

# DAWN RICHARDS LAW

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## ESTATE PLANNING – ASSESSMENT AND INVENTORY [Confidential]

We must have this inventory and assessment returned to us by mail or email at least three days prior to your Life and Legacy Planning Session in order to become knowledgeable of your plans and assets. This will make our Session much more productive. If you are married or have a life partner, please complete one form for each person. Do not worry about being completely accurate. Do the very best that you can, and we will discuss missing information during your Session. If you need assistance, please contact our office.

### CLIENT INFORMATION

Legal Name: \_\_\_\_\_

Other Names used: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I give the office permission to communicate with me at the above email address.

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: XXX-XX- \_\_\_\_\_

Birthplace: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

Marital Status:  Never married  Divorced  Widowed  Married

If married, name of Spouse: \_\_\_\_\_

If divorced:

Name of former Spouse: \_\_\_\_\_

Year of marriage: \_\_\_\_\_

Year of divorce: \_\_\_\_\_

If widowed, spouses name and date of death \_\_\_\_\_

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

**CHILDREN:**

None

**DOB**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_
- Any deceased children? YES  NO   
     If yes, name(s): \_\_\_\_\_  
     If yes, survived by issue (children of the deceased)? YES  NO   
     If yes, name(s): \_\_\_\_\_
- Are either of your parents still living? YES  NO
- Are any of your grandparents still living? YES  NO

**BACKGROUND INFORMATION**

- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? YES  NO
- Do you have any relatives (other than children) who depend on you for all or part of their support? YES  NO
- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? YES  NO
- Do you wish to disinherit any of your children, grandchildren or any other close relative? YES  NO   
     Please list \_\_\_\_\_
- If a named beneficiary dies before you, do you want the assets to go to that beneficiary's children? YES  NO
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? YES  NO
- Do you expect to inherit substantial assets (\$100,000 +)? YES  NO
- Do you have an existing Will? YES  NO

- Have you ever executed a trust (either revocable or irrevocable)? YES  NO
- Do you have an existing General Power of Attorney? YES  NO
- Do you currently hold any assets in Joint Tenancy with another person? YES  NO
- Do you have any pets that you would like to include in your plan? YES  NO

**ESTATE PLANNING OBJECTIVES**

Please check all that apply.

- to protect from financial predators
- to protect from claims of divorced spouses of yourself or beneficiaries
- to protect from business or malpractice claims
- to protect from creditor claims
- to avoid long, complex and expensive probate process
- to protect assets from beneficiaries who may not be mature enough to inherit outright
- to disinherit heirs
- to avoid litigation between family members
- to avoid conflict between family members upon your death or incapacity
- to preserve assets and minimize taxes for your beneficiaries
- to reduce estate administration costs
- to ensure that your family can benefit from your assets
- to avoid assets going to the state if not claimed by your beneficiaries
- to get your financial life organized
- to benefit a charitable organization
- to leave behind intangible assets such as family values, cultural interests for spirituality
- to provide instructions for your family to follow immediately upon death
- to provide instructions for your burial
- to ensure the right person is making your health care decisions

**ESTATE PLANNING PERSONAL REPRESENTATIVE** (if it is determined that a Last Will and Testament will be of benefit to you)

- The name of the person(s) that you want to be the decision maker concerning your estate upon your death:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

- Should the above person be unwilling or unable to be your Personal Representative, please list an alternate decision maker:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

- Do you wish your Personal Representative to have to post a bond? YES  NO
- Do you wish your Personal Representative to be reimbursed for services they provide?  
YES  NO

### **DISTRIBUTION OF ESTATE ASSETS**

- In general, state how you want your estate distributed among your beneficiaries?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- List any specific assets that you wish to be inherited by a particular beneficiary. (For example: jewelry, coin collections, pets, computer equipment, vehicles, equipment, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- List of potential beneficiaries.

Name	DOB	% or amount	Relationship	Address

**BURIAL WISHES (You may wish to include this information, but it is not required)**

At my death, I wish to be:     cremated     buried

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

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

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I have already made arrangements at:

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Other specific instructions regarding your burial:

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## LIST OF ASSETS

**Please check off those that apply and provide additional information that may be used to determine how to locate or distribute your assets.**

REAL ESTATE (includes primary residence, rental property, vacation home, time share, land)

Description	Address	Type	Titled Name	Market Value	Loan Amt.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INVESTMENTS (stocks bonds, mutual funds)

Institution	Account Number	Type	Titled Name	Amount	Beneficiaries
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BANK ACCOUNTS (checking, savings, CD, money market)

Institution	Account Number	Type	Titled Name	Amount	Beneficiaries
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BUSINESS INTERESTS (sole proprietorship, partnerships, closely held corporation, etc.)

Company Name	Address	Type	Titled name	% owned	Market Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RETIREMENT PLANS (IRA, 401k, etc.)

Institution	Account Number	Type	Titled Name	Amount	Beneficiaries
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VEHICLES (autos, R.V., boat)

Make	Model	Type	Titled Name	Market Value	Loans
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PERSONAL PROPERTY (jewelry, furniture, antiques, artwork, other)

Description	Type	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE POLICIES

Insurance Company	Type of Policy	Face Amt	Death Benefit	Insured	Beneficiaries
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are any of the above assets subject to a right of survivorship by another person? If so, list and explain:

\_\_\_\_\_  
\_\_\_\_\_

Are any of the above assets set to be distributed to a beneficiary outside of the Will or probate process? (other beneficiaries listed on account, joint ownership, existing trusts)

\_\_\_\_\_  
\_\_\_\_\_

## LEGACY PLANNING

**The intent of this section is to identify intangibles that you may want to communicate to your heirs through your estate planning documents that are not normally considered in the process. Please consider your values and beliefs when responding to these questions.**

What values do you want to be remembered for?

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What beliefs do you want to be remembered for?

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What accomplishments would you want to share with your family?

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What do you want to be remembered for?

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What is important to you?

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## ADVISORS

**Please identify any advisors that assist you and may need to be contacted for input, information or guidance regarding your estate or assets.**

	<b>Name</b>	<b>Phone</b>
Banker	_____	_____
Investor	_____	_____
Accountant	_____	_____
Attorney	_____	_____
Life Insurance Agent	_____	_____