



ELDER LAW PLANNING WORKSHEET

**USING THIS WORKSHEET WILL ASSIST US IN DESIGNING A PLAN THAT MEETS YOUR SPECIFIC GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

Date Returned: _____

PERSONAL INFORMATION

Date Completed: _____ Referred By: _____

Client's Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____ Cell Phone _____
(other names used to title property and accounts)

Home Address _____ City _____ State _____ Zip _____

County of Residence _____ Home Phone _____

E-mail Address _____ It is okay to communicate via my E-mail address.

Married _____ Single _____ Divorced* _____ Widow _____ Partner _____

(Date of Marriage: _____)

*If divorced, please provide a copy of divorce decree and any property settlement agreement.

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

How do you want your name to appear on legal documents: _____
(Please Print Clearly)

Spouse Information

Spouse's Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____ Cell Phone _____
(other names used to title property and accounts)

Home Address _____ City _____ State _____ Zip _____

County of Residence _____ Home Phone _____

E-mail Address _____ It is okay to communicate via my E-mail address.

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

How do you want your name to appear on legal documents: _____
(Please Print Clearly)

	YOU	YOUR SPOUSE
Social Security #		
Date of Birth		
U.S. Citizen	YES NO	YES NO
Military Service	Branch _____ Dates of Service _____	Branch _____ Dates of Service _____

ESTATE DOCUMENTS

Do you have any of the following documents?	You	Spouse
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any estate documents please note year created _____ and in which state _____.

***Please bring copies of all estate documents, i.e. powers of attorney, wills, etc. to your first meeting.**

PROFESSIONAL ADVISORS

Accountant _____

Phone: _____ Email: _____

Financial Advisor _____

Phone: _____ Email: _____

Life Insurance Agent _____

Phone: _____ Email: _____

Physician _____

Phone: _____ Email: _____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
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

Please provide a brief health history, include any recent hospitalizations and diagnosis for you and your spouse:

Describe any memory problems, issues pertaining to dementia, Alzheimer's or mental capacity:

Please provide a brief summary of your concerns or other issues of relevance:

YOUR CHILDREN

1. _____
LEGAL NAME DATE OF BIRTH GENDER

EMAIL HOME PHONE CELL PHONE

ADDRESS

- BIOLOGICAL
- LEGALLY ADOPTED
- FOSTER
- SPECIAL NEEDS
- DEPENDENT
- MARRIED

- RELATED TO:
- BOTH
 - YOU ONLY
 - SPOUSE ONLY

2. _____
LEGAL NAME DATE OF BIRTH GENDER

EMAIL HOME PHONE CELL PHONE

ADDRESS

- BIOLOGICAL
- LEGALLY ADOPTED
- FOSTER
- SPECIAL NEEDS
- DEPENDENT
- MARRIED

- RELATED TO:
- BOTH
 - YOU ONLY
 - SPOUSE ONLY

3. _____
LEGAL NAME DATE OF BIRTH GENDER

EMAIL HOME PHONE CELL PHONE

ADDRESS

- BIOLOGICAL
- LEGALLY ADOPTED
- FOSTER
- SPECIAL NEEDS
- DEPENDENT
- MARRIED

- RELATED TO:
- BOTH
 - YOU ONLY
 - SPOUSE ONLY

***If more space needed, please add a blank page and continue listing children in this format**

YOUR GRANDCHILDREN

1. _____

LEGAL NAME	DATE OF BIRTH	GENDER
EMAIL	HOME PHONE	CELL PHONE

ADDRESS

- BIOLOGICAL
- LEGALLY ADOPTED
- FOSTER
- SPECIAL NEEDS
- DEPENDENT
- MARRIED

RELATED TO:

- BOTH
- YOU ONLY
- SPOUSE ONLY

PARENTS NAMES _____

2. _____

LEGAL NAME	DATE OF BIRTH	GENDER
EMAIL	HOME PHONE	CELL PHONE

ADDRESS

- BIOLOGICAL
- LEGALLY ADOPTED
- FOSTER
- SPECIAL NEEDS
- DEPENDENT
- MARRIED

RELATED TO:

- BOTH
- YOU ONLY
- SPOUSE ONLY

PARENTS NAMES _____

3. _____

LEGAL NAME	DATE OF BIRTH	GENDER
EMAIL	HOME PHONE	CELL PHONE

ADDRESS

- BIOLOGICAL
- LEGALLY ADOPTED
- FOSTER
- SPECIAL NEEDS
- DEPENDENT
- MARRIED

RELATED TO:

- BOTH
- YOU ONLY
- SPOUSE ONLY

PARENTS NAMES _____

4. _____

LEGAL NAME

DATE OF BIRTH

GENDER

EMAIL

HOME PHONE

CELL PHONE

ADDRESS

- BIOLOGICAL
- LEGALLY ADOPTED
- FOSTER
- SPECIAL NEEDS
- DEPENDENT
- MARRIED

RELATED TO:

- BOTH
- YOU ONLY
- SPOUSE ONLY

PARENTS NAMES _____

5. _____
 NAME DATE OF BIRTH GENDER

 EMAIL HOME PHONE CELL PHONE

ADDRESS

- BIOLOGICAL
- LEGALLY ADOPTED
- FOSTER
- SPECIAL NEEDS
- DEPENDENT
- MARRIED

RELATED TO:

- BOTH
- YOU ONLY
- SPOUSE ONLY

PARENTS NAMES _____

6. _____
 NAME DATE OF BIRTH GENDER

 EMAIL HOME PHONE CELL PHONE

ADDRESS

- BIOLOGICAL
- LEGALLY ADOPTED
- FOSTER
- SPECIAL NEEDS
- DEPENDENT
- MARRIED

RELATED TO:

- BOTH
- YOU ONLY
- SPOUSE ONLY

PARENTS NAMES _____

OTHER RELATIONSHIPS

(Family or friends who you may want in your estate plan)

1. _____

LEGAL NAME	DATE OF BIRTH	GENDER
EMAIL	HOME PHONE	CELL PHONE
ADDRESS		

- MARRIED
- SPECIAL NEEDS
- DEPENDENT

- RELATED TO:
- BOTH
 - YOU ONLY
 - SPOUSE ONLY

RELATIONSHIP: _____

2. _____

LEGAL NAME	DATE OF BIRTH	GENDER
EMAIL	HOME PHONE	CELL PHONE
ADDRESS		

- MARRIED
- SPECIAL NEEDS
- DEPENDENT

- RELATED TO:
- BOTH
 - YOU ONLY
 - SPOUSE ONLY

RELATIONSHIP: _____

3. _____

LEGAL NAME	DATE OF BIRTH	GENDER
EMAIL	HOME PHONE	CELL PHONE
ADDRESS		

- MARRIED
- SPECIAL NEEDS
- DEPENDENT

- RELATED TO:
- BOTH
 - YOU ONLY
 - SPOUSE ONLY

RELATIONSHIP: _____

FINANCIAL INFORMATION

1. Do you own your own home or any other real property (land, vacation home, etc.)?

Description/Address	How is it Titled	Purchase Price	Current Value	Mortgage	Equity

2. Do you own other property that has a title such as an automobile, boat, motorcycle, etc.?

Description	How is it Titled	Purchase Price	Current Value	Loan	Equity

3. Checking Accounts, Savings Accounts, CDs:

Name of Institution	How is it Titled	Account #	Approximate Balance

4. Income:

Source (i.e. Social Security, Retirement, etc.)	To Whom (Self, Spouse)	Monthly Gross Amount

5. Stock, Bonds, Mutual Funds:

Description and # of Shares if applicable	Account #	How is it Titled	Purchase Price	Current Value

6. IRAs, profit sharing, pension plans:

Description	How is it Titled	Current Value

7. Do you own a Business or Business Interest?

Name of Business/Entity	Type of Business (LLC, Partnership, etc.)	Home Office Address	Type of Interest	Value of Interest

8. Do you have Life insurance or annuities (term or whole life)?

Company Name	Owner of Policy	Insured	Beneficiary	Cash Value (if any)	Death Benefit

9. Does anyone owe you money?

Name (Who owes you)	Why Owed (loan,	How much	Monthly	Pay in	Total

	etc.)	is owed?	PMT or	Full	Owed

10. Specific items of value such as antiques, jewelry, guns, etc.?

Description	Approximate Value

11. Approximate value of your personal property such as clothes, furniture, etc. (do not include items listed above). \$ _____

12. Debts not listed above like credit cards, personal loans, etc.:

Description of Debt	How is it Titled	Balance Owed

EXPECTED FUTURE INCOME

	YOU	YOUR SPOUSE
Do you expect to receive:	Gift [] How much \$ _____	Gift [] How much \$ _____
	Inheritance [] How much \$ _____	Inheritance [] How much \$ _____
	Lawsuit Proceeds [] How much \$ _____	Lawsuit Proceeds [] How much \$ _____
	Other Monies [] How much \$ _____	Other Monies [] How much \$ _____
	Source: _____	Source: _____

OTHER ASSETS

ANY property that you have that does not fit into any listed category above, and its value.

	\$ _____
	\$ _____
	\$ _____

SUMMARY OF VALUES

ASSETS/INCOME	Amount	
	Client	Other*
Real Property		
Furniture and Personal Effects		
Automobiles, Boats and RV's		
Income		
Bank and Savings Accounts		
Stocks and Bonds		
Life Insurance and Annuities		
Retirement Plans		
Business Interests		
Money owed to you		
Anticipated Inheritance, Etc.		
Other Assets		
Total Assets:		

***Values for property owned with others: put your ownership percentage under client, put other's ownership percentage under other.**

1. To whom do you want your property distributed at your death?

2. Do you have specific bequests of personal property to be identified in your will/trust?

3. Do you want to disclaim any potential heirs? If so, list those potential heirs and relationship:
 - a. _____
 - b. _____

4. If you have minor children, who do you want to serve as their guardian (list in order)?
 - a. _____
 - b. _____

5. If there is a trust in place for your minor children (Living Trust, Testamentary Trust, etc.) who do you want to serve as the Trustee of the trust, list in order?
 - a. _____
 - b. _____

6. Whom do you wish to name as your Executor? _____
 Relationship of your Executor: _____
 Successor Executor? _____
 Relationship of Successor Executor: _____

7. Whom does your spouse wish to name as Executor? _____
 Relationship of spouse's Executor: _____
 Spouse's Successor Executor? _____
 Relationship of spouse's Successor Executor? _____

8. Upon completion of your estate plan, do you wish to have an annual meeting to have your plan reviewed and updated? YES NO

FINANCIAL POWER OF ATTORNEY (POA)

If you were unable to make financial decisions for yourself, who would you want to make those decision for you? A Financial Power of Attorney is an individual who is authorized to act on your behalf in a limited capacity.

Position	For You	For Spouse
POA	_____	_____
1 st Successor	_____	_____
2 nd Successor	_____	_____

If more than one POA is selected, you must choose if they may act alone, without the approval or consent of any other POA, **or** act jointly with any other POA, which means all POA's **must** be present for all decisions and signing of documents?

- Yes, my POA's may act independently of each other
- No, each task and decision must be made jointly by all POA's.

This Financial Power of Attorney shall take effect: Immediately Upon incapacitation*

*If upon incapacitation is chosen, a doctor must deem you incompetent to make your own decisions before your POA may act on your behalf.

HEALTH CARE POWER OF ATTORNEY (HCPOA)

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to medical treatment? A Health Care Power of Attorney is an individual that you select to make decisions should you become incapacitated.

Position	For You	For Spouse
HCPOA	_____	_____
1 st Successor	_____	_____
2 nd Successor	_____	_____

If more than one HCPOA is selected, you must choose if they may act alone, without the approval or consent of any other HCPOA, **or** act jointly with any other HCPOA, which means all HCPOA's **must** be present for all decisions?

- Yes, my HCPOAs may act independently of each other.
- No, each task and decision must be made jointly by all HCPOAs

Do you want to authorize your HCPOA to take whatever steps are necessary to keep you in a personal residence rather than nursing home? Yes No

Do you want to provide that upon certification by two physicians of need for psychological or substance treatment, your HCPOA may arrange for voluntary admission? Yes No

HIPAA WAIVER

The individual(s) you appoint as your HIPAA Agent(s) will immediately have full access to your medical records, waiving privacy laws. Please list the individuals to be named as Authorized Agents under the Health Insurance Portability and Accountability Act (HIPAA).

You

Spouse

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? Yes No

Any property not listed on the memorandum should be distributed to:

- Children equally. To the balance of the trust. Other named individuals. List on next line:

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual or Charity Name

Amount or Property

DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH

DIVIDE EQUALLY BETWEEN MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:

DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.

STRUCTURED TRUST: You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary’s needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and carry out your distribution instructions. List your desires here:

OTHER ESTATE PLANNING INFORMATION

9. Have you made any financial gifts of any value to any one person in the last five years? If yes, give the name of the donee, date of the gift, and approximate value of gift.

Name of Donee	Date of Gift	Approximate Value of Gift

FUNERAL PLANNING

1. Disposition of remains. Please indicate wishes below for you and your spouse.

	Burial	Cremation*	Anatomical Gift	Other
You				
Your Spouse				

*If Cremation is desired, a special provision will be placed in your legal documents.

2. Any specific instructions?

3. Do you have pre-paid funeral plans? Yes [] No []

Does your spouse have pre-paid funeral plans? Yes [] No []