



FAMILY WEALTH PLANNING WORKSHEET

1. You are busy! We get it! But this Worksheet alone will help us tremendously in designing the very best estate plan for you and your loved ones. So it's important to everyone involved, especially you.
2. While it may seem like we're trying to pry, we're not! Your estate plan will depend on these details: your citizenship status, the amount in your estate, how you own your assets, who they are going to. These details can make or break your estate plan, so we need to get it right.
3. The Attorney-Client privilege is sacred. All information provided here is strictly confidential. If there is something you prefer to tell us when we meet, you can do that.
4. We ask that, *at the very least*, you complete pages 1 through 6 before our meeting. The rest we can do together when we meet.
5. 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)

Prefer to be called: _____

Birthdate _____

SS# _____

Citizenship Status: U.S. Citizen Green card holder Non-Resident

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____

Zip _____ E-mail Address _____

Marital Status: Married, Date of Marriage: _____
 Wife's Maiden Name, if applicable: _____

Cohabiting: Domestic Partnership Registration Filed? _____

Divorced Widowed Single

SPOUSE'S INFORMATION

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

Prefer to be called: _____

Birthdate _____

SS# _____

Citizenship Status: U.S. Citizen Green card holder Non-Resident

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____

Zip _____ E-mail Address _____



CHILDREN AND/OR OTHER FAMILY MEMBERS WHO DEPEND ON YOU

(Use full legal name. Please specify if step-children or step-parents.)

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY WEALTH ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.

<u>Income</u>	<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	_____	_____	_____
<i>Total</i> _____	_____	_____	_____



ASSETS

REAL PROPERTY

*Please list any interest in real estate including your family residence, vacation home, timeshare or vacant land.
 (Please list manner in which title is held: Joint Tenancy, Community Property, Separate Property, or Tenancy in Common)*

Description, Address, How Title Held	Owner	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

BANK & SAVINGS ACCOUNTS

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

TYPE: *Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM"*

Do not include IRA's or 401(k)'s here.

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.

Name of Institution and Account Number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____



STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS/AMOUNTS
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, 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, the current value of the plan, and any other pertinent information.

<i>Total</i>		_____



BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, LLCs, 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 _____

OTHER ASSETS

TYPE: This is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____



KIDS' PROTECTION PLAN – PERSONS TO ACT FOR YOUR MINOR CHILDREN

(SKIP TO PAGE 11 IF YOU DON'T HAVE ANY CHILDREN UNDER THE AGE OF 18)

SHORT-TERM GUARDIANS FOR MINOR CHILDREN:

List in order of preference which person or couple would be immediately available to your children (within 20 minutes) if both of you were unavailable. We recommend you select people close by.

Temporary Guardian/Couple #1

If naming a couple, list each spouse individually.

Name: _____ Cell Phone: _____ DOB: _____

Name: _____ Cell Phone: _____ DOB: _____

Address: _____

Temporary Guardian/Couple #2

If naming a couple, list each spouse individually.

Name: _____ Cell Phone: _____ DOB: _____

Name: _____ Cell Phone: _____ DOB: _____

Address: _____

Temporary Guardian/Couple #3

If naming a couple, list each spouse individually.

Name: _____ Cell Phone: _____ DOB: _____

Name: _____ Cell Phone: _____ DOB: _____

Address: _____



PERMANENT GUARDIANS FOR MINOR CHILDREN:

List in order of preference which person or couple would permanently raise your children and love them in the manner as close as possible to the way you would.

Permanent Guardian/Couple #1

If naming a couple, list each spouse individually, consider if each spouse could serve as guardian without the other.

Name: _____ Cell Phone: _____ DOB: _____

Ok To Serve As Permanent Guardian Without Spouse?

Name: _____ Cell Phone: _____ DOB: _____

Ok To Serve As Permanent Guardian Without Spouse?

Address: _____

Relation: _____

Permanent Guardian/Couple #2

If naming a couple, list each spouse individually, consider if each spouse could serve as guardian without the other.

Name: _____ Cell Phone: _____ DOB: _____

Ok To Serve As Permanent Guardian Without Spouse?

Name: _____ Cell Phone: _____ DOB: _____

Ok To Serve As Permanent Guardian Without Spouse?

Address: _____

Relation: _____

Permanent Guardian/Couple #3

If naming a couple, list each spouse individually, consider if each spouse could serve as guardian without the other.

Name: _____ Cell Phone: _____ DOB: _____

Ok To Serve As Permanent Guardian Without Spouse?

Name: _____ Cell Phone: _____ DOB: _____

Ok To Serve As Permanent Guardian Without Spouse?

Address: _____

Relation: _____



INFORMATION ABOUT YOUR MINOR CHILDREN:

If you and your spouse passed away, the information below will be needed by your children's guardians.

Child #1 Name: _____ **DOB:** _____ **Gender:** _____ **SSN:** _____

Medical Insurance Provider: _____ Medical Group Number: _____

Medical Insurance ID Number: _____ Doctor's Name: _____

Doctor's Address: _____ Doctor's Phone: _____

Dental Insurance Provider: _____ Dental Group Number: _____

Dental Insurance ID Number: _____ Dentist's Name: _____

Dentist's Address: _____ Dentist's Phone: _____

Allergies: _____

Any Known Medical Conditions: _____

Child #2 Name: _____ **DOB:** _____ **Gender:** _____ **SSN:** _____

Medical Insurance Provider: _____ Medical Group Number: _____

Medical Insurance ID Number: _____ Doctor's Name: _____

Doctor's Address: _____ Doctor's Phone: _____

Dental Insurance Provider: _____ Dental Group Number: _____

Dental Insurance ID Number: _____ Dentist's Name: _____

Dentist's Address: _____ Dentist's Phone: _____

Allergies: _____

Any Known Medical Conditions: _____

Child #3 Name: _____ **DOB:** _____ **Gender:** _____ **SSN:** _____

Medical Insurance Provider: _____ Medical Group Number: _____

Medical Insurance ID Number: _____ Doctor's Name: _____

Doctor's Address: _____ Doctor's Phone: _____

Dental Insurance Provider: _____ Dental Group Number: _____

Dental Insurance ID Number: _____ Dentist's Name: _____

Dentist's Address: _____ Dentist's Phone: _____

Allergies: _____

Any Known Medical Conditions: _____



PERSONS TO EXCLUDE:

You have the right to confidentially exclude any individuals from becoming guardians to your minor children, especially anyone who you think may try to challenge your decisions regarding guardianship nominations. The more details you provide as to the reasons why you are choosing to exclude this person, the better. This information stays confidential until a judge reviews it.

Person #1 to Exclude: _____

Relationship: _____

Reasons to Exclude this person:

Person #2 to Exclude: _____

Relationship: _____

Reasons to Exclude this person:

Person #3 to Exclude: _____

Relationship: _____

Reasons to Exclude this person:



SUCCESSOR TRUSTEES / FINANCIAL DECISION MAKERS

If you and your spouse both pass away, who should make decisions regarding the management and distribution of your financial assets to your beneficiaries? If you have minor children, consider naming your long-term guardians here.

Successor Trustee #1

Name: _____ DOB: _____ Phone Number: _____
 SSN: _____ Address: _____

Successor Trustee #2

Name: _____ DOB: _____ Phone Number: _____
 SSN: _____ Address: _____

Successor Trustee #3

Name: _____ DOB: _____ Phone Number: _____
 SSN: _____ Address: _____

SUCCESSOR BENEFICIARIES

If you and your spouse both died, who should receive your financial assets? These people are called your "successor beneficiaries." If you are naming your minor children as your successor beneficiaries, your successor trustees will manage the assets for them until they reach an age that you approve your children inheriting your assets.

SUCCESSOR BENEFICIARIES?

- MOST COMMON: All to Children Equally, and then to their children, if any, per stirpes
- Other (see below)

Name: _____ DOB: _____ Phone Number: _____
 SSN: _____ Address: _____

Percentage or Property to be Given: _____



Name: _____ DOB: _____ Phone Number: _____

SSN: _____ Address: _____

Percentage or Property to be Given: _____

Name: _____ DOB: _____ Phone Number: _____

SSN: _____ Address: _____

Percentage or Property to be Given: _____

CONTINGENT BENEFICIARIES

If you, and your spouse, and all your successor beneficiaries all died, who should receive your financial assets? These people are called your "contingent beneficiaries." Although the chances are unlikely, we still name these people to be safe.

CONTINGENT BENEFICIARIES?

Name: _____ DOB: _____ Phone Number: _____

SSN: _____ Address: _____

Percentage or Property to be Given: _____



Name: _____ DOB: _____ Phone Number: _____

SSN: _____ Address: _____

Percentage or Property to be Given:

Name: _____ DOB: _____ Phone Number: _____

SSN: _____ Address: _____

Percentage or Property to be Given:

POWERS OF ATTORNEY & HEALTH CARE DECISION MAKERS

If you became incapacitated and were unable to make decisions for yourself while you were alive, who should make financial and healthcare decisions for you? Please list in preference 3 names of adults; you can list your spouse.

HUSBAND'S AGENTS

Name: _____ DOB: _____

SSN: _____ Address: _____

Name: _____ DOB: _____

SSN: _____ Address: _____

Name: _____ DOB: _____

SSN: _____ Address: _____



WIFE'S AGENTS

Name: _____ DOB: _____

SSN: _____ Address: _____

Name: _____ DOB: _____

SSN: _____ Address: _____

Name: _____ DOB: _____

SSN: _____ Address: _____

FINAL DISPOSITION

	HUSBAND	WIFE
Should your life be unnecessarily prolonged by artificial means/measures?		
WOMEN ONLY: If you were pregnant and you were also on life support, should you be kept alive on life support, be removed from life support, or do you want your health care agent to make the decision?	n/a	
Should your organs be donated for transplant purposes?		
Should your body be donated for purposes of medical research?		
In selecting your last rites, do you prefer burial, cremation, or any other last rites? Please explain any preferences (e.g., locations, etc.)		