



FUNDING CHECKLIST

CLIENT(S) NAME: _____

INITIAL MEETING DATE: _____

RETURN FUNDING WORKSHEET BY: _____

SIGNING APPOINTMENT SCHEDULED: _____

YOU MUST REMEMBER TO PROVIDE US WITH:

- Complete Addresses and Account Numbers for all accounts (to include a copy of recent statements)
- **Copies of Real Estate Deeds (Not to include Tax Statements)**
- Homeowners Policy Number and Carrier Information
- Originals of: CDs, Bonds, and Stock Certificates
- For Private Companies: Partnership Agreements including Stock Ledger and Certificates

SUMMARY OF FUNDING PROCESS:

- ❖ Upon receiving all of the above information, we will prepare the real estate deeds and instruction letters to change title or beneficiaries for your accounts.
- ❖ Once signed, we will file the deeds and forward the paperwork to companies. We request that the companies return verification to our office, however, due to privacy policies, they may send it directly to you. If this happens, please let us know.

ADDITIONAL CONFERENCE NOTES:

Andrew C. Sigerson, P.C., L.L.O., is only responsible for funding the assets provided to us.

FUNDING WORKSHEET

Please complete the following form to the best of your ability. Having complete and correct information is essential in ensuring that your trust is funded properly. You may attach copies of any account statements or documentation pertaining to any asset. Please return this form to our office as soon as possible.

If you have any questions or need assistance, please contact our office

How you own your property is extremely important for purposes of properly designing and implementing your living trust-centered plan. For each property category, there is a column titled "Owner." When filling in this column, use the following abbreviations:

If you are single and you own property in your name only, use	I
If you are married and property is owned in the husband's name, use	H
For property owned in the wife's name, use	W
For property owned in joint tenancy with a spouse, use	JTS
For property owned in joint tenancy with someone other than a spouse, use	JTO
For property owned in tenancy in common with a spouse, use	TCS
For property owned in tenancy in common with someone other than a spouse, use	TCO
For community property, use	CP
If you can't determine how the property is owned, use	?

**Legacy Design Strategies
a part of Andrew C. Sigerson, P.C. L.L.O
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(402) 505-5406 Facsimile**

CLIENT INFORMATION

Name of each Trustmaker	Address	Telephone Numbers	Social Security Number	Date of Birth

CHILDREN'S/BENEFICIARY'S INFORMATION

[illegible]

OTHER PROFESSIONAL ADVISORS

	Company	Address	Phone Number
Name of CPA:			
Name of Financial Advisor:			
Name of Life Insurance Agent:			
Name of Family Attorney:			
Name of Stock Broker:			

BANK ACCOUNTS & CD's

* Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD).

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Name & Address of Bank	Type of Account	Account #	Owner	Acct. Balance
Sample Bank 1234 Main St. Anywhere, USA 98765 Phone #:555-555-5555	CA	123-456	JT	\$5,000
Phone #:				
Phone #:				
Phone #:				
Phone #:				
Phone #:				

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money Market “MM” ♦ Investment Account “IA” ♦ Cash Management “CM” ♦ or Other Account “OA”.
(Indicate type below for all investment and street accounts.) If the Trustmaker holds individual stock certificates, please indicate those under “Stocks” on the following page. If the Trustmaker is named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

[illegible]

STOCKS (Certificates in your possession)

Note: Please list all stock ownership in publicly owned corporations (*stock traded on an exchange or over the counter*).

Stock owned in family or no publicly traded companies should be listed under the corporate business section;

Stocks held in a street name or investment account should be listed under Investment Accounts.

Please provide all shares of stock that you are currently holding & original certificates

[illegible]

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, collectibles, jewelry, antiques and all other valuable non-business personal property

(Indicate type below and give a lump sum value for miscellaneous personal property)

[illegible]

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) (*Indicate type below.*)

Name & Address of Company	Type of Plan	Account #	Owner	Value	Benefits being Received (Y/N)

PENSION PLANS

Name & Address of Company	Account #	Owner	Death Benefit Value	Benefits being Received (Y/N)

LIFE INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability ♦ Long Term Care (*Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write “Corporation”*).

[illegible]

ANNUITIES

[illegible]

REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares.

TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ♦ Tenants in common (TC)

♦ Tenancy by the entireties (TBE) ♦ Community Property (CP)

(Please provide a copy of the Deed or Agreement relating to each property.)

General Description and/or Address	Owner	Fair Market Value	Mortgage Amount

Home Owner's Insurance Information

Home Insurance Agent: _____

Policy # _____

Company: _____

Address _____ City _____ State _____ Zip _____

BONDS

TYPE: US Savings Bonds ♦ Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*)

You do not need to list each individual Savings Bond. We will get the numbers off each bond

If the Trustmaker is named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Type	Owner	Total Face Value	Social Security # on Bond Face

MONIES OWED

TYPE: List anyone that owes the Trustmaker money ♦ Promissory notes payable to the Trustmaker
(Please provide a copy of any promissory notes)

Name/Address of Debtor	Owed To	Current Balance	Date of Note	Due Date

PARTNERSHIP & LLC INTERESTS

(Please provide a copy of the Partnership or LLC Agreement and Stock Certificate or Minute Book)

Name of Partnership or LLC _____ Date Established _____

Owners _____ % of Ownership _____ Value _____

Who holds Partnership or LLC papers _____ Phone: _____

Is this a “Professional” Partnership or LLC? ☐ Yes ☐ No

Entity Type: ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company

Name of General Partner or Managing Member _____

Address _____ City _____ State _____ Zip _____

Name of Partnership or LLC _____ Date Established _____

Owners _____ % of Ownership _____ Value _____

Who holds Partnership or LLC papers _____ Phone: _____

Is this a “Professional” Partnership or LLC? ☐ Yes ☐ No

Entity Type: ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company

Name of General Partner or Managing Member _____

Address _____ City _____ State _____ Zip _____

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (**non-publicly traded**) stock.

(Please provide a copy of the Corp. Book and any Buy/Sell agreements, if applicable.)

Company Name	_____	Address	_____	Phone:	_____
Number of Shares	_____	% of Ownership	_____	Date Established	_____
Owner	_____	Value	_____		
Is there a Buy/Sell Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation"	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a "Professional" Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	_____	Address	_____	Phone:	_____
Number of Shares	_____	% of Ownership	_____	Date Established	_____
Owner	_____	Value	_____		
Is there a Buy/Sell Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation"	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a "Professional" Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

SOLE PROPRIETORSHIP INTERESTS

Please provide evidence of title. This can include one of the following documents: balance sheet, depreciation schedule, registration or title issued by the state, bill of sale, fictitious name or trade name affidavit.

Name of Business _____	Owner_____	Value_____
Description of Business_____		
Is this a “Professional” Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Insurance Agent _____ Phone_____ Policy #_____		
Address _____ City_____State____Zip_____		

Name of Business _____	Owner_____	Value_____
Description of Business_____		
Is this a “Professional” Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Insurance Agent _____ Phone_____ Policy #_____		
Address _____ City_____State____Zip_____		

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc.

Please provide a copy of the lease agreement, deed, royalty agreement, farm out agreement, pooling agreement, or other agreement you signed to create your oil, gas or mineral interest.

Type	Owner	Value

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Gifts or inheritances that are expected at some time in the future; or monies that are anticipated through a judgment in a lawsuit.

Description	Anticipated Owner	Value

FARM AND RANCH INTERESTS

Description (livestock, machinery, etc.)	Owner	Value

OTHER ASSETS

Please list all property that does not fit into any listed category.

Description	Owner	Value