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**ESTATE; PLANNING
CONFIDENTIAL CLIENT INFORMATION
WORKSHEET**



The purpose of this work sheet is to help prepare you for our upcoming estate planning consultation and to provide us with important personal and asset information related to your Estate to permit proper advice on your situation.

It is very important that the complete Worksheet is available at the time of your planning meeting. Please bring it with you along with any documents which are mentioned in the Worksheet.

ABOUT THIS WORKSHEET

You will find that this Worksheet is very simple to complete. Instructions have been included at various places to assist you and the math has been kept to a minimum.

There are going to be questions about you, your spouse and your family. There are also going to be questions about your finances. You value your privacy, and some of these questions are going to get into private matters.

In a very real sense, this is the legal equivalent of a full physical examination.

Hopefully, you already understand that this information is necessary to review your situation completely and so that your time can be better spent discussing your hopes, dreams, fears and values. You should also know that this information will be protected by the attorney-client privilege and will be completely private

Family Information

You

Full Name: _____

Signature Name: _____ Birth Date: _____

Soc. Security No. _____ Are you a U.S. Citizen? YES / NO

Home _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone _____ Email: _____

Home Fax _____ Web Site: _____

Employer: _____ Occupation _____

Work Phone: _____ Extension: _____

YOUR SPOUSE

Full Name: _____

Signature Name: _____ Birth Date: _____

Soc. Security No.: _____ Is spouse a U.S. Citizen? YES /NO

Date of Marriage: _____

Employer: _____ Occupation _____

Work Phone: _____ Extension: _____

Special Circumstances:

Answer separately for both husband and wife:	Husband	Wife
Number of prior marriages:	_____	_____
Do you have a pre-marital agreement?	_____	_____
Paying or receiving child support:	_____	_____
Number of years of post-secondary education:	_____	_____
Have you ever filed bankruptcy?	_____	_____
Supporting or caring for a parent?	_____	_____
Past history of heart attack, stroke, physical disability, chronic illness, or other condition that resulted in an absence from work (other than by reason of pregnancy, labor or delivery) for more than 10 days:	_____	_____
Any reason you might be 'uninsurable at "standard" ratings?	_____	_____
Ever been declined for insurance?	_____	_____
Number of living parents:	_____	_____
Does your Usual activity require multi-state travel?	_____	_____
Does your usual activity require international travel?	_____	_____
Years of military service:	_____	_____
Do you regularly attend religious or spiritual services?	_____	_____
Do you make regular gifts to one or more charities?	_____	_____
Number of living siblings:	_____	_____

YOUR Children

In the section which follows you will be asked to list all your children. They should be listed in order of birth. You should also include any pre-deceased children and any children as to whom your parental rights were terminated. Married children should be listed under the married name if they are using a spouse's last name (or some combination which includes the spouse's last name) in their legal or personal affairs.

The potential for treating each child differently is one of the greatest challenges in designing an estate plan. This potential also provides the greatest opportunity to deal with each child separately in a way that enhances the overall value of the estate plan.

It is extremely rare that children (or grandchildren) have identical histories and identical needs. Because children are unique, they will have unique needs and will require unique treatment. Chances are that they are already being treated as unique individuals. There is much wisdom in the observation that "There is nothing so unequal as the equal treatment of unequals."

After the basic identification section, there are a series of questions about the child. The majority of these can be answered Yes or No with a few requiring short answers. These are intended to identify areas for further discussion.

In planning for a family, the history of each member and their relationship to the other members of the family are important components in the final design. It is essential to a good design that all issues affecting each child be discussed fully.

Remember, what is being considered is not "unequal" treatment but "different" treatment. An estate plan should be tailored to match the strengths and weaknesses of each beneficiary. Only by doing this can the available protection of the plan be maximized for each one of your loved ones.

However, these issues can be sensitive and if you would prefer to discuss the matter in private, you may leave the question unanswered.

Child # 1.

Child's Name	Date of Birth	Parents (H/W/B)
Address	SSN	Spouse's Name
	Number of Children	Date of Marriage
City State & Zip	Home Phone	Work Phone

Does this child have any physical, mental or emotional condition which requires adjustments or accommodations? If so, describe below. Yes No

Has there been any history of alcohol or drug misuse? Yes No

How many times has this child been married? _____

If currently married, is the relationship stable? Yes No

Is child currently receiving or paying child support? Yes No

Is child currently employed? Yes No

Has the child's past employment history been stable? Yes No

Has this child had any history of financial problems including, but not limited to bankruptcy, foreclosures, lawsuits, insolvency proceeding or other failures to meet obligations as they became due? Yes No

Does this child get along well with his/her siblings? Yes No

Are there any special characteristics about this child?

Child # 2.

Child's Name	Date of Birth	Parents (H/W/B)
Address	SSN	Spouse's Name
	Number of Children	Date of Marriage
City State & Zip	Home Phone	Work Phone

Does this child have any physical, mental or emotional condition which requires adjustments or accommodations? If so, describe below. Yes No

Has there been any history of alcohol or drug misuse? Yes No

How many times has this child been married? _____

If currently married, is the relationship stable? Yes No

Is child currently receiving or paying child support? Yes No

Is child currently employed? Yes No

Has the child's past employment history been stable? Yes No

Has this child had any history of financial problems including, but not limited to bankruptcy, foreclosures, lawsuits, insolvency proceeding or other failures to meet obligations as they became due? Yes No

Does this child get along well with his/her siblings? Yes No

Are there any special characteristics about this child?

Child # 3.

Child's Name	Date of Birth	Parents (H/W/B)
Address	SSN	Spouse's Name
	Number of Children	Date of Marriage
City State & Zip	Home Phone	Work Phone

Does this child have any physical, mental or emotional condition which requires adjustments or accommodations? If so, describe below. Yes No

Has there been any history of alcohol or drug misuse? Yes No

How many times has this child been married? _____

If currently married, is the relationship stable? Yes No

Is child currently receiving or paying child support? Yes No

Is child currently employed? Yes No

Has the child's past employment history been stable? Yes No

Has this child had any history of financial problems including, but not limited to bankruptcy, foreclosures, lawsuits, insolvency proceeding or other failures to meet obligations as they became due? Yes No

Does this child get along well with his/her siblings? Yes No

Are there any special characteristics about this child?

Child # 4.

Child's Name	Date of Birth	Parents (H/W/B)
Address	SSN	Spouse's Name
	Number of Children	Date of Marriage
City State & Zip	Home Phone	Work Phone

Does this child have any physical, mental or emotional condition which requires adjustments or accommodations? If so, describe below. Yes No

Has there been any history of alcohol or drug misuse? Yes No

How many times has this child been married? _____

If currently married, is the relationship stable? Yes No

Is child currently receiving or paying child support? Yes No

Is child currently employed? Yes No

Has the child's past employment history been stable? Yes No

Has this child had any history of financial problems including, but not limited to bankruptcy, foreclosures, lawsuits, insolvency proceeding or other failures to meet obligations as they became due? Yes No

Does this child get along well with his/her siblings? Yes No

Are there any special characteristics about this child?

Child # 5.

Child's Name	Date of Birth	Parents (H/W/B)
Address	SSN	Spouse's Name
	Number of Children	Date of Marriage
City State & Zip	Home Phone	Work Phone

Does this child have any physical, mental or emotional condition which requires adjustments or accommodations? If so, describe below. Yes No

Has there been any history of alcohol or drug misuse? Yes No

How many times has this child been married? _____

If currently married, is the relationship stable? Yes No

Is child currently receiving or paying child support? Yes No

Is child currently employed? Yes No

Has the child's past employment history been stable? Yes No

Has this child had any history of financial problems including, but not limited to bankruptcy, foreclosures, lawsuits, insolvency proceeding or other failures to meet obligations as they became due? Yes No

Does this child get along well with his/her siblings? Yes No

Are there any special characteristics about this child?

YOUR OTHER DEPENDENTS

Do you or you spouse have anyone who depends on either of you for all or part of their support? _____

Full Name (Use Married Name, if appropriate)	Male or Female	Date of Birth	Living	Marital Status	Relationship

GUARDIANS

If any of your children or dependents are under the age of 18, whom do you wish to name as Primary Guardian(s)?

Name: _____ Relationship: _____

Address: _____

Name: _____ Relationship: _____

If any of your children or dependents are under the age of 18, whom do you wish to name as Successor Guardian(s)?

Name: _____ Relationship: _____

Address: _____

Name: _____ Relationship: _____

Address: _____

QUESTIONS ABOUT PAST PLANNING

Have you or you spouse ever had a Will?

Have you or you spouse ever had a Living Trust?

Do you presently have a Designation of Patient Advocate in Effect?

Have you given anyone a General Power of Attorney?

Have you given anyone a Limited Power of Attorney?

Have you or you spouse ever signed a pre or post marital agreement?

Do you own or operate a family business?

Have you or you spouse ever filed a federal or .state gift tax return?

Are there any charities or causes which you would like to support?

If you have answered "YES" to any of these questions or have any SPECIAL concerns, please share any details which you think would be helpful.

YOUR ADVISORS

PROFESSIONAL ADVISORS

ADDRESS

PHONE NUMBER

Accountant:

Financial Planner/StockBroker:

Insurance Agent:

Banker:

Personal Physician (Husband):

Personal Physician (Wife):

If you decide to proceed with an estate plan, we may need to contact one or more of these advisors to assist you with fully implementation of the plan. If you decide to implement your estate plan, do we have your permission to contact these advisors directly, as required; to properly coordinate your planning?

Yes _____ No _____

FINANCIAL INFORMATION

Information on your financial affairs is critical to understanding your estate planning needs. Different categories of assets present differing challenges for planning. The information being sought is directed at both proper design of the estate plan, but will become a "road map" for re-titling assets in the "funding" phase of your planning process.

Real property

Because real property requires a deed to transfer title, it represents an asset of special concern. In addition, there are significant creditor protection issues which need to be discussed. Include any time-share property you may own.

Address	Owned by	Estimated Market Value	Outstanding Mortgage

Bank Accounts

Proper titling of bank accounts is critical. In addition, the way cash deposits are handled in a family may reveal a great deal about the process of financial management within the family.

Bank / Branch	Account Number	Type	Owned by	Balance in Account
		Checking		

Individual retirement accounts, pensions, etc.

Tax Qualified Deferred Compensation Plans (Qualified Plans) represent a significant source of future support for your family. They also represent a source of potential tax liability, even in estates which would not have an estate tax problem.

There are special concerns for these assets and it is important to identify clearly what type of Qualified Plan is involved and the primary owner.

Plan Sponsor / Institution	Account Number	Type	Owned by	Balance in Account

Brokerage Accounts

Brokerage Accounts contain many assets which may be subject to "stepped up" basis treatment on death. Titling them correctly will produce optimum estate tax and income tax benefits.

Institution	Account Number	Type	Owned by	Balance in Account

INSURANCE POLICIES

Insurance policies represent assets which can provide a source of ready cash upon death. It is also possible to structure these assets in such a way as to permit the proceeds to be passed to your loved ones without income tax and without estate tax.

Insurance Carrier	Policy Number	Type	Owner	Policy Value / Cash Value

BUSINESS INTERESTS

Protection of a family business is a critical issue in estate planning. If you have a business, it may be subject to "stepped up basis" rules and it may qualified for the special family-owned business exclusion and other special valuation treatment

It may also represent a situation where discussion of business succession issues is important as part of your overall estate plan.

Name of Business	Type of Business	Owners hip Interest	Owner	Value of Interest

U.S. Savings BONDS AND OTHER BONDS

U.S. Savings Bonds, which are typically issued at a discount from face value, can represent a potential income tax problem for your estate. These bonds include both U.S. Savings Bonds and bonds issued at a discount from face value by any other entity.

Issuer	Bond Number	Type	Owner	Purchase Price	Present Value

INDIVIDUAL STOCKS

While you may have a brokerage account which contains stocks which may be subject to "stepped up" basis treatment on death, you may also own them in your own name. Titling them correctly will produce optimum estate tax and income tax benefits.

Type

Company	No. of shares	Certificate Number	Type	Owned by	Approximate Value

MOTOR VEHICLES

Motor vehicles are special problems in estate planning. In many cases the motor vehicle actually represents a liability rather than an asset. Moreover, death transfers of motor vehicles are less difficult than other assets and present less of a problem with probate court proceedings than other assets, such as real estate, bank accounts or brokerage accounts:
 Owned by

Make / Model / Year / Vehicle Identification Number	Owned by	Estimated Market Value	Fair Market Value

OTHER PERSONAL PROPERTY

Each of us owns property which is not easy to categorize. Household furnishings are assumed to be present in most estates. However, very often there is property which has a great deal of economic or sentimental value. Things like antiques, art, collections, jewelry, and family heirlooms need to be planned carefully.

Description of Property	Owned by	Estimated Market Value

Notes