

Estate Planning and Trust Worksheet

1. DO NOT LEAVE ANYTHING BLANK ON THIS FORM without PRIOR APPROVAL.
2. GIVE DIRECT ANSWERS. DO NOT MAKE STATEMENTS SUCH AS “SEE LIVING TRUST, SEE ABOVE, ETC.” PLEASE DO THE WORK TO EXPEDITE THIS PROCESS AS MUCH AS POSSIBLE.

Client Name(s): _____ Today Date: _____

Estate Planning Attorney’s name: **Gregory J. Spadea**
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Grantor/Trustee/FSP Conference call Date & Time with Attorney:
1st Choice Date: _____ Time: _____
2nd Choice Date: _____ Time: _____
3rd Choice Date: _____ Time: _____

What type of trust do you need? IDGT _____ Residence Trust _____ Both _____

If you need a Residence Trust, you must (1) include a copy of the deed for the house when we are ready to transfer ownership and (2) check one of the following as to the reason why you need a Residence Trust:

- _____ a. Vet / Spouse is currently receiving VA benefit but will be moving out of home
- _____ b. Vet / Spouse is applying for VA Benefit and now needs to transfer / sell home
- _____ c. Vet / Spouse is preparing to apply for VA benefit and needs to transfer / sell home
- _____ d. Other _____

What do you want the name of the Irrevocable Grantor’s Trust to be?

“ _____ Irrevocable Trust”

What is the legal name, address, SSN and phone number of the following:

Trustee(s) name: _____

Address: _____

Phone number: (____) _____ Best Time of Day to Call: _____

SSN: _____

Email: _____

Grantor's name(s): _____

Address: _____

Phone number: (____) _____ Best Time of Day to Call: _____

SSN:

Email: _____

Joint or Co-trustee(s) (if any), name: _____

Address: _____

Phone number: (____) _____ Best Time of Day to Call: _____

SSN:

Email: _____

Successor Trustee(s) Name: _____

Address: _____

Phone number: (_____) _____ Best Time of Day to Call: _____

SSN: _____

Email: _____

Beneficiaries:

1. Name: _____ Percentage to receive: _____ %
Is Beneficiary a Minor? No - Yes - (If yes, age?) _____ Incapacitated? No - Yes -
Address: _____

Phone number: (_____) _____

SSN: _____

Email _____

2. Name: _____ Percentage to receive: _____ %
Is Beneficiary a Minor? No - Yes - (If yes, age?) _____ Incapacitated? No - Yes -
Address: _____

Phone number: (_____) _____

SSN: _____

Email _____

3. Name: _____ Percentage to receive: _____ %
Is Beneficiary a Minor? No - Yes - (If yes, age?) _____ Incapacitated? No - Yes -
Address: _____

Phone number: (_____) _____

SSN: _____

Email _____

4. Name: _____ Percentage to receive: _____ %
Is Beneficiary a Minor? No - Yes - (If yes, age?) _____ Incapacitated? No - Yes -
Address: _____

Phone number: (____) _____

SSN: _____ Email _____

5. Name: _____ Percentage to receive: _____ %
Is Beneficiary a Minor? No - Yes - (If yes, age?) _____ Incapacitated? No - Yes -
Address: _____

Phone number: (____) _____

SSN: _____ Email _____

6. Name: _____ Percentage to receive: _____ %
Is Beneficiary a Minor? No - Yes - (If yes, age?) _____ Incapacitated? No - Yes -
Address: _____

Phone number: (____) _____

SSN: _____ Email _____

[If there are more than 6 beneficiaries, use additional page]

What is the beneficiary chain, first, second, third? (Per the Grantor's requests)

What if a primary beneficiary predeceases the Grantor? Do you want their portion to be handled:

Per Stirpes: _____

Per Capita: _____

Are there any special requests? [If so, the cost of the trust could be higher.]

NOTE: If the Grantor has currently signed a Durable Power of Attorney, please include a copy.

NOTE: If the Grantor currently has a Revocable Living Trust, making a copy (particularly of the beneficiary designations) and including it with this request could make the job a lot easier.

Return all Materials to:

Gregory J. Spadea

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APPROXIMATE FINANCIAL STATEMENT

ASSETS	PARTY I		PARTY II	
	VALUE	COMMENTS	VALUE	COMMENTS
LIFE INSURANCE				
ACCIDENT INSURANC				
IRAs				
401(k)s				
PROFIT SHARING				
REAL ESTATE				
Residence				
Other Real Estate				
SECURITIES				
Stocks				
Bonds				
Mutual Funds				
CASH & ACCOUNTS				
Cash				
CDs/Savings				
NOTES OWING				
BUSINESS INTERESTS				
AUTOS, BOATS, ETC.				
LIABILITIES				
MORTGAGES				
OTHER				
NET WORTH				
MONTHLY INCOME				