LIFE PLAN ORGANIZER

All information disclosed on this Questionnaire will be held in the strictest confidence and will not be disclosed to any third party without your consent.

Please check what applies:
□ Single □Married □Domestic Partner

Personal Information

Party 1

Full Legal Name _____ Nickname/AKA_____

Name on Legal Documents _____ SSN _____

Address _____City _____State _____ Zip _____

Home Phone_____ Cell Phone_____ Birthdate_____

Personal Email _____ US Citizen? □ Yes □ No Veteran □ Yes □ No

Employer_____ Position_____ Driver's License #_____

Are either of your parents still living? □Yes □ No

Are either of your grandparents still living? □ Yes □ No

Party 2

Full Legal Name _____ Nickname_____

Name on Legal Documents _____ SSN _____

Address _____City _____State _____ Zip _____

Home Phone_____ Cell Phone_____ Birthdate_____

Personal Email _____ US Citizen? □ Yes □ No. Veteran? □ Yes □ No

Employer_____ Position_____ Driver's License # _____

Are either of your parents still living? □Yes □ No

Are either of your grandparents still living? □ Yes □No

Date of Marriage _____

Are you cohabitating with anyone? How long? □Yes □ No _____.
Do you have an existing Prenuptial Agreement? □Yes □ No
Were either of you previously married? □Yes □ No
Do you or your spouse have any immediate health concerns? □Yes □ No
Do you or your spouse have Long Term Care Insurance? □Yes □ No
Do you or your spouse have Prepaid Burial Arrangements? □Yes □ No
Have you or your spouse ever lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas or Wisconsin?
□ Yes □ No. **Circle which state(s).**

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Children (by Birth or Adoption)
Please provide the name and address for all living children...

Name and Address	Birthdate and Age	Child Of
		☐ Party 1 ☐ Party 2 ☐ Joint
		☐ Party 1 ☐ Party 2 ☐ Joint
		☐ Party 1 ☐ Party 2 ☐ Joint
		☐ Party 1 ☐ Party 2 ☐ Joint
		☐ Party 1 ☐ Party 2 ☐ Joint

Does any child or grandchild have a disability? ☐ Yes ☐ No.

Does any child have special educational, medical or physical needs, or receive governmental benefits? ☐ Yes ☐ No.
If you answered yes to either question please specify which child/children. _____

Do you wish to disinherit any child? ☐ Yes ☐ No.

Grandchildren
Please list the names and ages of all grandchildren.

Name	Age

Advisors

Accountant _____ Phone _____

Financial Advisor _____ Phone _____

Insurance Agent _____ Phone _____

Referred to Our Firm by: _____

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Designations

Guardians

Who will serve as a guardian for your minor children (if applicable)?

	Party 1's Designation	Party 2's Designation
First Choice	Name: Relationship:	Name: Relationship:
Second Choice	Name: Relationship:	Name : Relationship:

Financial Power of Attorney

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

	Party 1's Designation	Party 2's Designation
First Choice	Name: Relationship:	Name: Relationship:
Second Choice	Name: Relationship:	Name: Relationship:

Medical Power of Attorney

If you were (both) incapacitated for any period of time, who would you choose to make health care decisions for you?

	Party 1's Designation	Party 2's Designation
First Choice	Name: Relationship:	Name: Relationship:
Second Choice	Name: Relationship:	Name: Relationship:

Personal Representative/ Trustee

After your death, who would you like to manage the probate or trust administration process for you?

	Party 1's Designation	Party 2's Designation
First Choice	Name: Relationship:	Name: Relationship:
Second Choice	Name: Relationship:	Name: Relationship:

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Asset Information

The values listed are for discussion purposes only. A more accurate list will be obtained at a later dated. You may use the back of this paper to continue a list in each category of asset, if applicable.

To identify the Type of an asset, use **"JTS"** for joint ownership with spouse; **"JTO"** for joint ownership with non-spouse; **"P1"** for Party 1 as sole owner; **"P2"** for Party 2 as sole owner; **"B"** if owned by a business entity; or **"T"** if owned by a revocable trust that you have created.

Bank and Savings Accounts

To identify type of account, use **"CA"** for checking account; **"SA"** for savings account; **"CD"** for certificate of deposit; **"MM"** for money market account. ***Do not include IRAs or 401(k)'s here*.**

Financial Institution	Owner	Type of Account	Market Value	Beneficiary Designated?
1.				
2.				
3.				
4.				

Stocks, Bonds or Investment Accounts

List any and all stocks, bonds, and mutual funds you own. If held in a brokerage account, lump them together under each account. ***Do not include IRAs or 401(k)'s.***

Stock, Bond or Investment Account	Owner	Type of Plan	Market Value	Beneficiary Designated?
1.				
2.				
3.				
4.				

Retirement Accounts

To identify type of account, use **"P"** for pension; **"PS"** for profit sharing**; IRA, Roth IRA, SEP, or 401(k), 403(b), 457, etc.**

Custodial Institution	Owner	Type of Plan	Market Value	Beneficiary Designated?
1.				
2.				
3.				
4.				

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Life Insurance Policies and Annuities

List the issuing company. To identify type of contract, use **"T"** for term insurance, **"CV"** for insurance policies having a cash value, **"A"** for annuities.

Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit
1.					
2.					
3.					
4.					

Real Estate

Description	Owner	Market Value	Debt
1. Personal Residence			
2.			
3.			
4.			

Personal Property

Description	Owner	Market Value	Debt
1. Automobiles			
2. Household Contents			
3.			
4.			

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Other Property/Business Ownership

List other property that you have that does not fit into any other listed category. This may include an interest in a closely-held business, monies owed to you, etc. Please specify if a business is an LLC, partnership, or a Corporation.

Description	Owner	Type	Market Value	% of Ownership
1.				
2.				
3.				
4.				

Total Assets : _____

Liabilities:_____

Net Worth:_____

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Distributions upon Death
Please list the order of distribution of your assets. Please provide the name and the percentage of distribution for each individual listed. This can be changed later.

Death of Party 1	Death of Party 2
Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:	Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:
Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:	Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:
Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:	Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:
Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:	Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:
Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:	Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:
Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:	Name: Over 18? ☐ Yes ☐ No Relationship: Percentage:

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YOUR GOALS

Please rate your concern level using "H" for high concern, "S" for some concern, "L" for low concern and "NA" for no concern.	**P1**	**P2**
Maintain Control & Organize My Affairs.		
Preserving my privacy in case of disability or death from business competitors or predators.		
Assure my lifestyle.		
Provide for and protect my spouse.		
Plan for dynastic wealth planning and tax avoidance		
Protect children's inheritance in the event of a surviving spouse's remarriage.		
Provide for and protect inheritance of children and/or grandchildren.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Disinherit a family member.		
Provide for other family members.		
Provide for the care and disposition of pets.		
Protect assets from government, creditors, frivolous lawsuits, failed businesses / marriages.		
Plan for continuation, transfer, and/or survival of a family business.		
Build character in family members and/or help my community (plan for charity).		
Reduce administrative expenses, costs, delay in event of disability or death		
Avoid "living probate" - guardianship/conservatorship in case of a disability.		
Avoid "death probate" - reduce administration costs at time of my death.		
Avoid will contests or other disputes upon death.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

ELDER LAW CONCERNS	**P1**	**P2**
Running out of money and having to go on Medicaid.		
Future housing concerns.		
Receiving care when I am unable to care for myself.		
Fear of financial exploitation.		
Loss of the right to drive.		
Isolation or loneliness.		

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Additional Documentation

General Document Request. In some instances, it is necessary for us to review other documents before we can make planning recommendations. **If possible**, please bring with you to the Initial Interview the following documentation:

- Copies of existing planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.
- Prenuptial Agreement or other Property Agreements (if applicable).
- Long-term care policies (if any).
- Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist (if any).
- Business documents, Corporations, LLC, Partnerships
- Copies of Deeds to real estate owned individually, to business entities or, Trusts

Additional Concerns:

_____

_____

_____

_____

_____

_____

Submitted by: _____Date:_____

Submitted by: _____Date:_____

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