



ESTATE PLANNING WORKSHEET

Prospective Client-

In order to best serve you and your interests, ***complete and return*** this packet as soon as possible. This will allow us to understand the specifics of your situation in order to prepare for your *Legacy Planning Session*. To maximize your meeting, we ask that you send this worksheet back prior to your *Legacy Planning Session*. You can send it in the mail, or scan and email it to ***Christee@VoyantLegal.com***. If you send it using regular mail, be sure to allow sufficient time for it to be delivered prior to your meeting.

In order to complete this packet, you will need to compile basic personal information, asset information, and family information. Everything that is in this packet is necessary to ensure an efficient and effective estate planning process for you and your family.

Be as complete as possible in filling out the personal information. When listing assets and income, it is not imperative that every figure be exact, but it is important that you provide as much information as possible.

Call our office at the number listed below if you have any questions or need any assistance.

Sincerely,

Christee Nabor
Voyant Legal

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL
PERSONAL INFORMATION

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

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

Prefer to be called: _____ Birth date: _____ US Citizen? _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone Number: _____ Business Telephone: _____

E-mail Address: _____

Occupation: _____ Employer: _____

Served in Active Duty? Yes No Service Date _____ to _____

Married: Year of Marriage: _____ or Divorced Widowed Single

Cohabiting: Domestic Partnership Registration Filed? _____

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

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

Prefer to be called: _____ Birth date: _____ US Citizen? _____

Cell Phone Number: _____ Business Telephone: _____

E-mail Address _____

Occupation: _____ Employer: _____

Served in Active Duty? Yes No Service Date _____ to _____

CHILDREN AND/OR OTHER BENEFICIARIES

Use full legal name for each child.

For blended families, please indicate which, if any, party is the only legal guardian.

Example: Betty Ann Doe

November 1, 2000

Joint/John/Jan

Name:

Birth Date:

Parent(s)

Do you have legal arrangements for temporary or long term guardians for minor children in case of accident?

- Yes
 No
 N/A

Name:

Birth Date:

Relationship

YOUR PLANNING OBJECTIVES

Indicate the level of importance of each of these considerations related to your personal estate plan.

Preserve and Maximize Assets:

More Less
Important Important

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | By minimizing taxes during your life and minimizing estate taxes upon your death |
| <input type="checkbox"/> | <input type="checkbox"/> | By reducing estate administration costs through probate avoidance |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoid or limit Medicaid claims on your assets should you require long-term care |
| <input type="checkbox"/> | <input type="checkbox"/> | By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government |

Protect You and Your Family:

More Important Less Important

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | From probate stress and delays of the average 16-month process of probate |
| <input type="checkbox"/> | <input type="checkbox"/> | From healthcare decisions made by people other than those you trust most |
| <input type="checkbox"/> | <input type="checkbox"/> | From claims of divorced spouses to take half of your child or beneficiary's inheritance |
| <input type="checkbox"/> | <input type="checkbox"/> | From the financial immaturity resulting in a quick loss of an inheritance |
| <input type="checkbox"/> | <input type="checkbox"/> | From relatives who would be poor, abusive or dangerous guardians or from foster care |
| <input type="checkbox"/> | <input type="checkbox"/> | From predators who can discover inheritance amounts and target young or vulnerable beneficiaries |

IMPORTANT ESTATE QUESTIONS

Do you have a will or other estate planning document? Yes No
Please send a copy to us before your planning session

Do you have one or more trusts? Yes No
Please send a copy back with this document to review

If married have you and your spouse signed a pre- or post-marriage contract? Yes No
Please bring a copy to our planning session

Do you or any of your beneficiaries have disabilities, serious health problems or other special needs? Yes No

Do you own a long-term care (nursing home) insurance policy? Yes No

Are you (or your partner) currently the beneficiary of anyone else's trust? Yes No
If so, please explain below.

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.

PROFESSIONAL ADVISORS

Indicate which of the following professional advisors you currently use.
If you do not currently have an advisor, indicate with N/A.

Financial Planner: _____

Accountant: _____

Insurance Agent: _____

INCOME INFORMATION

List your income information in the appropriate section below.
Indicate future expected Social Security, Pension, or Annuity figures.

INCOME:	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

How would your income change for the surviving partner if one of you were to pass away?

ASSETS INFORMATION

REAL PROPERTY

TYPE: Property - List any interest in real estate including your family residence, vacation home, time share or vacant land. (Include APN and manner in which title is held if known – I.E. Joint Tenant, Community Property, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

STOCKS, BONDS, AND RETIREMENT PLANS

TYPE: Stocks and Bonds - List any and all stocks and bonds you own. If held in a brokerage account, lump them together

TYPE: Retirement Plans - Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K), etc.

Name of Institution or Investment	Type	Owner	Amount
Total			_____

CHECKING & SAVINGS ACCOUNTS

NOTE: List all accounts, per institution, per owner as a whole number/balance.

<u>Name of Institution or Investment</u>	<u>Owner</u>	<u>Balance</u>
Example: Alliance Credit Union	Husband, Wife, or Joint	\$50,000
Total		_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity, etc.

Insurance Provider	Type	Owner	Amount
Example: All State Insurance	Life Insurance	Husband, Wife, or Joint	\$150,000
Total			_____

OTHER ASSETS

TYPE: Business Interests – General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, or farm and ranch interests.

TYPE: Anticipated Benefits – 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.

TYPE: Owed to you – Mortgages or promissory notes payable **to you**, or other moneys owed to you.

TYPE: Personal Property – List significant or major personal effects such as jewelry, collections, antiques, etc. and the total value

TYPE: Other – Other property is any property that you have that does not fit into any listed category.

Type or Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

SUMMARY OF VALUES

List and total the values from the previous sections and separate the assets by owner. If all assets are owned together, they will each go under “Joint”.

ASSETS	Summation		
	Husband	Wife	Joint
Total Assets:	\$ _____	\$ _____	\$ _____