

PERSONAL ORGANIZER



ELDER LAW
LIFE CARE
planning center

a practice with purpose

NAME _____

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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."

PERSONAL INFORMATION

Your 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: Single Partner Formerly Married First Second Third Other _____

Divorced Date of most recent 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 _____

PHYSICAL AND MENTAL ISSUES

Have 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:*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

IMPORTANT FAMILY QUESTIONS

1. Are you receiving social security, disability or other governmental benefits?

If yes, please explain:

Yes No

2. Are you making payments to a divorce or property settlement order?

Please describe and provide a copy.

Yes No

3. Have you ever been widowed?

If a federal or state death/estate tax return filed please provide a copy.

Yes No

4. Have you ever filed federal or state gift tax returns?

Please provide copies.

Yes No

5. 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

6. Are there any provisions for your pets you would like to include in your plan?

If yes, please describe:

Yes No

7. Are you named as a beneficiary in anyone else's estate planning documents?

If yes, please describe:

Yes No

8. Do any children or grandchildren have special educational, medical or physical needs?

Yes No

9. Do any children or grandchildren receive governmental support or benefits?

Yes No

10. Do you provide primary or other major financial support to adult children, minor grandchildren, family members, or others? *If yes, please describe:*

Yes No

CHILDREN | GRANDCHILDREN | OTHER BENEFICIARIES | FAMILY MEMBERS

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 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 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 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: _____

CHILDREN | GRANDCHILDREN | OTHER BENEFICIARIES | FAMILY MEMBERS

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 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 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 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 your name alone w/ no other person (i.e. Sole Ownership)	S1
Joint Tenant with someone (i.e. child, parent, other)	JT0
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 how each income stream is legally owned and, if jointly owned illustrate attribution amounts in dollar form if possible.

MONTHLY INCOME (GROSS)

SOURCE	YOUR INCOME
Wages	
Pension	
Social Security	
Investments	
Other	
Total Value \$	

MONTHLY INCOME (NET)

SOURCE	YOUR INCOME
Wages	
Pension	
Social Security	
Investments	
Other	
Total Value \$	

The above information is accurate as of _____.

The above information is accurate as of _____.

REAL PROPERTY

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

OWNER (please check one)

GENERAL	S1	JTO	YEAR	FAIR MARKET VALUE	COST BASIS	LOAN BALANCE
TOTALS						

NOTES

AUTOMOBILES, BOATS AND RV'S

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

GENERAL DESCRIPTION	OWNER (please check one)		FAIR MARKET VALUE	LOAN BALANCE
	S1	JT		
TOTALS				

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.

NAME OF INSTITUTION	TYPE	OWNER (please check one)		BALANCE
		S1	JT	
TOTAL				

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)		BALANCE
		S1	JT	
TOTAL				

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)		BENEFICIARY	BALANCE
		S1	JT		
TOTAL					

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						

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				

MONEY OWED TO YOU

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

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

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)		CURRENT VALUE
	S1	JT	
TOTAL			

NOTES

FINANCIAL AND ASSET SUMMARY

Total the net equity of all assets held by yourself or jointly with another individual or entity.

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

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.

NOTES

LIABILITIES SUMMARY

Total the net equity of all liabilities held by yourself.

LIABILITIES	SOLE DEBTS	JOINT DEBTS	TOTAL VALUE
Real Property/Mortgage	_____	_____	_____
Loans Payable	_____	_____	_____
Other	_____	_____	_____
TOTAL LIABILITIES	_____	_____	_____

MONTHLY LIVING EXPENSES

EXPENSES	TOTAL	EXPENSES	TOTAL
MORTGAGE		TRANSPORTATION/PARKING	
RENT		CABLE TV/SUBSCRIPTIONS	
REAL ESTATE TAXES		TELEPHONE/CELL PHONE	
WATER		CAR INSURANCE/REPAIRS	
SEWER		GROCERIES	
UTILITIES		RESTAURANT/TAKE OUT	
HOMEOWNERS INSURANCE: INCLUDING FLOOD, WIND & HAIL		ENTERTAINMENT	
HOA / POA		CLOTHING	
CONDO FEES		TRAVEL	
HOME MAINTENANCE		GIFTS	
MEDICAL COSTS		CHARITABLE GIVING	
HEALTH INSURANCE		MISC.	
LONG TERM CARE INSURANCE		TOTAL	
LIFE/DISABILITY INSURANCE			
INCOME TAXES			

OTHER LIABILITIES NOT OTHERWISE MENTIONED

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

OWNER (please check one)

DESCRIPTION	S1	JT	CURRENT VALUE

TO BE COMPLETED BY YOU

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 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

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*

Yes No

7. I want to provide partial asset protection for my partner or my partner and beneficiaries of the decedent's property only (whoever dies first) after the death of the first of us but only if the survivor of us is disabled in the moment of the first death. (PROBATE REQUIRED).

NOT APPLICABLE

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 partner.

Yes No

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 protect my surviving spouse in case of accident, unforeseen illness, disability, nursing home, creditors, predators, financial exploitation, undue influence with enhanced asset protection for the survivor of us or the survivor and descendants regardless of disability of my surviving spouse (compare to 7)

NOT APPLICABLE



14. I want to provide asset protection for me during 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. Business Succession Plan #1.

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. Business Succession Plan #2.

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 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 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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