PERSONAL
ORGANIZER

ELDER LAW
& LIFE CARE
planning center
a practice with purpose

NAME ______________________________

PARTNER NAME ______________________

PLEASE COMPLETE AND RETURN TO CLIENTSERVICES@APRACTICEWITHPUPROSE.COM

HOW DID YOU HEAR ABOUT US?

Please take a moment to let us know how you heard about the Elder Law & Life Care Planning Center.

Please Check One: ☐ Facebook ☐ Internet Search ☐ LinkedIn ☐ AVVO ☐ Attended Forum

☐ Received Mailer ☐ Saw Ad In: ______________________________

☐ Referred by: ______________________ ☐ Other: ______________________

PERSONAL ORGANIZER

CONGRATULATIONS on taking a wise first step in developing a plan to manage your legal and financial affairs to best protect you and your family. This Personal Organizer is important to complete so that our initial meeting with you is most productive. Please complete this organizer as fully as possible so that you will gain the most advice that you can during our upcoming conference.

Please forward this Organizer to us at least one week prior to your meeting date so that we can be adequately prepared to accomplish as much as possible during our initial conference. If you prefer, you may mail or drop these items off at our office location in a sealed envelope marked "CONFIDENTIAL."

Partner 1's Legal Name ____
(name most often used to title property and accounts | First Name, Middle Initial, Last Name)

Also Known As/Preferred Name ________________ Date of Birth ________ ☐ U.S. Citizen ☐ Naturalized Citizen ☐ Resident Alien
(other names to title property and accounts or preferred name)

Home Address ______________________________ City ____________ State ______ Zip ________

Home Phone ________________ Bus/Cell Phone ______________ Which number(s) would you prefer to be contacted at? ☐ Home ☐ Cell What is the best time? ______

Email Address ______________________ ☐ okay to communicate via email? ☐ okay to communicate via text?

Former/Current Occupation ______________ ☐ Retired ☐ Employed Employer ______________________

Relationship Status: ☐ Partners ☐ Married Date of Marriage ______ ☐ First ☐ Second ☐ Third ☐ Other ____

☐ Divorced Date of Divorce ______ ☐ Widowed/Date of Death _____

Veteran: ☐ Yes ☐ No Veteran Spouse: ☐ Yes ☐ No Veteran's Name: ______________________

Branch of Service: ______________ Dates of Service: ______________ War Period: ______________

Honorable Discharge: ☐ Yes ☐ No *Are you currently receiving a VA Payment? ☐ Yes ☐ No

Veteran: Rating ____________ Amount: $____________ Surviving Spouse Amount: $____________

Have you completed previous, will, trust or estate planning? ☐ Yes ☐ No If yes, please check all of the boxes and specify the date for each document you have in your existing plan. Please provide copies if not with this office.

☐ Will______ ☐ Power of Attorney______ ☐ Living Will __________ ☐ Have you made any gifts/ transfers within the past 5 years?

☐ Trust _____ ☐ Health Care Power of Attorney________ ☐ Long-Term Care Insurance ________

Partner 2's Legal Name ______________________________
(name most often used to title property and accounts | First Name, Middle Initial, Last Name)

Also Known As/Preferred Name ____________________ Date of Birth __________ ☐ U.S. Citizen ☐ Naturalized Citizen ☐ Resident Alien
(other names to title property and accounts or preferred name)

Home Address ____ City ________________ State _______ Zip ___________

Home Phone _______________________ Bus/Cell Phone ___________________ Which number(s) would you prefer to be contacted at? ☐ Home ☐ Cell What is the best time?________

Email Address_________________________________ ☐ okay to communicate via email? ☐ okay to communicate via text?

Former/Current Occupation ___________________ ☐ Retired ☐ Employed Employer_______________________________

Relationship Status: ☐ Partners ☐ Married Date of Marriage ______ ☐ First ☐ Second ☐ Third ☐ Other ____

☐ Divorced Date of Divorce ______ ☐ Widowed/Date of Death _____

Veteran: ☐ Yes ☐ No Veteran Spouse: ☐ Yes ☐ No Veteran's Name:__________________________________

Branch of Service:____________________ Dates of Service: _____________________War Period:___________________

Honorable Discharge: ☐ Yes ☐ No *Are you currently receiving a VA Payment? ☐ Yes ☐ No

Veteran: Rating _________________ Amount: $__________________ Surviving Spouse Amount: $__________________

Have you completed previous, will, trust or estate planning?? ☐ Yes ☐ No If yes, please check all of the boxes and specify the date for each document you have in your existing plan. Please provide copies if not with this office.

☐ Will______

☐ Trust _____

☐ Power of Attorney______

☐ Health Care Power of Attorney_________

☐ Living Will __________

☐ Long-Term Care Insurance _________

☐ Have you made any gifts/ transfers within the past 5 years?

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PHYSICAL AND MENTAL ISSUES

Have either of you been previously or recently diagnosed with any physical ailment that affects your life expectancy or may result in a long-term care need? *If yes, please explain:*

Partner 1
☐ Yes ☐ No
Partner 2
☐ Yes ☐ No

Are either of you currently taking medication that might impair your mental faculties or abilities? *If yes, please explain:*

Partner 1
☐ Yes ☐ No
Partner 2
☐ Yes ☐ No

Have either of you been diagnosed with, or have symptoms of, mild cognitive impairment (MCI), dementia, or Alzheimer's disease? *If yes, please explain:*

Partner 1
☐ Yes ☐ No
Partner 2
☐ Yes ☐ No

Have either of you noticed symptoms of the above conditions in the other? *If yes, please explain:*

Partner 1
☐ Yes ☐ No
Partner 2
☐ Yes ☐ No

Have either of you been diagnosed with or have symptoms of depression, anxiety, or mental illness? *If yes, please explain:*

Partner 1
☐ Yes ☐ No
Partner 2
☐ Yes ☐ No

Have either of you been diagnosed with a condition that effects your quality of life, like Lyme Disease or an autoimmune disorder? *If yes, please explain:*

Partner 1
☐ Yes ☐ No
Partner 2
☐ Yes ☐ No

Have either of you been diagnosed with or have symptoms a developmental disability/ development disorder, or are on the autism spectrum? *If yes, please explain:*

Partner 1
☐ Yes ☐ No
Partner 2
☐ Yes ☐ No

PHYSICAL AND MENTAL ISSUES Continued

Have either of you been diagnosed or have symptoms of substance misuse or other addiction like gambling? *If yes, please explain:*

Partner 1

☐ Yes ☐ No

Partner 2

☐ Yes ☐ No

IMPORTANT FAMILY QUESTIONS

1. Are you (or your partner) receiving social security, disability or other governmental benefits? ☐ Yes ☐ No
   If yes, please explain:

2. Are you (or your partner) making payments to a divorce or property settlement order? ☐ Yes ☐ No
   Please describe and provide a copy.

3. Have you signed a nuptial or agreement? ☐ Yes ☐ No
   Please provide copy

4. Have you ever been widowed? ☐ Yes ☐ No
   If a federal or state death/estate tax return filed please provide a copy.

5. Have you (or your partner) ever filed federal or state gift tax returns? ☐ Yes ☐ No
   Please provide copies.

6. Do you currently support any charities or are there any charitable beneficiaries you would like that you would like to include in your estate plan? *If yes, please describe:* ☐ Yes ☐ No

7. Are there any provisions for your pets you would like to include in your plan? ☐ Yes ☐ No
   If yes, please describe:

IMPORTANT FAMILY QUESTIONS Continued

8. Have you lived (while married to a previous spouse) in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin? ☐ Yes ☐ No

9. Are you or your partner named as a beneficiary in anyone else's estate planning documents? ☐ Yes ☐ No
If yes, please describe:

____

10. Do any children or grandchildren have special educational, medical or physical needs? ☐ Yes ☐ No

11. Do any children or grandchildren receive governmental support or benefits? ☐ Yes ☐ No

12. Do you provide primary or other major financial support to adult children, minor grandchildren, family members, or others? *If yes, please describe:* ☐ Yes ☐ No

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REMINDER: Use full legal names (First Name, Middle Initial, Last Name) as you want them to appear in your legal documents.

1. Name ______________________________ Date of Birth __________

Address ______________________________

Spouse's Name ______________________ Spouse's Occupation ______________

Health or Other Concerns ______________________________

Home Phone ______________ Bus Phone ______________ Cell Phone ______________

Identify their relationship to you: Child of: ☐Joint ☐Partner 1 ☐Partner 2 ☐Adopted ☐Foster Child Sex: M / F

Other Relationship (Please specify whose/Grandchild, Niece, Nephew, etc.): ______________

Are They: ☐Student ☐Employed - Occupation ______________

Marital Status: ☐Single ☐Married ☐First ☐Second ☐Other ____ How long? __________

Children: ☐None ☐Yes How many? __________ Age(s) of their child(ren): __________

Residential Address: ______________________________

Potential Problems/Hardships: ______________________________

2. Name ______________________________ Date of Birth __________

Address ______________________________

Spouse's Name ______________________ Spouse's Occupation ______________

Health or Other Concerns ______________________________

Home Phone ______________ Bus Phone ______________ Cell Phone ______________

Identify their relationship to you: Child of: ☐Joint ☐Partner 1 ☐Partner 2 ☐Adopted ☐Foster Child Sex: M / F

Other Relationship (Please specify whose/Grandchild, Niece, Nephew, etc.): ______________

Are They: ☐Student ☐Employed - Occupation ______________

Marital Status: ☐Single ☐Married ☐First ☐Second ☐Other ____ How long? __________

Children: ☐None ☐Yes How many? __________ Age(s) of their child(ren): __________

Residential Address: ______________________________

Potential Problems/Hardships: ______________________________

3. Name ______________________________ Date of Birth __________

Address ______________________________

Spouse's Name ______________________ Spouse's Occupation ______________

Health or Other Concerns ______________________________

Home Phone ______________ Bus Phone ______________ Cell Phone ______________

Identify their relationship to you: Child of: ☐Joint ☐Partner 1 ☐Partner 2 ☐Adopted ☐Foster Child Sex: M / F

Other Relationship (Please specify whose/Grandchild, Niece, Nephew, etc.): ______________

Are They: ☐Student ☐Employed - Occupation ______________

Marital Status: ☐Single ☐Married ☐First ☐Second ☐Other ____ How long? __________

Children: ☐None ☐Yes How many? __________ Age(s) of their child(ren): __________

Residential Address: ______________________________

Potential Problems/Hardships: ______________________________

REMINDER: Use full legal names (First Name, Middle Initial, Last Name) as you want them to appear in your legal documents.

4. Name ______________________________ Date of Birth __________

Address ______________________________

Spouse's Name ______________________________ Spouse's Occupation __________

Health or Other Concerns ______________________________

Home Phone __________ Bus Phone __________ Cell Phone __________

Identify their relationship to you: Child of: ☐Joint ☐Partner 1 ☐Partner 2 ☐Adopted ☐Foster Child Sex: M / F

Other Relationship (Please specify whose/Grandchild, Niece, Nephew, etc.): __________

Are They: ☐Student ☐Employed - Occupation __________

Marital Status: ☐Single ☐Married ☐First ☐Second ☐Other ____ How long? __________

Children: ☐None ☐Yes How many? __________ Age(s) of their child(ren): __________

Residential Address: ______________________________

Potential Problems/Hardships: ______________________________

5. Name ______________________________ Date of Birth __________

Address ______________________________

Spouse's Name ______________________________ Spouse's Occupation __________

Health or Other Concerns ______________________________

Home Phone __________ Bus Phone __________ Cell Phone __________

Identify their relationship to you: Child of: ☐Joint ☐Partner 1 ☐Partner 2 ☐Adopted ☐Foster Child Sex: M / F

Other Relationship (Please specify whose/Grandchild, Niece, Nephew, etc.): __________

Are They: ☐Student ☐Employed - Occupation __________

Marital Status: ☐Single ☐Married ☐First ☐Second ☐Other ____ How long? __________

Children: ☐None ☐Yes How many? __________ Age(s) of their child(ren): __________

Residential Address: ______________________________

Potential Problems/Hardships: ______________________________

6. Name ______________________________ Date of Birth __________

Address ______________________________

Spouse's Name ______________________________ Spouse's Occupation __________

Health or Other Concerns ______________________________

Home Phone __________ Bus Phone __________ Cell Phone __________

Identify their relationship to you: Child of: ☐Joint ☐Partner 1 ☐Partner 2 ☐Adopted ☐Foster Child Sex: M / F

Other Relationship (Please specify whose/Grandchild, Niece, Nephew, etc.): __________

Are They: ☐Student ☐Employed - Occupation __________

Marital Status: ☐Single ☐Married ☐First ☐Second ☐Other ____ How long? __________

Children: ☐None ☐Yes How many? __________ Age(s) of their child(ren): __________

Residential Address: ______________________________

Potential Problems/Hardships: ______________________________

ADVISORS

Personal Attorney ______________________________ Phone ______________________

Financial Advisor ______________________________ Phone ______________________

CPA ______________________________ Phone ______________________

Life Insurance Advisor ______________________________ Phone ______________________

FINANCIAL AND ASSET SUMMARY

This Organizer is designed to help you list all of the assets and property that you own and to approximate its fair market value.

If you do not own property or assets under a particular heading, please leave that section blank.
If a section is insufficient for you to list all of your holdings, attach extra sheets to this Organizer.

It is extremely important that you complete this Organizer as thoroughly and as accurately as you can. Our advice will be based upon the information that you provide us.

OWNERS/BENEFICIARIES AND ACCOUNT NUMBERS

How you own your assets is extremely important for purposes of properly designing and implementing your Family Estate & Legacy Plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

OWNER OF PROPERTY	USE
If an asset is held in Partner 1's name alone w/ no other person	P1
If an asset is held in Partner 2's name alone w/ no other person	P2
Joint Tenancy with Right of Survivorship w/ Partner	JTP
Joint Tenant with someone other than Spouse (i.e. child, parent)	JTO
If you cannot determine how the property is owned	?

If you would like to bring supporting documentation to discuss, here is our suggested list:

- Most Recent Bank, Brokerage, and Investment Statements
- Deeds and Property Records
- Documentation of Sole Proprietorships, Partnership, LLC, Corporate or Closely Held Business Interests
- Most Recent Life Insurance and Annuity Statements and Beneficiary Designations
- Most Recent Retirement Account Statements and Beneficiary Designations (401(k), IRA, 403(b), 457, TSP, SEP, etc.)
- Long-term Care Policy and Most Recent Benefit Statement

See our checklist for convenience

PERSONAL FINANCIAL INFORMATION OVERVIEW

This Overview allows for a snapshot of your monthly income. It is very important to indicate which partner is the legal owner of each item listed and, if jointly owned illustrate attribution amounts in dollar form if possible.

MONTHLY INCOME (GROSS)

SOURCE	PARTNER 1	PARTNER 2	JOINT	TOTAL
Wages				0.00
Pension				0.00
Social Security				0.00
Investments				0.00
Other				0.00
Total Value $	0.00	0.00	0.00	0.00

The above information is accurate as of _________.

MONTHLY INCOME (NET)

SOURCE	PARTNER 1	PARTNER 2	JOINT	TOTAL
Wages				0.00
Pension				0.00
Social Security				0.00
Investments				0.00
Other				0.00
Total Value $	0.00	0.00	0.00	0.00

The above information is accurate as of _________.

REAL PROPERTY

List any interest in real estate in any state or country including your family residence, vacation home, commercial property, vacant land, time share, etc.

GENERAL	OWNER	YEAR	FAIR MARKET VALUE	COST BASIS	LOAN BALANCE
		TOTALS	0.00	0.00	0.00

AUTOMOBILES, BOATS AND RV'S

For every vehicle please list the description, how titled, market value and outstanding encumbrance.

OWNER (please check one)

GENERAL DESCRIPTION	P1	P2	JT	FAIR MARKET VALUE	LOAN BALANCE
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
			TOTALS	0.00	0.00

CASH ACCOUNTS (BANK, SAVINGS, CD & MONEY MARKET)

List each bank and savings account, including the institution and account number. For "type" use the following abbreviations: Checking Account "**CA**": Savings Account "**SA**": Certificates of Deposit "**CD**": Money Market "**MM**". Do NOT include IRA's, 401(k) or Retirement Accounts.

OWNER (please check one)

NAME OF INSTITUTION	TYPE	P1	P2	JT	BALANCE
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
				TOTAL	0.00

NOTES

STOCKS, BONDS & BROKERAGE ACCOUNTS

List any and all stocks, bonds & brokerage accounts you own. Lump all of the assets in each brokerage account into one line item. Only list individual stocks and bonds that you actually hold in certificate form. Do NOT include IRAs, 401(k) or Retirement Accounts.

INVESTMENT	TYPE	OWNER (please check one) P1	P2	JT	BALANCE
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
				TOTAL	0.00

IRA, 401(K) AND OTHER QUALIFIED RETIREMENT ACCOUNTS

This is where you list your IRA, 401(k), 403(b), 457, TSP, SEP, Pension and Retirement Plan Accounts. Lump account balances together. Give both the Owner and the named Primary Beneficiary of each Account. Provide any pertinent information that may not be asked.

RETIREMENT ACCT. INSTITUTION	TYPE	OWNER (please check one) P1	P2	JT	BENEFICIARY	BALANCE
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
					TOTAL	0.00

LIFE INSURANCE POLICIES & ANNUITIES

List all life insurance, indicate whether whole life, split dollar, group life or annuity. List the insurance company, type of policy, owner of the policy, beneficiary of the policy, who pays premiums, cash value and death benefit.

INSTITUTION	WHO'S LIFE INSURED	TYPE	OWNER	BENEFICIARY	CASH VALUE	DEATH BENEFIT
					TOTAL	0.00

CLOSELY HELD BUSINESS INTERESTS

Type: General and Limited Partnerships, LLCs, S Corporations, Sole Proprietorships, Privately owned companies, oil interests, land trusts, gas and oil interests. **Additional Information**: Give a description of the interests, who has the interest, other owners and estimated values.

NAME OF THE BUSINESS	STATE ORGANIZED	TYPE	OWNERSHIP %	FAIR MARKET VALUE
			TOTAL	0.00

MONEY OWED TO YOU

List any mortgages or promissory notes where someone owes you money.

NAME OF DEBTOR	DATE OF NOTE	MATURITY DATE	OWED TO	CURRENT BALANCE
			TOTAL	0.00

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENTS

Type: Gift 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.

OTHER ASSETS NOT OTHERWISE MENTIONED

List any other assets that do not fit into any other listed category.

DESCRIPTION	OWNER (please check one) P1	P2	JT	CURRENT VALUE
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
			TOTAL	0.00

NOTES

FINANCIAL AND ASSET SUMMARY

Total the net equity of all assets held by Partner 1 and Partner 2 individually or jointly.

ASSETS	PARTNER 1	PARTNER 2	JOINTLY	TOTAL VALUE
Real Property				0.00
Furniture and Personalty				0.00
Autos, Boats, RVs				0.00
Cash, Savings, CDs				0.00
Retirement Accounts (Qualified Accounts, i.e. IRAs, Roth IRAs, 401(k)s, 403(b)s, 457s, etc.)				0.00
Brokerage Accounts				0.00
Insurance and Annuities				0.00
Closely Held Businesses				0.00
Money Owed to You				0.00
Inheritance, Gifts, etc.				0.00
Other Assets				0.00
TOTAL ASSETS	0.00	0.00	0.00	0.00

Please provide us copies of bank and brokerage statements, as well as deeds. We use those to accurately communicate with your financial advisors/institutions to properly "fund" any trust that you create.

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LIABILITIES SUMMARY

Total the net equity of all liabilities held by Partner 1 and Partner 2 individually or jointly.

LIABILITIES	PARTNER 1	PARTNER 2	JOINTLY	TOTAL VALUE
Real Property/Mortgage				0.00
Loans Payable				0.00
Other				0.00
TOTAL LIABILITIES	0.00	0.00	0.00	0.00

MONTHLY LIVING EXPENSES

EXPENSES	TOTAL
MORTGAGE	
RENT	
REAL ESTATE TAXES	
WATER	
SEWER	
UTILITIES	
HOMEOWNERS INSURANCE: INCLUDING FLOOD, WIND & HAIL	
HOA / POA	
CONDO FEES	
HOME MAINTENENCE	
MEDICAL COSTS	
HEALTH INSURANCE	
LONG TERM CARE INSURANCE	
LIFE/DISABILITY INSURANCE	
INCOME TAXES	

EXPENSES	TOTAL
TRANSPORTATION/PARKING	
CABLE TV/SUBSCRIPTIONS	
TELEPHONE/CELL PHONE	
CAR INSURANCE/REPAIRS	
GROCERIES	
RESTAURANT/TAKE OUT	
ENTERTAINMENT	
CLOTHING	
TRAVEL	
GIFTS	
CHARITABLE GIVING	
MISC.	
TOTAL	0.00

OTHER LIABILITIES NOT OTHERWISE MENTIONED

List any other liabilities that do not fit into any other listed category.

OWNER (please check one)

DESCRIPTION	P1	P2	JT	CURRENT VALUE
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

MY CONCERNS & ANXIETIES- WHAT'S IMPORTANT TO ME

TO BE COMPLETED BY PARTNER 1

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that prompted them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

1. I want to authorize someone to act for me legally, if I cannot for myself. ☐ Yes ☐ No

2. I want to authorize someone to make my health-care decisions, if I cannot for myself. (Avoid Terri Schiavo Situation- I would like to provide that my death shall not be unnecessarily prolonged by artificial means or measures / God Power / HIPAA Compliant) ☐ Yes ☐ No

3. I want to be able to disinherit a family member of mine. ☐ Yes ☐ No

4. I want to set up Expanded Powers (blank check) / Positioning for crisis planning asset protection (limited instruction.) ☐ Yes ☐ No

5. Protect Assets for Disabled or At-Risk beneficiaries if needed after our/my death. Please answer "yes" or "no" for the items for below.

a. I'm concerned that my parents or my partner's parents will need financial assistance if we were to die prematurely. *Planning for Parents* ☐ Yes ☐ No

b. I have an individual whom I'd like to benefit in my estate planning who has "special needs" and who is currently receiving or may in the future receive governmental benefits but who might lose eligibility if they inherit assets. *Special Needs Beneficiary / Disabled Adult Children* ☐ Yes ☐ No

c. I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them due to their mismanagement of the money and/or poor decision making. *Spend-Thrift / Fiscal Immaturity* ☐ Yes ☐ No

d. I have an individual whom I'd like to benefit in my estate planning but want to make sure inheritance money is being used to support them and pay for their care / restrictions if addictive behaviors persist. *At-Risk Beneficiaries (Addiction)* ☐ Yes ☐ No

If yes, please explain: ____

e. I care for a minor and want to provide for them in my estate plan during incapacity and upon death. *Custodian of Minors* ☐ Yes ☐ No

f. I'm concerned that my children might not provide for my grandchildren's education which is very important to me. *Grandchildren's Education* ☐ Yes ☐ No

6. I am concerned about my beneficiaries arguing over control, money, residual relationship issues from childhood, commencing lawsuits (i.e. will contest) against each other because they feel they have received less than they should have received resulting in severed relationships long-term. *Deter Family Disputes. If yes, please explain:* ____ ☐ Yes ☐ No

7. I want to provide partial asset protection (versus 100% protection) for my partner (or for my partner and beneficiaries) of decedent's property upon the first of us to die <u>but only if surviving partner is disabled</u>. ☐ Yes ☐ No

8. I want to provide asset protection for my children/beneficiaries (for their lives) to protect their inheritance from any of the below:

a. Creditors. I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them to their creditors, lawsuits, or bankruptcy. ☐ Yes ☐ No

b. Children-In-Law. I'm concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance we might leave to our children. ☐ Yes ☐ No

c. Failed Marriages/Divorce Protection/Predator Protection. I'm concerned about what might happen to a beneficiary's inheritance if he or she ever gets a divorce from his or her current or future spouse. ☐ Yes ☐ No

d. Beneficial tax treatment for my beneficiaries is important to me. ☐ Yes ☐ No

9. I want detailed instruction for my care during periods of wellness, disability and death; to provide detailed personal instructions for my loved ones (who gets what, when, how) (My rule book applies). ☐ Yes ☐ No

10. Privacy is important to me. I'm concerned that personal matters involving my family or my finances will become public knowledge and available to people I don't want seeing it, i.e. my business competitors, predators (defrauders/schemers/exploiters), dishonest persons and curiosity seekers.

☐ Yes ☐ No

11. I'm concerned about the unnecessary delays and costs that my estate will incur if my assets pass via a probate proceeding but I am willing to submit to probate to gain protection for my spouse.

NOT APPLICABLE

12. I want to provide advanced planning for my partner/beneficiaries regarding matters like:

a. We have assets such as IRA, 401(k) and ESOP accounts that still have significant income tax liability. *Income Taxes*

☐ Yes ☐ No

b. I have an asset that I'm thinking about selling and I'd like to know how I might reduce or eliminate any capital gains taxes that I might owe. *Capital Gains Tax Concerns*

☐ Yes ☐ No

c. I own a business and I currently have no plans for my disability and my death in the continued operations of that business. *Business Succession Planning*

☐ Yes ☐ No

d. I have assets comprised significantly of one or more assets that are not easily divisible (such as an operating business) and I'm concerned that disputes will arise relating to how the assets might be divided. *Hard-to-Divide Assets*

☐ Yes ☐ No

13. I want to provide full asset protection (versus partial protection) for my partner (or for my partner and beneficiaries) of entire trust property upon the first of us to die, no matter if surviving partner is disabled. (compare to 7).

☐ Yes ☐ No

14. *I want to provide asset protection for us/me during our/my life from creditors, predators, lawsuits, nursing home, etc.*

☐ Yes ☐ No

DISCUSSION POINTS

I am interested in discussing:

a. I own a corporation or limited liability company and I'm concerned that my personal assets may still be exposed to liabilities of the company because I've not held company meetings annually, kept minutes from those meetings, elected officers, etc.	☐ Yes	☐ No
b. I own a business but need to verify that my filings are up to date and accurate. Corporate filings with the Secretary of State.	☐ Yes	☐ No
c. I have a company and I'm concerned that the company might falter if I were to die unexpectedly because I don't currently have a business succession plan.	☐ Yes	☐ No
d. I have a company and I'm concerned that I may pay too much tax when I ultimately sell or transfer ownership.	☐ Yes	☐ No
e. I have a buy-sell agreement with the other owners of the company in which I'm involved but I have no idea if it's up-to-date or if the company will have to funds to buy out my interest if I were to die.	☐ Yes	☐ No
f. I have property owned as joint tenants with someone other than my partner and I'm concerned that a creditor of that other person could take the entire property.	☐ Yes	☐ No
g. I have concerns that either myself or a beneficiary may owe a tax liability to the IRS or the State.	☐ Yes	☐ No
h. I would like to know my options for naming a charity both during my lifetime and at my death.	☐ Yes	☐ No
i. I want to provide advanced planning for my partner/beneficiaries regarding matters like:	☐ Yes	☐ No
1) I have already transferred assets to my kids that I want to protect.	☐ Yes	☐ No
2) I have an estate valued beyond Federal/State limits.	☐ Yes	☐ No

Other:____

____

____

____

____

____

Partner 2 has the same concerns ☐ Yes ☐ No

TO BE COMPLETED BY PARTNER 2 (IF DIFFERING FROM PARTNER 1)

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that prompted them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

1. I want to authorize someone to act for me legally, if I cannot for myself. ☐ Yes ☐ No

2. I want to authorize someone to make my health-care decisions, if I cannot for myself. (Avoid Terri Schiavo Situation- I would like to provide that my death shall not be unnecessarily prolonged by artificial means or measures / God Power / HIPAA Compliant) ☐ Yes ☐ No

3. I want to be able to disinherit a family member of mine. ☐ Yes ☐ No

4. I want to set up Expanded Powers (blank check) / Positioning for crisis planning asset protection (limited instruction.) ☐ Yes ☐ No

5. Protect Assets for Disabled or At-Risk beneficiaries if needed after our/my death. Please answer "yes" or "no" for the items for below.

   a. I'm concerned that my parents or my partner's parents will need financial assistance if we were to die prematurely. *Planning for Parents* ☐ Yes ☐ No

   b. I have an individual whom I'd like to benefit in my estate planning who has "special needs" and who is currently receiving or may in the future receive governmental benefits but who might lose eligibility if they inherit assets. *Special Needs Beneficiary / Disabled Adult Children* ☐ Yes ☐ No

   c. I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them due to their mismanagement of the money and/or poor decision making. *Spend-Thrift / Fiscal Immaturity* ☐ Yes ☐ No

d. I have an individual whom I'd like to benefit in my estate planning but want to make sure inheritance money is being used to support them and pay for their care / restrictions if addictive behaviors persist. *At-Risk Beneficiaries (Addiction)* ☐ Yes ☐ No

If yes, please explain: ____

e. I care for a minor and want to provide for them in my estate plan during incapacity and upon death. *Custodian of Minors* ☐ Yes ☐ No

f. I'm concerned that my children might not provide for my grandchildren's education which is very important to me. *Grandchildren's Education* ☐ Yes ☐ No

6. I am concerned about my beneficiaries arguing over control, money, residual relationship issues from childhood, commencing lawsuits (i.e. will contest) against each other because they feel they have received less than they should have received resulting in severed relationships long-term. *Deter Family Disputes. If yes, please explain:* ____ ☐ Yes ☐ No

7. I want to provide partial asset protection (versus 100% protection) for my partner (or for my partner and beneficiaries) of decedent's property upon the first of us to die <u>but only if surviving partner is disabled</u>. ☐ Yes ☐ No

8. I want to provide asset protection for my children/beneficiaries (for their lives) to protect their inheritance from any of the below:

a. Creditors. I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them to their creditors, lawsuits, or bankruptcy. ☐ Yes ☐ No

b. Children-In-Law. I'm concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance we might leave to our children. ☐ Yes ☐ No

c. Failed Marriages/Divorce Protection/Predator Protection. I'm concerned about what might happen to a beneficiary's inheritance if he or she ever gets a divorce from his or her current or future spouse. ☐ Yes ☐ No

d. Beneficial tax treatment for my beneficiaries is important to me. ☐ Yes ☐ No

9. I want detailed instruction for my care during periods of wellness, disability and death; to provide detailed personal instructions for my loved ones (who gets what, when, how) (My rule book applies). ☐ Yes ☐ No

10. Privacy is important to me. I'm concerned that personal matters involving my family or my finances will become public knowledge and available to people I don't want seeing it, i.e. my business competitors, predators (defrauders/schemers/exploiters), dishonest persons and curiosity seekers.

☐ Yes ☐ No

11. I'm concerned about the unnecessary delays and costs that my estate will incur if my assets pass via a probate proceeding but I am willing to submit to probate to gain protection for my spouse.

NOT APPLICABLE

12. I want to provide advanced planning for my partner/beneficiaries regarding matters like:

a. We have assets such as IRA, 401(k) and ESOP accounts that still have significant income tax liability. *Income Taxes*

☐ Yes ☐ No

b. I have an asset that I'm thinking about selling and I'd like to know how I might reduce or eliminate any capital gains taxes that I might owe. *Capital Gains Tax Concerns*

☐ Yes ☐ No

c. I own a business and I currently have no plans for my disability and my death in the continued operations of that business. *Business Succession Planning*

☐ Yes ☐ No

d. I have assets comprised significantly of one or more assets that are not easily divisible (such as an operating business) and I'm concerned that disputes will arise relating to how the assets might be divided. *Hard-to-Divide Assets*

☐ Yes ☐ No

13. I want to provide full asset protection (versus partial protection) for my partner (or for my partner and beneficiaries) of entire trust property upon the first of us to die, no matter if surviving partner is disabled. (compare to 7).

☐ Yes ☐ No

14. *I want to provide asset protection for us/me during our/my life from creditors, predators, lawsuits, nursing home, etc.*

☐ Yes ☐ No

DISCUSSION POINTS

I am interested in discussing:

a. I own a corporation or limited liability company and I'm concerned that my personal assets may still be exposed to liabilities of the company because I've not held company meetings annually, kept minutes from those meetings, elected officers, etc.	☐ Yes ☐ No
b. I own a business but need to verify that my filings are up to date and accurate. Corporate filings with the Secretary of State.	☐ Yes ☐ No
c. I have a company and I'm concerned that the company might falter if I were to die unexpectedly because I don't currently have a business succession plan.	☐ Yes ☐ No
d. I have a company and I'm concerned that I may pay too much tax when I ultimately sell or transfer ownership.	☐ Yes ☐ No
e. I have a buy-sell agreement with the other owners of the company in which I'm involved but I have no idea if it's up-to-date or if the company will have to funds to buy out my interest if I were to die.	☐ Yes ☐ No
f. I have property owned as joint tenants with someone other than my partner and I'm concerned that a creditor of that other person could take the entire property.	☐ Yes ☐ No
g. I have concerns that either myself or a beneficiary may owe a tax liability to the IRS or the State.	☐ Yes ☐ No
h. I would like to know my options for naming a charity both during my lifetime and at my death.	☐ Yes ☐ No
i. I want to provide advanced planning for my spouse/beneficiaries regarding matters like:	☐ Yes ☐ No
1) I have already transferred assets to my kids that I want to protect.	☐ Yes ☐ No
2) I have an estate valued beyond Federal/State limits.	☐ Yes ☐ No

Other:____

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