

CONFIDENTIAL PLANNING ORGANIZER

Client: Full Legal Name: _____
 Age: _____ Birth Date: _____
 Occupation (or, if retired, former occupation): _____
 Email: _____ Tel #: _____
 Employer: _____

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 Age: _____ Birth Date: _____
 Occupation (or, if retired, former occupation): _____
 Email: _____ Tel #: _____
 Employer: _____

Date of Marriage: _____ Number of Years: _____

Home Address: _____ Phone: _____
 County of Residence: _____

FAMILY INFORMATION

Full Name of Children Street Address City, State, Zip	Birth Date	Age	# of Children	Marital Status (S/M/D)

Any disabled or handicapped child and/or child receiving special needs education and/or governmental assistance? Yes ___ No ___.

Any predeceased children? Yes ___ No ___. If yes, please give name(s) of any children (your grandchildren) surviving any such predeceased child.

Please describe why you are seeking estate planning services at this time and who you would like to benefit from your estate:

(Please print)

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 is 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.

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: _____

Please circle “Yes” or “No” for the following:

Do you have a child with a learning disability?	Yes	No
Do you have long term care insurance?	Yes	No
Do any of your children receive governmental support or benefits?	Yes	No
Do you have adopted children?	Yes	No
Do any of your children have special education, medical, or physical needs?	Yes	No
Are any of your children institutionalized?	Yes	No
Are you or your spouse receiving social security, disability or other governmental benefits?	Yes	No
Do you provide primary or other financial support to adult children or others?	Yes	No
Have either you or your spouse been divorced?	Yes	No
Are you making payments pursuant to a divorce or property settlement agreement? (please furnish a copy).	Yes	No
Have you and your spouse ever signed a pre- or post-marriage contract?	Yes	No
Have you or your spouse been widowed? (If a federal estate tax return or state death tax return was filed, please furnish a copy).	Yes	No
Have you or your spouse ever filed a federal or state gift tax returns? (please furnish copies of these returns.)	Yes	No
Have your or your spouse completed previous will, trust or Estate planning? (please furnish copies of these documents).	Yes	No
Have you filed for Homestead protection at the Registry of Deeds?	Yes	No
Are both you and your spouse United States citizens?	Yes	No
If you answered “No” to the above, are either you or your spouse a resident or a non-resident alien?	Yes	No
Do you or your spouse have chronic obstructive pulmonary disease (COPD)?	Yes	No

INVENTORY OF ASSETS

(Fair Market Value and Ownership)

Abbreviations for ownership designations on list of assets below:

Owner:	Abbreviation:
Single individual	I
Client One and no one else	C1
Client Two and no one else	C2
Joint tenancy with spouse	JTS
Joint tenancy with someone other than spouse	JTO
Tenancy in common with spouse	TCS
Tenancy in common with someone other than spouse	TCO
Tenants by the Entirety	TBE
If you cannot determine how the property is owned	?

Real Property:

Address:	Value:	Mortgage & Loans	Owner
		Balance Due:	
		Interest Rate:	
		Homeowners Ins Co:	

Annuities

Company	Annuitant	Owner	Beneficiary	Value	Annuitized yet? (Y or N)

Pension/Profit Sharing/Stock Options/Keough

<u>Company</u>	<u>Participant</u>	<u>Beneficiary</u>	<u>% Vested</u>	<u>Value</u>

IRA's, 401(k)'s, 403(b)'s

<u>Company</u>	<u>Participant</u>	<u>Beneficiary</u>	<u>Value</u>

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

<u>Institution</u>	<u>Description</u>	<u>Balance</u>	<u>Owner</u>

Investment and Brokerage Accounts (Mutual Funds/Securities)

<u>Institution</u>	<u>Description</u>	<u>Balance</u>	<u>Owner</u>

Individual Certified Stocks or Bonds Held

<u>Name of Company</u>	<u># of Shares</u>	<u>Current Value</u>	<u>Owner</u>

Valuable Personal Property (Automobiles, Jewelry, Antiques, Collections, etc.)

Description: _____

Estimated Value of Household and Personal Effects:

Life Insurance

<u>Company</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Death Benefit</u>	<u>Cash Value</u>

Future Inheritance

Are you anticipating any inheritance in the next 5-10 years? Please estimate the possible amount.

Client:

Spouse:

Other Assets

<u>Asset</u>	<u>Value</u>	<u>Owner</u>

Other Present Liabilities

Creditor	Current Balance	Borrower

Anticipated Liabilities

Please describe the nature of any liabilities for which you may become liable in the future, e.g., have you signed any personal guarantees, are you engaged in a business or profession that exposes you to personal liability, etc.

Documents and Instruments Check List

(Please bring these documents to your initial meeting)

- _____ Real Estate Deeds
- _____ Your current Will(s) and Codicil(s)
- _____ Any trusts to which you are a party (E.G., 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