

ESTATE PLANNING ASSESSMENT

SINGLE CLIENT

BACKGROUND INFORMATION

Legal Name: _____

Other Names used: _____

Address: _____

E-Mail: _____

Phone: (home) _____ (work) _____ (cell) _____

Date of Birth: _____ Social Security No.: _____

Business/Employer: _____

Marital Status: Never married Divorced Widowed Married

If married, name of Spouse: _____

US citizen? Yes No. If no, what nationality: _____

LIVING CHILDREN: None

AGE or DOB

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Number of grandchildren: _____ Range of Ages: _____

• Any deceased children?

If yes, name(s): _____

Is a deceased child survived by his/her own children? If yes, name(s):

QUESTIONNAIRE

Answering these questions lets me identify issues to discuss with you and helps me to begin creating a personalized estate plan for your needs.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want to make care provisions for pets or other animals you own? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any firearms you intend to pass to a beneficiary? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you own a business? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to make any gifts to charities either now or after your death? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you expect to inherit substantial assets (\$100,000 +)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Will? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever executed a trust (either revocable or irrevocable)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing General Power of Attorney? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you currently hold any assets in Joint Tenancy with another person? | <input type="checkbox"/> | <input type="checkbox"/> |

BENEFICIARIES AND DECISION MAKERS

- In general, who do you want to be the beneficiaries of your estate?

- Briefly describe your wishes for the plan of distribution for your assets. We will discuss in more detail at our meeting.

All to my spouse/partner; then among my children, and if a child did not survive, the deceased child's share to the deceased child's children.

All to my spouse/partner, then equally among my surviving children.

All to my spouse/partner, then:

As follows:

- Please state any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

- Please list the name of the person(s) that you want to be the decision maker concerning your estate upon your death. Please also list their relationship to you. I suggest listing a main choice and at least one alternate if that person is not willing or available to serve as your executor and/or successor trustee:

- Please list the name of the person(s) that you want to make financial decisions on your behalf if you become incapacitated. Please also list their relationship to you. I suggest listing a main choice and at least one alternate if that person is not willing or available to serve in this role:

- Under what circumstances would you want your Power of Attorney to become effective? Also list any concerns or limitations you would want for the Power of Attorney:

- Please list the name of the person(s) that you want to make any major medical decisions on your behalf. Please also list their relationship to you. I suggest listing a main choice and at least one alternate if that person is not willing or available to serve in this role:

- Please list the name of any other person(s) you would like to have access to your medical records. Please also list their relationship to you.

- Please list the name of the person(s) that you want to raise a child that is under 18, if both parents die (if applicable). Please also list their relationship to you. I suggest listing a main choice and at least one alternate if that person is not willing or available to serve as guardian:

- Please list the name of the person(s) that you want to control and manage assets for a child that is under 18. Please also list their relationship to you. I suggest listing a main choice and at least one alternate if that person is not willing or available to serve as in this role

CONTACT INFORMATION

For each decision maker, guardian, or person you wish to grant access to information, please list the following:

Name: _____
Street Address: _____
City, State, and ZIP Code: _____
Telephone Number(s): _____

Name: _____
Street Address: _____
City, State, and ZIP Code: _____
Telephone Number(s): _____

Name: _____
Street Address: _____
City, State, and ZIP Code: _____
Telephone Number(s): _____

Name: _____
Street Address: _____
City, State, and ZIP Code: _____
Telephone Number(s): _____

Other Contact Information:

Accountant:

Name: _____
Street Address: _____
City, State, and ZIP Code: _____
Telephone Number(s): _____
Email: _____

Financial Advisor:

Name: _____
Street Address: _____
City, State, and ZIP Code: _____
Telephone Number(s): _____
Email: _____

Life Insurance Agent:

Name: _____
Street Address: _____
City, State, and ZIP Code: _____
Telephone Number(s): _____
Email: _____

If you wish to have your physician determine your mental capacity, please name them below.

Primary Care/Treating Physician:

Name: _____
Street Address: _____
City, State, and ZIP Code: _____
Telephone Number(s): _____

FINAL WISHES

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

Is there anything else your family or loved ones should know about your wishes concerning your end-of-life choices, funeral, and final resting place preferences?

ESTIMATED VALUE OF ESTATE

Complete this section prior to our initial consultation, if possible. This is allow me to discuss with you options to consider for your assets.

<u>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____
• RETIREMENT PLANS: (IRA, 401(k), etc.)	\$ _____
• VEHICLES: (autos, recreational vehicles, boats)	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____
• OTHER PROPERTY:	\$ _____
TOTAL:	\$ _____

Helpful hints:

- Use best guess; this can be a “ballpark” estimate.
- Do not show benefits that will terminate at death (e.g., pension, social security, etc.).
- If needed, a more detailed financial inventory will be prepared.