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ESTATE PLANNING – ASSESSMENT AND INVENTORY [Confidential]

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? Y N

YES or No

If yes, name(s): _____

If yes, survived by issue (children of the deceased)?

Y N

If yes, name(s): _____

• Are either of your parents still living?

Y N

• Are any of your grandparents still living?

Y N

BACKGROUND INFORMATION

• Do any of your beneficiaries have a learning disability, special educational, medical, or physical needs?

Y N

• Do you have any relatives (other than children) who depend on you for all or part of their support?

Y N

• Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol, or handling money?

Y N

• Do you wish to disinherit any of your children, grandchildren or any other close relative?

Y N

Please list _____

• If a named beneficiary dies before you, do you want the assets to go to that beneficiary's children?

Y N

• Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

Y N

• Do you expect to inherit substantial assets (\$100,000 +)?

Y N

• Do you have an existing Will?

Y N

• Have you ever executed a trust (either revocable or

Y N

irrevocable)?

- Do you currently hold any assets in Joint Tenancy with another person? Y N
- Do you have any pets that you would like to include in your plan? Y N

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

- 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

TRUSTEE

- The name of the person(s) that you want to be your Trustee:

Name: _____
Address: _____
Phone: _____
Relationship: _____

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

Name: _____
Address: _____
Phone: _____
Relationship: _____

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
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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)

