ _____
= TOTAL NET WORTH	\$ _____
+ TOTAL DEATH BENEFITS OF ALL LIFE INSURANCE	\$ _____
= TOTAL GROSS TAXABLE ESTATE	\$ _____
<i>TOTAL ESTIMATED FEDERAL ESTATE TAX</i>	\$ _____

VII. MARITAL PROPERTY CONSIDERATIONS

A. Is all Property considered to be Community Property (marital property owned equally by Husband and Wife?)

Yes _____ No _____

B. If not, then please describe any Separate Property (property owned individually by one spouse):

Husband's Separate Property: _____

Wife's Separate Property: _____

C. Describe any desired changes to Separate or Community Property: _____

VIII. INCOME ANALYSIS

A. GROSS INCOME

	Monthly	Annual
1. Salary	\$ _____	\$ _____
2. Pension	\$ _____	\$ _____
3. Interest, Dividends and Royalties, etc	\$ _____	\$ _____
4. Rental Income	\$ _____	\$ _____
5. Business or Corporation Profits	\$ _____	\$ _____
6. Social Security	\$ _____	\$ _____
7. Other (specify)	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

B. EXPENSES

	Monthly	Annual
1. Loans and Mortgages	\$ _____	\$ _____
2. Rent	\$ _____	\$ _____
3. Auto Loans	\$ _____	\$ _____
4. Credit Cards Payments	\$ _____	\$ _____
5. Food and Entertainment	\$ _____	\$ _____
6. Travel Expenses	\$ _____	\$ _____
7. Medical Expenses	\$ _____	\$ _____
8. Other	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

	Monthly	Annual
C. ADJUSTED GROSS INCOME: TOTAL:	\$ _____	\$ _____
D. LESS ESTIMATED STATE INCOME TAX		\$ _____
E. LESS ESTIMATED FEDERAL INCOME TAX		\$ _____
F. TOTAL ESTIMATED ANNUAL AFTER-TAX NET INCOME		\$ _____

IX. IRREVOCABLE TRUST ANALYSIS

A. Total Taxable Estate \$ _____
B. Total Current Estate Tax \$ _____
C. Total Projected Taxable Estate \$ _____
 Assumed Average Rate of Growth % _____
D. Total Projected Estate Tax \$ _____
E. Annual Gift Required \$ _____
F. Annual Gift Per Beneficiary \$ _____
G. TOTAL DESIRED DEATH BENEFIT \$ _____

X. CRT ANALYSIS (Charitable Remainder Trust)

A. Property Address or Asset Description

B. Cost Basis of Asset or Property \$ _____
C. Debt on Property \$ _____
D. Fair Market Value of Property \$ _____
E. Net Value of Property \$ _____
F. Current IRS Interest Rate \$ _____
G. Current Income From Asset or Property \$ _____
H. Trust Rate of Return \$ _____
I. Desired Payout Rate \$ _____
J. Annual Income to Client from CRT \$ _____
K. Total Tax Deduction to Client \$ _____

XI. QPRT ANALYSIS (Qualified Personal Residence Trust)

A. Residence Address

	Street	City	County	State		
B. Cost Basis of Asset or Property	\$	_____				
C. Debt on Property	\$	_____				
D. Fair Market Value of Property	\$	_____				
E. Net Value of Property	\$	_____				
F. Term of Years (Circle one)	\$	10	15	20	25	Other _____
G. Discounted Present Value Gift	\$	_____				



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