

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

If you have already started the forms online or plan to, you don't need to worry about this paper version. However, if you prefer the paper version, you'll find it following. To ensure we make the most of your time, ***put this series of Life and Legacy Questionnaires in the mail no less than 7 days prior (or 3 days if by fax or scanned in and emailed) to our Family Legacy Inventory and Assessment session.*** You will find a pre-paid mailing envelope in your Welcome Packet. Getting this information prior to our meeting will provide sufficient time for me to understand the specifics of *your* situation prior to our meeting.

These Questionnaires can be done in any order you wish. They will reference a number of documents, ***please gather those that pertain to you and/or are found listed on the front of your teal folder*** provided with your Welcome Packet to be brought with you to your Family Legacy Inventory and Assessment Session. You do not need to scan, copy, fax, or mail these documents with the Questionnaires but may if you would like.

If you have any questions or need help in completing any portion of these Questionnaires, please call our office at (309) 808-2227. We will set up a phone conference to answer any questions that arise.

Questionnaire	Completed
Background Information	
Asset Assessment Part 1 Real Property, Furniture & Effects, Vehicles	
Asset Assessment Part 2 Bank & Investment Accounts, Retirement, and Life Insurance	
Asset Assessment Part 3 Business Interests, Monies Due, Anticipated Monies, Other Assets	
Potential Beneficiaries	
Nomination of Powers – Guardians	
Nominations of Powers – Primary and Second Client	
Contact Information of Your Advisors	
Planning Objectives/Family Values	

PLEASE COMPLETE ALL QUESTIONNAIRES IN INK

Background Information

The information in this section provides us with pertinent information about you: age, marital status, address, and preferred methods of contact.

Primary Client Information

Full Legal Name: _____

Also Known As: _____

(This could be a name prior to Marriage, Adoption, Legal Name Change, Professionally Used Name, etc.)

Name you prefer to be called: _____ Birthdate: _____ SS#: _____

Birthplace: _____ Citizenship: U.S. Other _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Current Employer: _____ Position Title: _____

Employer Address: _____

(include City, State, and Zip Code)

Preferred E-mail Address: _____ It is okay to contact me via E-Mail.

Are either of your parents still living? Yes No

Are any of your grandparents still living? Yes No

Current and/or Previous Marital Status

If you are Single, Never Married, you can end this form here.

If you have a Spouse/Life Partner to include in your estate plans, please fill out the Secondary Client Form after you finish both pages of this form.

Current Marriage or Civil Union: Date: _____ Place: _____

Premarital or Marital Agreement? Yes No If yes, initial here _____ when placed in teal folder.

Are you Legally Separated? Yes No If yes, Date of Separation: _____


Full Legal Name of Current Spouse: _____

Previous Divorce:


Divorce Judgement Date: _____ Full Legal Name of Ex-Spouse: _____

Premarital or Marital Agreement? Yes No If yes, initial here _____ when placed in teal folder.

Do you have a Divorce Decree? Yes No Yes, but I do not have a copy.

 _____ Initial here when placed in the teal folder.

Was there a Property Agreement Settlement? Yes No Yes, but I do not have a copy.

 _____ Initial here when placed in the teal folder.

Additional Divorces? Please add them to the back of this form including all information here.

Background Information

The information in this section provides us with pertinent information about you: age, marital status, address, and preferred methods of contact.

Have you ever been Widowed?

Full Legal Name of Deceased: _____ Date of Death: _____

Do you have the Death Certificate? Yes No If yes, initial here ____ when placed in teal folder.

Have you been Widowed a second time?

Full Legal Name of Deceased: _____ Date of Death: _____

Do you have the Death Certificate? Yes No If yes, initial here ____ when placed in teal folder.

Widowed more than twice? Please add them to the back of this form including all information here.

Child(ren) Information

Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both

Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both

Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both

Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both

Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both


Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both

Additional Children? Please add them to the back of this form including all information here.

Existing Estate Plans

Do you have any existing planning documents including wills, trusts, powers of attorney, health care directives, etc.? Yes No

 _____ Initial here all existing wills, trusts, powers of attorney, health care directives, and any other planning documents previously created have been placed in your teal folder.

Background Information

The information in this section provides us with pertinent information about you: age, marital status, address, and preferred methods of contact.

Second Client Information

Full Legal Name: _____

Also Known As: _____

(This could be a name prior to Marriage, Adoption, Legal Name Change, Professionally Used Name, etc.)

Name you prefer to be called: _____ Birthdate: _____ SS#: _____

Birthplace: _____ Citizenship: U.S. Other _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Current Employer: _____ Position Title: _____

Employer Address: _____

(include City, State, and Zip Code)

Preferred E-mail Address: _____ It is okay to contact me via E-Mail.

Are either of your parents still living? Yes No

Are any of your grandparents still living? Yes No

Current and/or Previous Marital Status

If you are Single, Never Married, you can end this form here.

If you have a Spouse/Life Partner to include in your estate plans, please fill out the Secondary Client Form after you finish both pages of this form.

Current Marriage or Civil Union: Date: _____ Place: _____

Premarital or Marital Agreement? Yes No If yes, initial here _____ when placed in teal folder.

Are you Legally Separated? Yes No If yes, Date of Separation: _____


Full Legal Name of Legal Spouse: _____

Previous Divorce:


Divorce Judgement Date: _____ Full Legal Name of Ex-Spouse: _____

Premarital or Marital Agreement? Yes No If yes, initial here _____ when placed in teal folder.

Do you have a Divorce Decree? Yes No Yes, but I do not have a copy.

 _____ Initial here when placed in the teal folder.

Was there a Property Agreement Settlement? Yes No Yes, but I do not have a copy.

 _____ Initial here when placed in the teal folder.

Additional Divorces? Please add them to the back of this form including all information here.

Background Information

The information in this section provides us with pertinent information about you: age, marital status, address, and preferred methods of contact.

Have you ever been Widowed?

Full Legal Name of Deceased: _____ Date of Death: _____

Do you have the Death Certificate? Yes No If yes, initial here ____ when placed in teal folder.

Have you been Widowed a second time?

Full Legal Name of Deceased: _____ Date of Death: _____

Do you have the Death Certificate? Yes No If yes, initial here ____ when placed in teal folder.

Widowed more than twice? Please add them to the back of this form including all information here.

Child(ren) Information

Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both

Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both

Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both

Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both

Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both


Full Legal Name: _____ Date of Birth: _____

Child of Primary Client Child of Second Client Child of Both

Additional Children? Please add them to the back of this form including all information here.

Existing Estate Plans

Do you have any existing planning documents including wills, trusts, powers of attorney, health care directives, etc.? Yes No

 _____ Initial here all existing wills, trusts, powers of attorney, health care directives, and any other planning documents previously created have been placed in your teal folder.

Asset Assessment – Part 1

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Real Property and Possessions.

Important Terms Used In This Section

Title - important for tax and transfer matters. This is EXTREMELY important for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. Held by only one client (**CL1 or CL2**), Tenancy by the Entirety (**TE**), Tenants in Common (**TC**), Joint Tenancy (**JT**), Titled to additional owners not clients (**AO**), you're unsure how this property is titled (**?**)

Character - needed to assess/determine the manner by which the asset can transfer. This is also referred to as who holds the property. Property held as Community Property (**CP**), only Primary Client (**CL1**), or only Second Client (**CL2**)

Value - needed to determine the potential tax liability of your estate. Do your best to give an approximate value where requested or known.

Real Property

Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc. Please indicate using the abbreviations given in the parentheses above for Character and Title, if necessary please use more than one. If you do not have any Real Property, write "none" in the first box and continue to the next page.

Real Property Address: _____

City: _____ State: _____ Zip Code: _____

Real Property Legal Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Real Property Address: _____

City: _____ State: _____ Zip Code: _____

Real Property Legal Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Real Property Address: _____

City: _____ State: _____ Zip Code: _____

Real Property Legal Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Asset Assessment – Part 1

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Real Property and Possessions.

Real Property Address: _____

City: _____ State: _____ Zip Code: _____

Real Property Legal Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Real Property Address: _____

City: _____ State: _____ Zip Code: _____

Real Property Legal Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Real Property Address: _____

City: _____ State: _____ Zip Code: _____

Real Property Legal Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Additional Real Property? Please add it to the back of this form including all information requested here.

TOTAL Approximate Market Value of All Property: _____

TOTAL Loan Balance: _____



_____ Initial here when ALL titles/deeds have been placed in your teal folder.

Continue to Page 3

Asset Assessment – Part 1

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Real Property and Possessions.

Furniture and Personal Effects

Major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property will be listed individually. Many personal items may not be titled to anyone. START the chart with one lump sum value for all items LESS the value of those that will be listed separately. Please indicate using the abbreviations for Character and Title given in the parentheses from Important Terms Used in This Section on page 1 of this section, if necessary please use more than one.

Furniture or Personal Effect Legal Description: Miscellaneous Furniture and Household Effects (Lump Sum)

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Furniture or Personal Effect Legal Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Furniture or Personal Effect Legal Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Furniture or Personal Effect Legal Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Additional Furniture/Personal Effects? Please add it to the back of this form including all information requested here.

TOTAL Approximate Market Value of All Property: _____

TOTAL Loan Balance: _____



_____ Initial here when ALL titles have been placed in your teal folder.

Continue to Page 4

Asset Assessment – Part 1

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Real Property and Possessions.

Automobiles, Boats, RVs, and other Vehicles

Account for each vehicle, boat, RV, etc.

Please indicate using the abbreviations for Character and Title given in the parentheses from Important Terms Used in This Section on page 1 of this section, if necessary please use more than one. **If you do not have any vehicles**, write “none” in the first box.

General Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

General Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

General Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

General Description: _____

CHARACTER: CP CL1 CL2 Approximate Market Value: _____

TITLE: CL1 CL2 TE TC JT AO ? Loan Balance: _____

Additional Automobile, Boats, RVs and Other Vehicles? Please add it to the back of this form including all information requested here.

TOTAL Approximate Market Value of All Property: _____

TOTAL Loan Balance: _____



_____ Initial here when ALL needed titles have been placed in your teal folder.

Asset Assessment – Part 2

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Bank and Investment Accounts, Retirement, and Life Insurance Policies.

Important Terms Used In This Section

Character - needed to assess/determine the manner by which the asset can transfer. This is also referred to as who holds the property. Property held as Community Property (**CP**), only Primary Client (**CL1**), or only Second Client (**CL2**)

Value - needed to determine the potential tax liability of your estate. Do your best to give an approximate value where requested or known.

Bank & Savings Accounts

Type – Checking Account (**C**), Savings (**S**), Certificate of Deposit (**CD**), Money Market (**MM**). (IRAs and 401(k)s listed below) **Note:** If Account is in your or your Spouse/Life Partner’s name for the benefit of a minor, please specify minor’s full name in last column. **If you do not have any Accounts**, write “none” in the first box and continue to the next page.

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

If in a Minor’s Name as well, Minor’s Name: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

If in a Minor’s Name as well, Minor’s Name: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

If in a Minor’s Name as well, Minor’s Name: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

If in a Minor’s Name as well, Minor’s Name: _____

Asset Assessment – Part 2

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Bank and Investment Accounts, Retirement, and Life Insurance Policies.

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

If in a Minor's Name as well, Minor's Name: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

If in a Minor's Name as well, Minor's Name: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

If in a Minor's Name as well, Minor's Name: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

If in a Minor's Name as well, Minor's Name: _____

Additional Bank and Savings Accounts? Please add it to the back of this form including all information requested here.

TOTAL Approximate Balances: _____



_____ Initial here when ALL bank statements have been placed in your teal folder.



_____ Initial here when copies of your last 3 years of personal tax returns have been placed in your teal folder.

Continue to Page 3.

Asset Assessment – Part 2

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Bank and Investment Accounts, Retirement, and Life Insurance Policies.

Investment Accounts, Bonds, Stocks, and Stock Options

List any and all investment accounts, bonds, stocks, and stock options in which you hold an interest. If including **stock options**, please indicate approximate value of vested and unvested options separately. If a brokerage account holds more than one, lump them together under each account. **If you do not have any Accounts, Stocks/Options**, write “none” in the first box and continue to the next page.

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

Asset Assessment – Part 2

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Bank and Investment Accounts, Retirement, and Life Insurance Policies.

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Account Number: _____

CHARACTER: CP CL1 CL2 Approximate Balance: _____

Additional Investment Accounts, Bonds, Stocks, and Stock Options? Please add it to the back of this form including all information requested here.

TOTAL Approximate Balances: _____



_____ Initial here when ALL bank statements have been placed in your teal folder.



_____ Initial here when copies of your **last 3 years of personal tax returns** have been placed in your teal folder.

Continue to Page 5.

Asset Assessment – Part 2

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Bank and Investment Accounts, Retirement, and Life Insurance Policies.

Retirement Plans

Type – Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K).

If you do not have any Retirement Plans, write “none” in the first box and continue to the next page.

Plan Name: _____

Type of Account: P PS HR10 IRA SEP 401(K) Approximate Balance: _____

Other Pertinent Information: _____

Plan Name: _____

Type of Account: P PS HR10 IRA SEP 401(K) Approximate Balance: _____

Other Pertinent Information: _____

Plan Name: _____

Type of Account: P PS HR10 IRA SEP 401(K) Approximate Balance: _____

Other Pertinent Information: _____

Plan Name: _____

Type of Account: P PS HR10 IRA SEP 401(K) Approximate Balance: _____

Other Pertinent Information: _____

Additional Retirement Plans? Please add it to the back of this form including all information requested here.

TOTAL Approximate Balances: _____



_____ Initial here when ALL recent statements have been placed in your teal folder.

Continue to Page 6.

Asset Assessment – Part 2

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Bank and Investment Accounts, Retirement, and Life Insurance Policies.

Life Insurance Policies and Annuities

Term, whole life, split dollar, group life, annuity. **If you do not have any Life Insurance Plans or Annuities**, write “none” in the first box.

Insurance Company: _____

Type of Account: Term Whole Life Split Dollar Group Life Annuity

Cash Surrender Value: _____ Face Amount (death benefit): _____

Whose Life is Insured: _____ Who Owns the Policy _____

Current Beneficiaries: _____ Who Pays the Premium: _____

Insurance Company: _____

Type of Account: Term Whole Life Split Dollar Group Life Annuity

Cash Surrender Value: _____ Face Amount (death benefit): _____

Whose Life is Insured: _____ Who Owns the Policy _____

Current Beneficiaries: _____ Who Pays the Premium: _____

Insurance Company: _____

Type of Account: Term Whole Life Split Dollar Group Life Annuity

Cash Surrender Value: _____ Face Amount (death benefit): _____

Whose Life is Insured: _____ Who Owns the Policy _____

Current Beneficiaries: _____ Who Pays the Premium: _____

Insurance Company: _____


Type of Account: Term Whole Life Split Dollar Group Life Annuity

Cash Surrender Value: _____ Face Amount (death benefit): _____

Whose Life is Insured: _____ Who Owns the Policy _____


Current Beneficiaries: _____ Who Pays the Premium: _____

Additional Life Insurance Policies/Annuities? Please add it to the back of this form including all information requested here.

 _____ Initial here when ALL recent statements from policies and annuities have been placed in your teal folder.

Long-Term Care Policies

If you have any Long-Term Care Policies please place a copy or recent statement into your teal folder.

 _____ Initial here when ALL recent statements have been placed in your teal folder.

Asset Assessment – Part 3

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Business Interests, Monies Owed and Expected, and Other Assets

Business Interests

General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **If you do not have any Business Interests, write “none”** on the first line and continue to the next section.

Registered Business Name: _____

Type of Business: General Partnership Limited Partnership Sole Proprietor Privately Owned Corporation Professional Corporation Oil Interest Farm and Ranch Interest

Who Owns the Interest: CL1 CL2 Both Owned With Others not related

Your Ownership Interest: _____ Estimated Value: _____

Registered Business Name: _____

Type of Business: General Partnership Limited Partnership Sole Proprietor Privately Owned Corporation Professional Corporation Oil Interest Farm and Ranch Interest

Who Owns the Interest: CL1 CL2 Both Owned With Others not related

Your Ownership Interest: _____ Estimated Value: _____

Registered Business Name: _____

Type of Business: General Partnership Limited Partnership Sole Proprietor Privately Owned Corporation Professional Corporation Oil Interest Farm and Ranch Interest

Who Owns the Interest: CL1 CL2 Both Owned With Others not related

Your Ownership Interest: _____ Estimated Value: _____


Registered Business Name: _____

Type of Business: General Partnership Limited Partnership Sole Proprietor Privately Owned Corporation Professional Corporation Oil Interest Farm and Ranch Interest

Who Owns the Interest: CL1 CL2 Both Owned With Others not related

Your Ownership Interest: _____ Estimated Value: _____

Additional Business Interests? Please add it to the back of this form including all information requested here.

 _____ Initial here when the 3 most recent years of Corporate or Partnership Tax Returns have been placed in your teal folder.

Asset Assessment – Part 3

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Business Interests, Monies Owed and Expected, and Other Assets

Money Owed to You

**Do you have mortgages or promissory notes payable to you or other moneys owed to you?
If you do not have any Monies Owed, write “none” in the first box and continue to the next page.**

Name of Debtor: _____

Date of Note: _____ Maturity Date: _____

Owed to: _____ Current Balance _____

Name of Debtor: _____

Date of Note: _____ Maturity Date: _____

Owed to: _____ Current Balance _____

Name of Debtor: _____

Date of Note: _____ Maturity Date: _____

Owed to: _____ Current Balance _____

Name of Debtor: _____

Date of Note: _____ Maturity Date: _____

Owed to: _____ Current Balance _____

Additional Money Owed to You? Please add it to the back of this form including all information requested here.

 _____ Initial here when any Promissory Notes or proof of Debt Owed have been placed in your teal folder.

Continue to Page 3.

Asset Assessment – Part 3

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Business Interests, Monies Owed and Expected, and Other Assets

Anticipated Inheritance, Gift, or Lawsuit Judgement

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 or write “none” and continue to the next section.

 _____ **If any of the above has documentation please place it in your teal folder for our meeting.**

Other Assets

Other property is any property, interest, or asset that you have that does not fit into any listed category.

Type of Asset: _____

Owner: _____ Value: _____

Notes: _____

Type of Asset: _____


Owner: _____ Value: _____

Notes: _____

Type of Asset: _____

Owner: _____ Value: _____

Notes: _____

 _____ **Initial here when necessary deeds, titles, or documentation have been placed in your teal folder.**

Asset Assessment – Part 3

Determining the title ownership, character, and value of your assets is essential to your estate plan. This section covers Business Interests, Monies Owed and Expected, and Other Assets

Affirmation – Please read the following and sign below:

The undersigned understands that the Haning Law Office will need to rely on the asset and debt information supplied by you to develop an estate plan. The undersigned also understands that inaccurate or incomplete information could negatively impact the designed estate plan. Consequently, if the Firm is retained, you will need to provide us with complete and accurate information prior to the signing of any estate planning documents.

Client 1: _____ **Date:** _____

Client 2: _____ **Date:** _____

Potential Beneficiaries

This section asks you to identify all potential beneficiaries of your estate.

NOTE: Listing a person or particular organization in this section is not a firm indication of your decision to provide for an individual or make a bequest.

Potential Individual Beneficiaries – Primary Beneficiaries

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Potential Beneficiaries

This section asks you to identify all potential beneficiaries of your estate.

NOTE: Listing a person or particular organization in this section is not a firm indication of your decision to provide for an individual or make a bequest.

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Potential Individual Beneficiaries – Alternate Beneficiaries

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Potential Beneficiaries

This section asks you to identify all potential beneficiaries of your estate.

NOTE: Listing a person or particular organization in this section is not a firm indication of your decision to provide for an individual or make a bequest.

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Full Legal Name: _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special Needs: Y N Telephone: _____

Amount or % of Inheritance: _____

Additional Beneficiaries? Please add it to the back of this form including all information requested here.

Potential Beneficiaries

This section asks you to identify all potential beneficiaries of your estate.
NOTE: Listing a person or particular organization in this section is not a firm indication of your decision to provide for an individual or make a bequest.

Potential Charitable/Non-Profit Beneficiaries

church, college, social club, favorite philanthropy, etc.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

Amount or % of Inheritance/Gift: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

Amount or % of Inheritance/Gift: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

Amount or % of Inheritance/Gift: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

Amount or % of Inheritance/Gift: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

Amount or % of Inheritance/Gift: _____

Nomination of Powers For Children And Pets
Identify all potential Long-Term Guardians for Minor Children, Short-Term
Guardians for Minor Children, and Guardians for Pets.

Long-Term Guardians for Minor Children

If you have children under the age of 18, list those persons who you would wish to raise and love them in the manner closest to the way you do.

Primary Long-Term Guardian Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back-Up #1 Long-Term Guardian Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #2 Long-Term Guardian Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #3 Long-Term Guardian Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Nomination of Powers For Children And Pets

Identify all potential Long-Term Guardians for Minor Children, Short-Term Guardians for Minor Children, and Guardians for Pets.

Short-Term Guardians for Minor Children

If you have children under the age of 18, list those persons able to be immediately available to them if you could not be found. These may be the same or may be different than those whom you'd nominate to be the long-term caregivers for your minor child(ren).

Primary Short-Term Guardian Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back-Up #1 Short-Term Guardian Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #2 Short-Term Guardian Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #3 Short-Term Guardian Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

If you have Pets that need Guardians Continue to Page 3.

Nomination of Powers For Children And Pets

Identify all potential Long-Term Guardians for Minor Children, Short-Term Guardians for Minor Children, and Guardians for Pets.

Guardian for Pets

If you are interested in setting up a pet trust, please complete this section.

Primary Guardian for Pet Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back-Up #1 Guardian for Pet Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #2 Guardian for Pet Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Nomination of Powers Primary Client

Identify all potential Trustees, Executors, Financial Agents.

Trustee/Executor

Upon your death, who do you want to manage and distribute the assets you leave in your estate? This section is vital if your estate plans will include a Trust. This will need be determined before that paperwork can be drawn for your estate plans.

Trustee/Executor Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back-Up Trustee/Executor Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #2 Trustee/Executor Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #3 Trustee/Executor Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Nomination of Powers Primary Client

Identify all potential Trustees, Executors, Financial Agents.

Financial Agents

If you become incapacitated for any period of time, who would you want to make decisions for you with regard to your *financial* affairs?

Financial Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back-Up Financial Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #2 Financial Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Nomination of Powers Primary Client

Identify all potential Trustees, Executors, Financial Agents.

Health Care Questions and Nomination of Agents

If you become incapacitated for any period of time, who would you want to make decisions for you with regard to your *health* care?

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? Yes No

Do you want to provide that your organs and tissues should be made available for transplant purposes? Yes No

Do you want to your agent to be able to authorize an autopsy? Yes No

Do you have plans for the disposition of your remains? Yes No

If yes, what are those plans: _____

Health Care Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up Health Care Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #2 Health Care Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Nomination of Powers Second Client

Identify all potential Trustees, Executors, Financial Agents.

Trustee/Executor

Upon your death, who do you want to manage and distribute the assets you leave in your estate? This section is vital if your estate plans will include a Trust. This will need be determined before that paperwork can be drawn for your estate plans.

Trustee/Executor Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back-Up Trustee/Executor Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #2 Trustee/Executor Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #3 Trustee/Executor Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Nomination of Powers Second Client

Identify all potential Trustees, Executors, Financial Agents.

Financial Agents

If you become incapacitated for any period of time, who would you want to make decisions for you with regard to your *financial* affairs?

Financial Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back-Up Financial Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #2 Financial Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Nomination of Powers Second Client

Identify all potential Trustees, Executors, Financial Agents.

Health Care Questions and Nomination of Agents

If you become incapacitated for any period of time, who would you want to make decisions for you with regard to your *health* care?

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? Yes No

Do you want to provide that your organs and tissues should be made available for transplant purposes? Yes No

Do you want to your agent to be able to authorize an autopsy? Yes No

Do you have plans for the disposition of your remains? Yes No

If yes, what are those plans: _____

Health Care Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up Health Care Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Back Up #2 Health Care Agent Information

Full Legal Name: _____

Name they prefer to be called: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Contact Information of Your Advisors

Your various advisors play a key role in the establishment of your estate plan. For example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts.

Accountant/Tax Advisor

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

E-mail Address: _____

Financial Advisor

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

E-mail Address: _____

Life Insurance Agent

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

E-mail Address: _____

Family Law Attorney

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

E-mail Address: _____

Contact Information of Your Advisors

Your various advisors play a key role in the establishment of your estate plan. For example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts.

Other Advisor

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

E-mail Address: _____

Other Advisor

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

E-mail Address: _____

Other Advisor

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

E-mail Address: _____

Are there any advisors you wish to have limited information about your estate plan? Yes No

Please use this space to elaborate on any details of which you would like me to be aware.

Planning Objectives/Family Values

One of our goals is to assist you in identifying your estate planning objectives and family values so that we can focus our conversations on the issues most important to you.

Your Planning Objectives and Family Values

Please rate the following planning objectives and family values on a scale of 1 to 5 as to how important they are to you.

5 Critical 2 Slightly important
4 Very Important 1 Unimportant
3 Important NA if Non-Applicable

Feel free to leave blank any item you do not wish to rank

Protect Your Children or other Beneficiaries

Rank

From predators who can discover inheritance amounts and target young/vulnerable beneficiaries	
From claims of divorced spouses to take half of your child or beneficiary's inheritance	
From malpractice claims, for beneficiaries with a professional practice	
From other creditors' claims (such as car accident)	
From the stress and delays of the average 9 to 16 month process of probate	
From the financial immaturity resulting in a quick loss of an inheritance	
From sharing assets with heirs you would rather disinherit	
From litigation claims by disinherited heirs	
<i>For parents only:</i> from relatives who would be poor, abusive or even dangerous guardians or from foster care	
<i>For parents only:</i> from acquaintances and relatives who should not be allowed to be alone with your children	
<i>For special needs beneficiary only:</i> from neglect in the government care system	

Preserve and Maximize Assets

Rank

By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)	
By minimizing or eliminating estate taxes upon your death (up to 55% of your assets and life insurance benefits)	
By reducing estate administration costs through probate avoidance	
Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services	
Ensure that your family has enough life insurance to provide a comfortable lifestyle	
By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government	

Continue to Page 2.

Planning Objectives/Family Values

One of our goals is to assist you in identifying your estate planning objectives and family values so that we can focus our conversations on the issues most important to you.

Protect Yourself and Your Spouse

Rank

From malpractice or other creditor claims	
From conservatorship proceedings (aka "living probate") if you become incapacitated	
From probate delays and stress upon your death or the death of your partner	
From hospital policies requiring life sustaining procedures when you would rather not endure them	
From healthcare decisions made by people other than those you trust most	

Taking Charge of Your Life

Rank

Get your financial life organized	
Have clarity about your life purpose, goals and dreams	
Benefit a charitable organization or activity	
Support a common family goal through coordinated planning	
Have a plan to leave the world a better place	
Leave behind specific intellectual, spiritual, and human assets in addition to your financial assets	
<i>For parents only:</i> By specifying the values, insights, stories and experiences you want passed on to your children and how you want the money you leave behind used for your children	
<i>For special needs beneficiaries only:</i> By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle	
<i>For business owners only:</i> By providing for the orderly continuation and transfer of family business interests rather than a distress sale	

Continue to Page 3.

Planning Objectives/Family Values

One of our goals is to assist you in identifying your estate planning objectives and family values so that we can focus our conversations on the issues most important to you.

Family Values	Rank
Cultural values such as art, music, travel.	
Economic values such as financial responsibility, frugality, savings.	
Educational values such as study, self-improvement, academic achievements, lifelong learning.	
Emotional values such as compassion, kindness, generosity.	
Ethical values such as honesty, fairness, justice.	
Material values such as possessions, social standing, rank and title.	
Personal values such as modesty, loyalty, independence.	
Philanthropic values such as volunteer work, donations (time and money).	
Physical values such as health, relaxation, exercise, appearance.	
Public values such as citizenship, community involvement, public service.	
Recreational values such as sports, leisure time, hobbies, vacations.	
Relationship values such as family, friends, colleagues.	
Spiritual values such as faith, belief in God, inner peace.	

Other Concerns (Please list below):
