



# PLANNING WORKSHEET

---

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING A  
PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

For efficiency in planning, please bring with you each of the following:

- Any existing Will and Codicils, Trusts, and other estate planning documents.
- Deeds for any real estate you own.
- Most recent statements from your bank and investment accounts.
- Most recent federal income tax return.
- Divorce decrees and property settlements with former spouses, if any.
- Prenuptial (“antenuptial”) agreements and post-nuptial agreements, if any.
- Agreements between you and any business entities and associates.
- Descriptive materials on any employee benefit plans (i.e., pension, profit sharing, IRA),  
including a copy of your retirement plan and your most recent statements of accrued benefits.

# PERSONAL INFORMATION

**CLIENT #1'S LEGAL NAME** \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_ Wartime Veteran? \_\_\_\_\_  
(other names used to title property and accounts)

Are you the **spouse, widow or widower** of a Wartime Veteran? \_\_\_\_\_ Do you currently receive any VA benefits? \_\_\_\_\_

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is OK to communicate with me via my E-mail address.

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

**CLIENT #2'S LEGAL NAME** \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_ Wartime Veteran? \_\_\_\_\_  
(other names used to title property and accounts)

Are you the **spouse, widow or widower** of a Wartime Veteran? \_\_\_\_\_ Do you currently receive any VA benefits? \_\_\_\_\_

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is OK to communicate with me via my E-mail address.

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

## CHILDREN AND/OR OTHER FAMILY MEMBERS

*(Use full legal name. Use "JT" if both spouses are the parents, "C1" if Client #1 is the parent, "C2" if Client #2 is the parent, "S" if a single parent.)*

FULL LEGAL NAME	Birth date	Parent or Relationship
1. _____	_____	_____

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

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

2. _____	_____	_____
----------	-------	-------

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

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

3. _____	_____	_____
----------	-------	-------

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

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>FULL LEGAL NAME</b>	<b>Birth date</b>	<b>Parent or Relationship</b>
4. _____	_____	_____

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

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

5. _____	_____	_____
----------	-------	-------

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

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

6. _____	_____	_____
----------	-------	-------

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

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

7. _____	_____	_____
----------	-------	-------

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

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

### YOUR CURRENT PROFESSIONAL ADVISORS

	Name	Telephone
Personal Attorney _____	_____	_____
Accountant _____	_____	_____
Financial Advisor _____	_____	_____
Life Insurance Agent _____	_____	_____

### YOUR CONCERNS

Please rate the following as to how important they are to you

**H** high concern      **S** some concerned      **L** low concern      **N/A** no concern or not applicable

<b>Description</b>	<b>Level of Concern</b>
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	_____
Medicaid/MaineCare planning for assisted living and/or nursing home care.	_____
Providing for and protecting a spouse.	_____
Providing for and protecting children.	_____
Providing for and protecting grandchildren.	_____
Disinheriting a family member.	_____
Providing for charities at the time of death.	_____

Plan for the transfer and survival of a family business.

**Description**

**Level of Concern**

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death.

Avoiding a conservatorship (“living probate”) in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Protect children’s inheritance in the event of a surviving spouse’s remarriage.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

**IMPORTANT FAMILY QUESTIONS**

(Please check “Yes” or “No” for your answer)

**Yes**

**No**

Are you or your spouse receiving social security, disability, VA or other governmental benefits? *If so, please furnish a copy of documentation of the benefits.*

Are you or your spouse making payments pursuant to a divorce or property settlement order? *If so, please furnish a copy.*

If married have you and your spouse signed a pre- or post-marriage contract? *If so, please furnish a copy.*

Have you or your spouse been widowed? *If a federal estate tax return or a state estate tax return was filed, please furnish a copy.*

Have you or your spouse ever filed federal or state gift tax returns? *If so, please furnish copies of these returns.*

Do you or your spouse currently have a will, trust, or other estate planning? *If so, please furnish copies of these documents.*

Are there any charitable organizations that you wish to provide for in your estate plan?    
*If so, please explain.*

If married, have you lived in any of the following Community Property states while married to each other? *Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin* Yes  No

Are you or your spouse currently the beneficiary of anyone else's trust? *If so, please explain.*

Do any of your children have special educational, medical, or physical needs?

Do any of your children receive governmental support or benefits?

Do you provide primary or other major financial support to adult children or others?

### ADDITIONAL RELEVANT INFORMATION

---



---

## ASSET INFORMATION

### INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION CHECKLIST*

**General Headings**

This *Asset Information* checklist is designed to help you list all the assets you own and what they are worth. If you do not own assets under a particular heading, just leave that section blank. Under certain headings you may own more assets than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional assets.

**Type**

Immediately after the heading for each kind of asset is a brief explanation of what asset you should list under that heading.

**“Owner” of Asset**

How you own your assets is **extremely important** for purposes of properly designing and implementing your estate plan. Please indicate how each asset is titled. When doing so, please use the following abbreviations:

OWNER OF ASSETS	USE
If married, Husband's name alone, with no other person	<b>H</b>
If married, Wife's name alone, with no other person	<b>W</b>
If married, Joint Tenancy <i>with spouse</i>	<b>JTS</b>
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	<b>JTO</b>
If you cannot determine how the property is owned	<b>?</b>



## ANNUITIES

List insurance company, type of annuity, date when issued, date annuitized, current value.

---

---

---

---

---

---

---

---

*Total* \_\_\_\_\_

## BUSINESS INTERESTS

General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

---

---

---

---

---

---

---

---

*Total* \_\_\_\_\_

## LIFE INSURANCE POLICIES

Term, whole life, group life, etc. Provide name and address of insurance company name, type of insurance, **face amount (death benefit)**, **cash surrender value**, whose life is insured, who owns the policy, death beneficiaries, who pays the premium, and who is the life insurance agent.

---

---

---

---

---

---

---

---

*Total* \_\_\_\_\_

## MORTUARY TRUST OR PREPAID FUNERAL PLAN, AND CEMETERY PLOT

Type of arrangement, amount of funds paid into the plan, date of plan, funeral home with whom arranged, cemetery where plot is located, etc.

---



---



---



---

*Total* \_\_\_\_\_

## SAFE DEPOSIT BOXES

List Safe Deposit Boxes and the value of assets held in them.

Name of Institution and account number	Owner(s)	Amount in Box
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

## REAL PROPERTY

Any interest in real estate including your family residence, vacation home, timeshare, vacant land, life estate, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			<i>Total</i> _____

## FURNITURE AND PERSONAL EFFECTS

List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
<u>Miscellaneous Furniture and Household Effects (Total)</u>	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

## AUTOMOBILES, BOATS, SNOWMOBILES, RVs, ETC.

For each motor vehicle, boat, RV, etc. that you own, list the following: description, how titled, market value and encumbrance (outstanding loans):

---



---



**GIFTS MADE WITHIN THE PAST 60 MONTHS (5 YEARS)**

List any gifts (transfers for less than fair market value) made to any person, charity, etc., made within the past 60 months. List the amount/value of each gift, the recipient's name, and the date of the gift.

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

**FINANCIAL ACCOUNTS CLOSED AND ASSETS SOLD OR OTHERWISE DISPOSED OF WITHIN THE PAST 60 MONTHS (5 YEARS)**

List the institutions, account numbers, types of accounts, or description of other assets, plus the closing balance and where the funds or other assets were transferred.

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

**MONEY OWED TO YOU**

Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT**

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.**

**Description** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER ASSETS

Any property or asset that you have that does not fit into any listed category above.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

### REGULAR INCOME

List all income sources (Social Security, pension, IRA distributions, annuity distributions, etc.), showing the Gross amount before any withholdings of taxes, insurance premiums, etc.

Income Source	Recipient	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total regular income (annual)</i>	_____

### MISCELLANEOUS INCOME

Miscellaneous or unpredictable income from sources such as a tenant staying in your home, irregular income, etc.

Income Source	Recipient	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total miscellaneous income (annual)</i>	_____

### HEALTH INSURANCE

List all health insurance you have and the amounts and frequency of any premiums that you pay (or are withheld from your income).

Insurance Company and Type of Insurance	Owner	Premium	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### SUMMARY OF ASSETS

ASSETS	Amount		
	Client #1	Client #2	Total Value
Bank and Savings Accounts	_____	_____	_____
Patient or Resident Account in Facility	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Life Insurance	_____	_____	_____
Mortuary Trusts or Prepaid Funeral Plans	_____	_____	_____
Safe Deposit Boxes	_____	_____	_____
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats, RVs, Snowmobiles	_____	_____	_____
Money Owed to You	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____