

*Please note any adopted children or step-children.

**Please note any children with cognitive or emotional impairments

GRANDCHILDREN

| <u>Name</u> | <u>Age</u> |
|-------------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*Please note any adopted grandchildren

**Please note any grandchildren with cognitive or emotional impairments

OTHER BENEFICIARIES

Include parents, siblings, relatives or others you might desire to benefit

| <u>Name</u> | <u>Relationship</u> | <u>Address</u> |
|-------------|---------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IMPORTANT DOCUMENTS

Please bring the following documentation with you to your first office appointment:

1. Any Current Estate Planning Documents
 - Wills
 - Trusts
 - Health Care Powers of Attorney
 - Funeral Agent Designation Forms
 - Living Wills
 - Property Powers of Attorney
 - Beneficiary Designation Forms for:
 - Pension Plans
 - IRAs
 - 401 (k) Plans
 - 403 (b) Plans
 - Life Insurance
 - Annuities
 - Accounts Titled: TOD (Transferable on Death)

Accounts Titled: POD (Payable on Death)

2. Copies of Divorce Decrees
3. Copies of Child Support Decrees
4. Copies of Pre-Nuptial/Post-Nuptial Agreements
5. Copies of all Deeds to all real estate and time shares (Warranty, Quitclaim etc) and latest real estate tax bills
6. Outstanding balances on any mortgages on your real estate
7. Documentation regarding outstanding balances on any other major debt
8. Copies of latest investment statements showing current valuations of stocks, bonds, mutual funds-pension and non-pension
9. Copies of latest bank statements (see worksheet below to assist you in organizing the information)
10. Life insurance and Annuities policies
 - Company name
 - Policy Number
 - Amount of insurance
 - Outstanding Loans against the policy
 - Insured's name
 - Owner's name
 - Primary Beneficiaries
 - Contingent Beneficiaries
11. List of valuable tangible personal property (i.e. collections, antiques) or items of sentimental value that deserve special attention
12. List of persons who owe you money and any promissory notes payable to you
13. Identify trusted persons who can serve as Executor, Trustee (if considering a Trust), Guardian for minor children/children with disabilities and backup choices (successors) for these jobs
14. For any child, grandchild or other potential beneficiary with cognitive or emotional impairments,
 - a. What governmental benefits/entitlements are they currently receiving?

- b. What is the level of functioning?
 - c. Are you considering a Special Needs Trust (SNT) for the benefit of the person with a disability for his/her entire lifetime?
 - d. How will you fund the SNT?
 - e. Who are suitable Trustees and Successor Trustees?
 - f. Can you identify a Trustee/Trust decision-maker who is not an ultimate trust beneficiary?
15. Information about any ownership in businesses (C corporations, S corporations, LLCs, Limited Partnerships)
- Copies of stock certificates, corporate minute books, stock ownership ledgers
 - Copies of LLC Operating Agreements
 - Percentage of ownership documents
 - Copies of any buy-sell agreements
 - Copies of life insurance related to buy-sell agreements
16. Copies of Long Term Care Policies
17. Copies of Trusts created by someone else that name you as a beneficiary
18. Copies of any federal gift tax returns filed by you over your lifetime
19. Do you own real estate that abuts or is next to real estate owned by your spouse, children or other family members? Please bring copies of all deeds to these parcels.
20. Copies of any Zoning Certificates received from zoning officials
21. Any sizeable inheritances you expect to receive?
22. How would you like to be contacted?
23. What are your estate planning goals?
24. Are you interested in a simple estate plan or estate tax savings/wealth preservation?

Please provide us with contact information of other Professionals/Advisors that may be of assistance

| Name | Address | Telephone |
|------------------------------|----------------|------------------|
| Business Attorney | | |
| <hr/> | | |
| Accountant | | |
| <hr/> | | |
| Financial/Investment Advisor | | |
| <hr/> | | |
| Life Insurance Agent | | |
| <hr/> | | |
| Physician | | |
| <hr/> | | |
| Other | | |
| <hr/> | | |

Client Asset Worksheet

| Real Estate | | | |
|---|---------------------------------------|---------------------------------------|--------|
| Address | Type (residential, land, commercial) | Ownership (sole or joint owner) | Value |
| | | | |
| | | | |
| | | | |
| | | | |
| Bank Accounts (type: checking, savings, CD, money market, etc.) | | | |
| Name of Institution | Type | Ownership | Value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Retirement Plans | | | |
| Plan Name | Type of Plan | Designated & Contingent Beneficiaries | Value |
| | | | |
| | | | |
| | | | |
| Securities (Stocks & Bonds) | | | |
| Name of Institution | Asset Type | Ownership | Value |
| | | | |
| | | | |
| | | | |
| Life Insurance | | | |
| Policy Name | Designated & Contingent Beneficiaries | | Amount |
| | | | |
| | | | |
| | | | |
| Valuable Tangible Personal Property (i.e. collections, antiques) | | | |
| Description | Value | | |
| | | | |
| | | | |
| | | | |
| Miscellaneous/Other Assets | | | |
| Description | Value | | |
| | | | |
| | | | |