

CONFIDENTIAL ESTATE PLANNING ORGANIZER

Client 1:

Full Legal Name: _____		
Date of Birth: _____	Age: _____	Citizenship: _____
Phone Number: _____	Email: _____	
Occupation: _____	Employer: _____	

Date of Birth: _____ Age: _____ U.S. Citizen? Yes No
 Occupation: _____ Employer: _____
 Phone Number: _____ Email: _____
 Preferred Method of Contact? Phone Call Text Email

Client 2:

Full Legal Name: _____		
Date of Birth: _____	Age: _____	Citizenship: _____
Phone Number: _____	Email: _____	
Occupation: _____	Employer: _____	

Date of Birth: _____ Age: _____ U.S. Citizen? Yes No
 Occupation: _____ Employer: _____
 Phone Number: _____ Email: _____
 Preferred Method of Contact? Phone Call Text Email

Home Address: _____
 Date of Marriage: _____ # of years Married: _____

Please circle "Yes" or "No" for the following:

Do you have a blended family?	Yes	No
Are you or your partner currently receiving government benefits?	Yes	No
Have you or your partner previously filed gift tax returns?	Yes	No
Do you or your partner have long-term care insurance?	Yes	No
Have you or your partner executed previous estate planning documents?	Yes	No
Do you or your partner have chronic obstructive pulmonary disease (COPD)?	Yes	No
Have you or your partner ever been widowed?	Yes	No
Have you or your partner ever been divorced?	Yes	No
Have you or your partner ever signed a pre/post marital contract?	Yes	No

FAMILY/BENEFICIARY INFORMATION

* Please list all children even if you do not want to include them as a beneficiary or if they have predeceased you. If you do not have children, please list information for individuals you would like to benefit from your estate.

1. Full Name: _____ Relationship: _____
Date of Birth: _____ Marital Status: _____ # of children _____
Current Address: _____
This individual is: (Check all that apply): ___ Natural Child of Client 1 ___ Natural Child of Client 2 ___
Adopted ___ Estranged ___ Special Needs ___ Receiving Gov't Benefits

2. Full Name: _____ Relationship: _____
Date of Birth: _____ Marital Status: _____ # of children _____
Current Address: _____
This individual is: (Check all that apply): ___ Natural Child of Client 1 ___ Natural Child of Client 2 ___
Adopted ___ Estranged ___ Special Needs ___ Receiving Gov't Benefits

3. Full Name: _____ Relationship: _____
Date of Birth: _____ Marital Status: _____ # of children _____
Current Address: _____
This individual is: (Check all that apply): ___ Natural Child of Client 1 ___ Natural Child of Client 2 ___
Adopted ___ Estranged ___ Special Needs ___ Receiving Gov't Benefits

4. Full Name: _____ Relationship: _____
Date of Birth: _____ Marital Status: _____ # of children _____
Current Address: _____
This individual is: (Check all that apply): ___ Natural Child of Client 1 ___ Natural Child of Client 2 ___
Adopted ___ Estranged ___ Special Needs ___ Receiving Gov't Benefits

5. Full Name: _____ Relationship: _____

Date of Birth: _____ Marital Status: _____ # of children _____

Current Address: _____

This individual is: (Check all that apply): _____ Natural Child of Client 1 _____ Natural Child of Client 2 _____

Adopted _____ Estranged _____ Special Needs _____ Receiving Gov't Benefits _____

6. Full Name: _____ Relationship: _____

Date of Birth: _____ Marital Status: _____ # of children _____

Current Address: _____

This individual is: (Check all that apply): _____ Natural Child of Client 1 _____ Natural Child of Client 2 _____

Adopted _____ Estranged _____ Special Needs _____ Receiving Gov't Benefits _____

PLANNING PRIORITY PROFILE

Please choose 3 to 5 general planning goals from the following list and rank them from 1 (most important) to 5 (least important). (We will not assume that any of these are unimportant to you).

- _____ Control over your personal well-being and affairs.
- _____ Assuring a desired lifestyle and retirement.
- _____ Protection from lawsuits and judgments.
- _____ Managing the value of the family business.
- _____ Transferring wealth, values and/or responsibility to loved ones.
- _____ Supporting charity.
- _____ Reducing income taxes.
- _____ Reducing estate taxes.
- _____ Preventing probate and administrative expense and delay.
- _____ Managing your plan during periods of disability or incapacity.
- _____ Protection from long term care (nursing home) costs.
- _____ Maintaining your plan over time.

Please provide any additional information you would like the attorney to be aware of:

(Please print)

OTHER IMPORTANT INFORMATION

Please list the names, addresses, and telephone numbers of your key advisors.

Accountant/CPA: _____
 Personal Bank and Banker: _____
 Financial Advisor: _____
 Insurance Advisor: _____
 Attorneys: _____

INVENTORY OF ASSETS

All financial information is completely confidential and is requested strictly for the purpose of allowing the attorney to determine whether you may benefit from various planning measures such as: probate avoidance, tax planning, liability/asset protection, and/or long-term care planning.

Real Property:

I/we do not own real property.

1. Property Address: _____
 Current Value: _____ Mortgage/ Loan Balance: _____ Owner: _____
 Homeowner's Insurance Agent: _____
 How is this property used (Check all that apply):
 _____ Primary Residence _____ Rental _____ Vacation home _____ Business

<input type="checkbox"/>	Primary Residence	<input type="checkbox"/>	Rental
<input type="checkbox"/>	Vacation	<input type="checkbox"/>	Business

2. Property Address: _____
 Current Value: _____ Mortgage/ Loan Balance: _____ Owner: _____
 Homeowner's Insurance Agent: _____
 How is this property used (Check all that apply):
 _____ Primary Residence _____ Rental _____ Vacation home _____ Business

<input type="checkbox"/>	Primary Residence	<input type="checkbox"/>	Rental
<input type="checkbox"/>	Vacation	<input type="checkbox"/>	Business

3. Property Address: _____
 Current Value: _____ Mortgage/ Loan Balance: _____ Owner: _____
 Homeowner's Insurance Agent: _____
 How is this property used (Check all that apply):
 _____ Primary Residence _____ Rental _____ Vacation home _____ Business

Annuities:

I/we do not own an annuity.

1. Company: _____
Owner: _____ Approximate Value: _____ Annuitized? ___ Yes ___ No
Beneficiary(ies): _____

2. Company: _____
Owner: _____ Approximate Value: _____ Annuitized? ___ Yes ___ No
Beneficiary(ies): _____

3. Company: _____
Owner: _____ Approximate Value: _____ Annuitized? ___ Yes ___ No
Beneficiary(ies): _____

Pension/Profit Sharing/Stock Options/Keough:

I/we do not participate in pension/profit sharing/stock options/Keough.

1. Company: _____
Participant: _____ % Vested: _____ Approximate value: _____
Beneficiary(ies): _____

2. Company: _____
Participant: _____ % Vested: _____ Approximate value: _____
Beneficiary(ies): _____

Retirement Accounts- IRA's, 401(k)'s, 403(b)'s:

I/we do not own a retirement account.

1. Financial Institution: _____
Owner: _____ Approximate Value: _____
Beneficiary(ies): _____

2. Financial Institution: _____
Owner: _____ Approximate Value: _____
Beneficiary(ies): _____

3. Financial Institution: _____
Owner: _____ Approximate Value: _____
Beneficiary(ies): _____

4. Financial Institution: _____
Owner: _____ Approximate Value: _____
Beneficiary(ies): _____

5. Financial Institution: _____

Owner: _____ Approximate Value: _____

Beneficiary(ies): _____

6. Financial Institution: _____

Owner: _____ Approximate Value: _____

Beneficiary(ies): _____

Bank Accounts (Savings/Checking/Money Market/CD):

I/we do not own a bank account.

1. Financial Institution: _____

Owner(s): _____ Average/Approximate Balance: _____

Account Type: ___ Checking ___ Savings ___ Money Market ___ CD

2. Financial Institution: _____

Owner(s): _____ Average/Approximate Balance: _____

Account Type: ___ Checking ___ Savings ___ Money Market ___ CD

3. Financial Institution: _____

Owner(s): _____ Average/Approximate Balance: _____

Account Type: ___ Checking ___ Savings ___ Money Market ___ CD

4. Financial Institution: _____

Owner(s): _____ Average/Approximate Balance: _____

Account Type: ___ Checking ___ Savings ___ Money Market ___ CD

5. Financial Institution: _____

Owner(s): _____ Average/Approximate Balance: _____

Account Type: ___ Checking ___ Savings ___ Money Market ___ CD

6. Financial Institution: _____

Owner(s): _____ Average/Approximate Balance: _____

Account Type: ___ Checking ___ Savings ___ Money Market ___ CD

Investment and Brokerage Accounts (Mutual Funds/Securities):

I/we do not own an investment or brokerage account.

1. Financial Institution: _____

Owner(s): _____ Approximate Value: _____

Beneficiary(ies): _____

2. Financial Institution: _____

Owner(s): _____ Approximate Value: _____

Beneficiary(ies): _____

3. Financial Institution: _____

Owner(s): _____ Approximate Value: _____

Beneficiary(ies): _____

4. Financial Institution: _____

Owner(s): _____ Approximate Value: _____

Beneficiary(ies): _____

5. Financial Institution: _____

Owner(s): _____ Approximate Value: _____

Beneficiary(ies): _____

6. Financial Institution: _____

Owner(s): _____ Approximate Value: _____

Beneficiary(ies): _____

Individual Certified Stocks or Bonds Held:

I/we do not own stocks or bonds.

1. Name of Stock/Bond: _____

Owner(s): _____ Approximate Value: _____ # of Shares _____

Beneficiary(ies): _____

2. Name of Stock/Bond: _____

Owner(s): _____ Approximate Value: _____ # of Shares _____

Beneficiary(ies): _____

3. Name of Stock/Bond: _____

Owner(s): _____ Approximate Value: _____ # of Shares _____

Beneficiary(ies): _____

4. Name of Stock/Bond: _____

Owner(s): _____ Approximate Value: _____ # of Shares _____

Beneficiary(ies): _____

5. Name of Stock/Bond: _____

Owner(s): _____ Approximate Value: _____ # of Shares _____

Beneficiary(ies): _____

Life Insurance:

I/we do not own life insurance policies.

1. Company: _____ Owner: _____

Insured: _____ Death Benefit: _____ Cash Value: _____

Whole or Term Life Policy? _____ Whole _____ Term- Term End Date: _____

2. Company: _____ Owner: _____

Insured: _____ Death Benefit: _____ Cash Value: _____

Whole or Term Life Policy? _____ Whole _____ Term- Term End Date: _____

3. Company: _____ Owner: _____

Insured: _____ Death Benefit: _____ Cash Value: _____

Whole or Term Life Policy? _____ Whole _____ Term- Term End Date: _____

4. Company: _____ Owner: _____

Insured: _____ Death Benefit: _____ Cash Value: _____

Whole or Term Life Policy? _____ Whole _____ Term- Term End Date: _____

Business Interests

I/we do not own a business.

1. Name of Business: _____

Owner(s): _____ Estimated Value: _____

Ownership Interest: _____ # of shares or _____ % Membership Interest

Business Type: _____ Sole Proprietorship _____ Non-Profit _____ Partnership

_____ S- Corporation _____ C-Corporation _____ Limited Liability Company _____ Not sure

2. Name of Business: _____

Owner(s): _____ Estimated Value: _____

Ownership Interest: _____ # of shares or _____ % Membership Interest

Business Type: ____ Sole Proprietorship ____ Non-Profit ____ Partnership
____ S- Corporation ____ C-Corporation ____ Limited Liability Company ____ Not sure

3. Name of Business: _____

Owner(s): _____ Estimated Value: _____

Ownership Interest: _____ # of shares or _____ % Membership Interest

Business Type: ____ Sole Proprietorship ____ Non-Profit ____ Partnership
____ S- Corporation ____ C-Corporation ____ Limited Liability Company ____ Not sure

Future Inheritance

I/we do not anticipate receiving a future inheritance.

1. Who will inherit? _____ Estimated value of inheritance: _____

2. Who will inherit? _____ Estimated value of inheritance: _____

Motor Vehicles

I/we do not own motor vehicles.

1. Vehicle year/make/model: _____

Owner: _____ Approximate Value: _____

2. Vehicle year/make/model: _____

Owner: _____ Approximate Value: _____

Valuable Personal Property (ex: jewelry, antiques, art, collections, etc.)

1. Description of Property: _____

Owner: _____ Preferred Beneficiary: _____

2. Description of Property: _____

Owner: _____ Preferred Beneficiary: _____

Anticipated Liabilities

Please describe the nature of any liabilities for which you may become liable in the future.

(Ex: have you signed any personal guarantees or are engaged in a business or profession that exposes you to personal liability?)

I/we do not anticipate any liabilities.

1. Description: _____

2. Description: _____

Documents and Instruments Check List

(Please provide copies of the applicable documents below prior to your meeting)

- _____ Current Will(s) and Codicil(s).
- _____ Any trusts to which you are a party (Ex: as trustee, beneficiary, trustmaker, grantor, or settlor).
- _____ Any privately held business buy-out or stock redemption agreements to which you are a party.
- _____ Any divorce judgments and/or separation agreements to which you are a Party.
- _____ Any prenuptial and/or post-nuptial agreements to which you are a party.
- _____ Any health care proxies or living wills you have signed.
- _____ Any powers of attorney you have signed.
- _____ Filed Gift Tax Returns.