



ESTATE PLANNING & ASSET PROTECTION WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

If you need assistance completing the information, call our office and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

Client's Signature Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
If different from Home Address

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Married: Date of Marriage _____ Divorced Widowed Single

Cohabiting: Domestic Partnership Registration Filed? _____

Partner's Signature Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Please let us know who referred you: Name: _____ Firm: _____

Your Family Information

CHILDREN: N/A (Add additional sheets for information that does not fit in space provided)

FULL LEGAL NAME Male Female

Address: _____

Telephone Number: _____ **Birth Date:** _____

Child of: Joint Husband Wife Adopted Foster Child

Student Employed – Occupation: _____

Single Married Spouse's Name: _____

Spouse's Occupation: _____

Children: Yes No How many? _____

Name/Age/Gender: _____

Name/Age/Gender: _____

Name/Age/Gender: _____

Special Needs/Considerations: _____

Potential Problems/Hardships: _____

FULL LEGAL NAME Male Female

Address: _____

Telephone Number: _____ **Birth Date:** _____

Child of: Joint Husband Wife Adopted Foster Child

Student Employed – Occupation: _____

Single Married Spouse's Name: _____

Spouse's Occupation: _____

Children: Yes No How many? _____

Name/Age/Gender: _____

Name/Age/Gender: _____

Special Needs/Considerations: _____

Potential Problems/Hardships: _____

FULL LEGAL NAME Male Female

Address: _____

Telephone Number: _____ Birth Date: _____

Child of: Joint Husband Wife Adopted Foster Child

Student Employed – Occupation: _____

Single Married Spouse's Name: _____

Spouse's Occupation: _____

Children: Yes No How many? _____

Name/Age/Gender: _____

Name/Age/Gender: _____

Name/Age/Gender: _____

Special Needs/Considerations: _____

Potential Problems/Hardships: _____

FULL LEGAL NAME Male Female

Address: _____

Telephone Number: _____ Birth Date: _____

Child of: Joint Husband Wife Adopted Foster Child

Student Employed – Occupation: _____

Single Married Spouse's Name: _____

Spouse's Occupation: _____

Children: Yes No How many? _____

Name/Age/Gender: _____

Name/Age/Gender: _____

Name/Age/Gender: _____

Special Needs/Considerations: _____

Potential Problems/Hardships: _____

PARENTS: *(Complete the following if you intend to name them):*

Name(s): _____ Parent(s) of: You Spouse

Address: _____ Phone: _____

Special Needs/Considerations: _____

Potential Problems/Hardships: _____

Name(s): _____ Parent(s) of: You Spouse

Address: _____ Phone: _____

Special Needs/Considerations: _____

Potential Problems/Hardships: _____

BROTHERS/SISTERS: *(Complete the following if you intend to name them)*

Name(s): _____ Sibling of: You Spouse

Address: _____ Phone: _____

Special Needs/Considerations: _____

Potential Problems/Hardships: _____

Name(s): _____ Sibling of: You Spouse

Address: _____ Phone: _____

Special Needs/Considerations: _____

Potential Problems/Hardships: _____

OTHER BENEFICIARIES

Name(s): _____

Address: _____ Phone: _____

Name(s): _____

Address: _____ Phone: _____

OTHER DEPENDENTS: *(friends or relatives you support)*

Name(s): _____ Dependent of: You Spouse

Address: _____ Phone: _____

Special Needs/Considerations: _____

Potential Problems/Hardships: _____

Attach additional sheets as necessary

Your Health Information

Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones

You: current health status: Good Concern Problem
Specific concern / problem: _____

When was your last physical examination? Date: _____
Primary Physician: _____ Phone: _____
Office Address: _____

Spouse: current health status: Good Concern Problem
Specific concern / problem: _____

When was your last physical examination? Date: _____
Primary Physician: _____ Phone: _____
Office Address: _____

You

Spouse

Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____
Please specify:	<input type="checkbox"/> Joint <input type="checkbox"/> Adopted	<input type="checkbox"/> You <input type="checkbox"/> Foster Child	<input type="checkbox"/> Joint <input type="checkbox"/> Adopted	<input type="checkbox"/> You <input type="checkbox"/> Foster Child
Do you have grandchildren?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____
Please specify:	<input type="checkbox"/> Joint <input type="checkbox"/> Adopted	<input type="checkbox"/> You <input type="checkbox"/> Foster Child	<input type="checkbox"/> Joint <input type="checkbox"/> Adopted	<input type="checkbox"/> You <input type="checkbox"/> Foster Child

Is there anyone in your family with special needs or that requires special consideration? Yes No
Comments / Concerns: _____

Do you foresee a time when someone may be dependent upon you? Self Spouse Child NA
Name/Reason: _____

What is presently your most important personal goal? _____

What is presently your most important financial goal? _____

What do you presently see as the major threat to your goals? _____

Have you considered or do you give to any charitable or religious organization? Yes No
Names _____

Your Advisors

Attorney: _____

Address: _____

Phone: _____

CPA/Accountant: _____

Address: _____

Phone: _____

Financial Planner: _____

Address: _____

Phone: _____

Insurance Agent: _____

Address: _____

Phone: _____

Mortgage Planner: _____

Address: _____

Phone: _____

Your Physician: _____

Address: _____

Phone: _____

Spouse Physician: _____

Address: _____

Phone: _____

Pre-needs Planner: _____

Address: _____

Phone: _____

YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

Preserve and Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death (up to 55% of your assets and life insurance benefits)
- By reducing estate administration costs through probate avoidance
- Avoid or limit Medicaid claims on your assets should you require long-term care
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

Protect Yourself and Your Spouse

- From malpractice or other creditor claims
- From guardianship proceedings (aka “living probate”) if you or your partner become incapacitated
- From probate delays and stress upon your death or the death of your partner
- From hospital policies requiring life sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

Protect Your Children or other Beneficiaries

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to take half of your child or beneficiary’s inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditors’ claims (such as car accident plaintiffs)
- From the stress and delays of the average 8-16-month process of probate
- From the financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- From litigation claims by disinherited heirs
- For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care

- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- For special needs beneficiary only:* from neglect in the government care system

Achieve Your Dreams

- Have clarity about your life purpose, goals and dreams
- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- For parents only:* By providing guidelines for how your children should be supported while their assets are in trust.
- For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

Your Concerns

IMPORTANT FAMILY QUESTIONS

HUSBAND

WIFE

Do you have a will, trust, or other estate planning document? <i>Please furnish copies of these documents</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? <i>If yes, please describe below</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own any property that is not community property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? Describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your children receive governmental support or benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide primary or other major financial support to adult children or others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FAMILY VALUES HUSBAND

Rate the following values in order of their importance to you from “Most Important” to “Least Important.”
Feel free to leave blank any item you do not wish to rank.

	Most Important	Important	Neutral	Least Important
▪ Cultural values such as art, music, travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Economic values such as financial responsibility, frugality, savings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Educational values such as study, self-improvement, academic achievements, lifelong learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Emotional values such as compassion, kindness, generosity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ethical values such as honesty, fairness, justice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Material values such as possessions, social standing, rank and title.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personal values such as modesty, loyalty, independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Philanthropic values such as volunteer work, donations (time and money).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Physical values such as health, relaxation, exercise, appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Public values such as citizenship, community involvement, public service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Recreational values such as sports, leisure time, hobbies, and vacations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Relationship values such as family, friends, colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Spiritual values such as faith, belief in God, inner peace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Work values such as effort, competence, professional recognition and success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY VALUES WIFE

Rate the following values in order of their importance to you from “Most Important” to “Least Important.”
Feel free to leave blank any item you do not wish to rank.

	Most Important	Important	Neutral	Least Important
▪ Cultural values such as art, music, travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Economic values such as financial responsibility, frugality, and savings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Educational values such as study, self-improvement, academic achievements, lifelong learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Emotional values such as compassion, kindness, generosity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ethical values such as honesty, fairness, justice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Material values such as possessions, social standing, rank and title.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personal values such as modesty, loyalty, independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Philanthropic values such as volunteer work, donations (time and money).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Physical values such as health, relaxation, exercise, appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Public values such as citizenship, community involvement, public service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Recreational values such as sports, leisure time, hobbies, and vacations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Relationship values such as family, friends, colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Spiritual values such as faith, belief in God, inner peace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Work values such as effort, competence, professional recognition and success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.
Attach additional pages, if necessary.

INCOME:	<u>Husband</u>	<u>Community/Joint</u>	<u>Wife</u>
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

ASSETS:

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.
(Please list manner in which title held – Joint Tenant, Community Property, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*).
Do not include IRA's or 401(k)'s here

Name and Address of Institution and account number	Type	Owner Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.
(Indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company with address, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

<i>Total</i>		_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, and the current value of the plan, institution names with addresses, and any other pertinent information.

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Limited Liability Companies, Series LLCs, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number

Relationship

GUARDIAN FOR PETS:

FINANCIAL DECISION MAKERS

DEATH TRUSTEE: After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

Name, Address and Phone Number

Relationship

HEALTH CARE DECISION MAKERS

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

HUSBAND’S AGENT

Name, Address, and Phone Number

Relationship

Do you want to provide in the event of imminent death, that your life not be unnecessarily prolonged by artificial means or measures? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes?

WIFE’S AGENT

Name, Address, and Phone Number

Relationship

Do you want to provide in the event of imminent death, that your life not be unnecessarily prolonged by artificial means or measures? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes?
