

*****IMPORTANT*****
TIME LINE AGREEMENT

1. This Fact Finder should be completed either before, or at your initial meeting. If incomplete, we would like your information to us within one week, this also includes any, and all property deeds. (We can also order property deeds for you, if so directed, at a cost to be reimbursed by you.)
2. Once the signed engagement, initial payment, and a completed Fact Finder is received from you, we will do our best to prepare your drafts within 2 – 4 weeks.
3. Once you receive your drafts we would like you to review and confirm, or make changes if necessary within 1 week.
4. Once you have reviewed and signed off on your drafts, we will set an appointment for you to either do a remote signing process with Ms. Nesbet to execute your documents, or send you the completed drafts to you so that you can arrange to have the documents notarized and witness within 1 – 2 weeks.

It is important that we work together to complete your documents in a timely manner. If completion of the documents is delayed because of client's delay, and the delay continues for more than two months, there will be an additional \$500.00 charge to the client, and, in addition, for the time to follow up with the client to complete the documents, there will be an administration charge assessed at \$130/hour.

If you feel the process will take longer than two months it will be your responsibility to notify the office of your progress. Lack of notification will result in the additional fee(s) being assessed.

Please sign below to accept the agreement above.

Client Signature

Date

Print Name

**LAW OFFICE OF BARBARA NESBET
ESTATE PLANNING FACT FINDER**

PART I – PERSONAL INFORMATION:

DATE: _____

1. Your Full Name: _____

Other Names Used: _____

Home Address: _____

City, State, Zip: _____

Mailing Address (if different) _____

City, State, Zip: _____

Telephone Numbers:

Home/ Cell: _____ Office: _____ Fax: _____

E-mail address (s) _____

Date of Birth _____ **Social Security No.** _____

U.S. Citizen? Yes No

2. Your Spouse's Full Name _____

Other Names: _____

Telephone Numbers:

Cell: _____ Home: _____ Office: _____

E-mail address: _____

Date of Birth: _____ **Social Security No.** _____

U.S. Citizen? Yes No

3. Your Children:

1 **Name** _____ **Date of Birth** _____
Spouse _____
Children _____

2 **Name** _____ **Date of Birth** _____
Spouse _____
Children _____

3 **Name** _____ **Date of Birth** _____
Spouse _____
Children _____

4 **Name** _____ **Date of Birth** _____
Spouse _____
Children _____

5 **Name** _____ **Date of Birth** _____
Spouse _____
Children _____

6 **Name** _____ **Date of Birth** _____
Spouse _____
Children _____

4. Additional Family Information (e.g., Adopted Children, Human oocyte cryopreservation (including expiration date), Animal Companions):

5. Other Persons Dependent On You (Parents or Others)

1 Name _____ Relationship _____
 Residence (City/State) _____
 Any Special Needs? _____

2 Name _____ Relationship _____
 Residence (City/State) _____
 Any Special Needs? _____

6. Previous Marriage Information:

Husband Previously Married? Yes No
 Terminated by: Death Divorce Date Terminated: _____

Wife Previously Married? Yes No
 Terminated by: Death Divorce Date Terminated: _____

7. Expectation of Inheritance of Husband? Yes No

From Whom? _____
 Approximate Size of Inheritance _____

Expectation of Inheritance of Wife? Yes No

From Whom? _____
 Approximate Size of Inheritance _____

8. Are you currently a beneficiary of a trust? Yes No

Does the trust allow you to name who will receive your share of the trust if you fail to survive until the end of the term of the trust? Yes No

9. Gifts?

Have you made gifts to your children/grandchildren/other person (other than spouse) which exceeded \$17,000 per person in any year? Yes No

If so, did you file a gift tax return? Yes No

Years in which gifts made: _____

10. Name and telephone number of Accountant (e.g., Stock Broker, Financial Planner, etc.):

11. Name and telephone number of Financial Advisor (e.g., Stock Broker, Financial Planner, etc.):

Referred by _____

PART II – PERSON(S) APPOINTED FOR YOUR AFFAIRS

Please list all person(s) whom you wish to be in charge of your affairs upon your death or incapacity as well as beneficiaries (the person(s) who will receive your estate (either as cash or personal or real property))

Person #1:

Name: _____

Address: _____

Phone(s) #: _____

Relationship to you: _____

Person #2:

Name: _____

Address: _____

Phone(s) #: _____

Relationship to you: _____

Person #3:

Name: _____

Address: _____

Phone(s) #: _____

Relationship to you: _____

Person #4:

Name: _____

Address: _____

Phone(s) #: _____

Relationship to you: _____

Person #5:

Name: _____

Address: _____

Phone(s) #: _____

Relationship to you: _____

*****For additional persons please add to the back of this form*****

PART III – TERMS OF WILL

1. Person(s) who should serve as guardian of your minor child(ren)?

Please list guardians and alternates in order of preference.

- a. _____
- b. _____
- c. _____
- d. _____

2. Person(s) who should act as Executor?

Even with a living trust, the Executor will distribute personal property, e.g., clothes, jewelry, art, etc., and be responsible for filing tax returns for the decedent and the estate with the IRS. Please list Executor and alternates in order of preference.

- a. _____
- b. _____
- c. _____
- d. _____

3. Are there specific items of personal property (e.g., jewelry, art, clothes, china, silver, etc.) which you wish to pass to a specific person? Yes No

List specifics _____

PART IV - TERMS OF TRUST OR TESTAMENTARY WILL

1. Person(s) who should act as Trustee of the Trust?

The Trustee’s job is to manage the assets of the trust(s) created under the Living Trust or Will and make distributions to the beneficiaries of the trust(s) in accordance with the provisions of the trust(s). List person(s) in order of preference:

- a. _____
- b. _____
- c. _____
- d. _____

2. **Do you have a power of attorney document?** Yes No

A power of attorney is a written document where you, as the “principal,” grant certain authority to another person, known as your “agent” or “attorney in fact” to act on your behalf. A power of attorney allows you to exercise your right to control your financial affairs during incapacity.

If you do not have a power of attorney document, and would like to be able to tell people what should happen to your financial affairs upon your incapacity, who would you like to act as your agent?

Person(s) who should act as Power of Attorney (Agent) in order of preference.

- a. _____
- b. _____
- c. _____
- d. _____

3. **Do you have a health care directive?** Yes No

Also known as a living will, the health care directive is a document that directs what you want to have happen to you if you are in the hospital regarding pain treatment and life support.

If you do not have a health care directive, and would like to be able to tell people what should happen to you upon your incapacity or death, who would you like to act as your agent? An agent is the person who steps in to work with the hospital or other health care provider to decide how you should be treated.

Person(s) who should act as your Health Care Agent in order of preference.

- a. _____
- b. _____
- c. _____
- d. _____

4. **Have you already purchased a contract for the disposition of your remains?** Yes No

Name of company/organization/cemetery. _____

Person(s) who you would like to be in charge of the disposition of your remains

- a. _____
- b. _____
- c. _____
- d. _____

What are your funeral instructions? _____

5. Value of Estate:

Is the net value of the estate (including life insurance and retirement plans) over \$12.92 Million (2023) (reverts to \$6.8 (2017 value, adjusted for inflation) in 2026), if single; just under \$25 Million, if married, (2023), (personal exclusion values)? Yes No

6. Estate Taxes:

(If Married) Do you want to take advantage of each spouse’s unified credit, protecting more than just under \$25 Million (2023) from estate taxes? (If the estate is over the exclusion amount, one estate planning technique is to divide the living trust into two or three trusts to take advantage of the first spouse’s unified credit, thus allowing a married couple to protect as much as \$25 Million (2023) (reverts to \$10+ Million in 2026) from estate taxes.) Yes No

++NOTE – these are federal estate tax values. Please ask regarding individual state estate tax values, which vary depending on where you live, claim your primary residence, or own assets.++

7. How should the estate be distributed (upon your death if single or upon the surviving settlor’s death)?

To children equally? Outright *or* In trust
Until what age? _____
Interim distribution (e.g., _____ % at 25, remainder at 30)?

Or
 To other beneficiaries? Outright *or* In trust
Until what age? _____
Interim distribution (e.g., _____ % at 25, remainder at 30)?

8. If a child should predecease you, who should receive that child’s distribution?

The predeceased child’s children? Outright *or* In trust
Until what age? _____
Interim distribution (e.g., _____ % at 25, remainder at 30)?

Or
 Your surviving children? Or Other _____

9. If all of your children, grandchildren and/or other named beneficiaries predecease you, who should inherit the estate (e.g., charities, other family members, etc.)?

PART V - ASSET INFORMATION

REAL ESTATE (Attach Additional Information) (*JT= Joint Tenancy; CP = Community Property; SP = Separate Property; O = Other)

Address	*How Title Held	Original Price	Current Value	Current Mortgage
1.				
2.				
3.				
4.				
5.				
6.				
7.				

CASH (SAVINGS, CHECKING, MONEY MARKET, and CD'S) (Attach Additional Information)

Name and Address of Institution	Account No. (last four digits only)	Type of Account	*How Title Held
1.			
2.			
3.			
4.			
5.			

SECURITIES (STOCKS AND BONDS) (Attach Additional Information)

Name of Shares/Units/ Brokerage Account	No. of Shares	Account/Cert. No.	*How Title Held	Original Price	FMV
1.					
2.					
3.					
4.					
5.					

ACCOUNTS & NOTES RECEIVABLE (Attach Additional Information)

Name of Person Owing	Secured By	Who Is Note Payable To?	FMV
1.			
2.			
3.			
4.			
5.			

ACCOUNTS & NOTES PAYABLE

Name of Person Owed	Secured By	Who Holds Note?	FMV
1.			
2.			
3.			
4.			
5.			

BUSINESS INTERESTS (CORPORATE OR SOLE PROPRIETORSHIP) (Attach Additional Information)

Description	% Owned	*How Title Held	FMV
1.			
2.			
3.			
4.			
5.			

PARTNERSHIP INTERESTS (LIMITED OR GENERAL PARTNERSHIPS) (Attach Additional Information)

Partnership Name	% Owned	Type of Partnership	Original Investment	FMV
1.				
2.				
3.				
4.				
5.				

RETIREMENT PLANS (Attach Additional Information)

IRA/KEOGH/Corporate	Beneficiary	FMV
1.		
2.		
3.		

LIFE INSURANCE (Attach Additional Information)

Name of Company	Owner of Policy	Beneficiary	Cash Value	Face Value
1.				
2.				
3.				
4.				
5.				

MAJOR TANGIBLE PERSONAL PROPERTY (e.g., Art, Jewelry, Automobiles or High Value, Collections)
(Attach Additional Information)

Nature of Asset	Original Price	FMV
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

MISCELLANEOUS ASSETS (Not Covered Above) (Attach Additional Information)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

ADD ADDITIONAL INFORMATION BELOW

DIGITAL ASSETS

Clients should assemble an inventory of accounts that they don't want to die with them, with any monetary value noted (the IRS is now looking at the value of digital assets). This inventory should include, but not be limited to, the following information:

- Domain name
- Online accounts
- Username
- Password
- Personal Identification Numbers
- Security question and answer
- Purpose of the asset (don't forget information on the office computer)
- Computers, laptops, tablets, routers, USBs, CDs, DVDs, and other hardware and their locations and passwords
- Software
- Important files, photos, videos, and their digital location; consider how hard it is for you to find some files on your computer—map the location of main folders for your personal, financial, tax, investment files, and your clients' files and documents
- Online backup accounts
- Ownership of the accounts, if jointly owned

This information needs to be continuously updated when new accounts are added or passwords and security questions are changed.

I / WE DECLARE THAT THE ABOVE LISTED PROPERTY IS A COMPLETE LIST WHICH REPRESENTS ALL PROPERTY WHICH I / WE OWN BOTH IN AND OUTSIDE OF THE UNITED STATES.

NAME: _____

SIGNATURE _____

NAME: _____

SIGNATURE _____