

# ROBERT W. OLSON, JR.

A PROFESSIONAL CORPORATION

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## Estate Planning Worksheet

Spouse 1: \_\_\_\_\_ Spouse 2: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a United States Citizen? Yes No Are you a United States Citizen? Yes No

Do you have any Prior Marriages? Yes No Do you have any prior Marriages? Yes No

If Yes, marriage ended by: Death Divorce If Yes, marriage ended by: Death Divorce

Are you expecting an inheritance? Yes No Are you expecting an inheritance? Yes No

From: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ From: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Are you a trust beneficiary? Yes No Are you a trust beneficiary? Yes No

From: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ From: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Child of Husband Wife Both Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child of Husband Wife Both Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child of Husband Wife Both Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Do any children have special needs? If yes, please explain below or on a separate sheet if necessary:

Who will act as Guardian for children under 18? This appointment only carries weight with the court if the child's other parent is unavailable or unsuitable. Please name in order of preference.

Guardian 1: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Who will act as successor Trustee? This person manages the assets and makes distributions as specified in the trust (if applicable). Please name in order of preference; usually the surviving spouse is first.

Should successor Trustees 2 and 3 act as co-executors if both are available? Yes No

Trustee 1: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Trustee 2: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Trustee 3: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

## **Estate Planning Worksheet**

(continued)

Who will act as Executor? This is the person who inventories the assets, distributes personal property, and files tax returns. Please name in order of preference; usually the surviving spouse is first. Should successor Executors 2 and 3 act as co-executors if both are available? Yes No

Executor 1: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Executor 2: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Executor 3: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Who do you want to act as your Health Care Agent? This is the person who makes medical decisions for you when you are unable to do so. Please name in order of preference; usually the surviving spouse is first. Should successor Agents 2 and 3 act as co-agents if both are available? Yes No

Agent 1: \_\_\_\_\_ Agent 2: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Total estimated net value of entire (joint) estate: \$\_\_\_\_\_. Is any part of the total (joint) estate:

Your Primary Residence?	Yes	No	Other Real Estate Holdings?	Yes	No
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Brokerage Accounts?	Yes	No	MM/Savings Accounts?	Yes	No
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Life Insurance Policies?	Yes	No	Annuities (insurance or other)?	Yes	No
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Personal Retirement Plans?	Yes	No	Company/Gov't Pension Plans?	Yes	No
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Private Business Interests?	Yes	No	Limited Partnership Interests?	Yes	No
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Notes or Loans Receivable?	Yes	No	Individual Stocks or Bonds?	Yes	No
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Please list (1) asset type, (2) company, asset administrator, borrower's name, and/or account number (as applicable), and (3) approximate value, of each asset on the reverse or on a separate page.

Please list any other major tangible and intangible property:

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Is any part of the estate held as separate property? If so, please list and identify the owner:

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Please specify any digital assets (e.g., subscription services, digital books, email accounts, social network accounts, shopping accounts) *NOT* to be viewed by your representatives or heirs after death:

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Any other special issues or concerns?

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## **Fee Agreement**

Thank you for the opportunity to represent you. As you know, I will be preparing the documents and researching issues necessary for your estate plan. However, before I start my representation, and since my bill on this matter may be in excess of \$1,000, I am required by California law to provide you with a legal services agreement.

I will provide the legal services reasonably required to represent you, and will take reasonable steps to keep you informed of progress and to respond to your inquiries and requests. I will be primarily responsible for your legal work, although legal assistants may participate in rendering services as I consider appropriate. Although I will make every effort to reach a positive outcome in the matter for which I have been engaged to represent you, I do not make any guarantee about the outcome of that matter.

My fees are as follows: "Living Trust" Plan of \$4,000 (single) or \$5,000 (married couple); "Will with Trust" Plan for \$3,000 (single) or \$4,000 (married couple); "Will without Trust" Plan for \$2,500 (single) or \$3,500 (married couple); and/or \$4,500 for an Irrevocable Life Insurance Trust. This amount includes estate planning consultation and documents, health care directive(s), one residential grant deed to trust (with notary and recording fee), assignment of assets, and certification of trust, all as applicable. I do not charge for postage, long distance telephone, faxes or photocopies. Additional grant deeds are \$300 each. My hourly fee for other estate planning work (such as non-California real estate transfers, and change of ownership/beneficiary forms for brokerage accounts, retirement plans and/or life insurance), is currently \$625 per hour. Translation fees are additional and charged by a 3rd party translator. The appropriate estate plan will be mutually determined during or after our first meeting. The flat fee portion is payable in advance and earned upon commencement of my drafting or review of legal documents (i.e., trust or wills), even if the transaction does not proceed to completion. Hourly fees and expenses are due upon billing. A refund is available if representation is terminated before all fees are earned. You have the right to require unearned fees to be deposited in my trust account until earned, but once earned I will transfer that fee to my operating account.

Any questions you may have about my work or bill should be addressed to me immediately. You have the right to terminate my services at any time. I also have the right to terminate my services upon written notice if you fail to cooperate with any reasonable request, or if I determine in my reasonable discretion that to continue my services would be unethical, impractical or improper. I will deliver your file to you, along with any of your unused funds or property in my possession upon your request. I maintain malpractice insurance. I am a professional corporation, and therefore have limited personal liability.

If this meets with your approval, please indicate your acceptance by dating and signing this form and returning it with appropriate payment by mail or at our initial meeting. On a personal note, I am pleased that you selected me to represent you, and I look forward to a long and valued relationship.

**I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS DOCUMENT, AND AGREE TO BE BOUND BY THEM, AS OF THE DATE LEGAL SERVICES WERE FIRST PROVIDED. I AGREE TO SUBMIT THE STATED FEE (BY CHECK, CREDIT CARD OR OTHERWISE) AS REQUIRED UNDER THIS DOCUMENT.**

**Payment can be made at [LawPay](#).**

Dated: \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_