

Date Completed _____

ESTATE PLANNING WORKSHEET INDIVIDUAL

Intermountain Legal Group,
Estate and Trust Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR
APPOINTMENT VIA MAIL OR FAX.

PERSONAL INFORMATION

Client's 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 _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ County of Residence _____

Employer _____ Position _____

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

Divorced Widowed

Driver's License # _____

CHILDREN AND/OR OTHER FAMILY MEMBERS/BENEFICIARIES/INTERESTED PARTIES

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name/Address/Email/Comments	Birth date	Parent or Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

YOUR CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description

- Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.
- Providing for and protecting a spouse.
- Providing for and protecting children.
- Providing for and protecting grandchildren.
- Disinheriting a family member.
- Providing for charities at the time of death.
- Plan for the transfer and survival of a family business.
- Avoiding or reducing your estate taxes.
- Avoiding probate.
- Reduce administration costs at time of your death.
- Avoiding a conservatorship (“living probate”) in case of a disability.
- Avoiding will contests or other disputes upon death.
- Protecting assets from lawsuits or creditors.
- Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.
- Plan for a child with disabilities or special needs, such as medical or learning disabilities.
- Protecting children’s inheritance from the possibility of failed marriages.
- Protect children’s inheritance in the event of a surviving spouse’s remarriage.
- Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

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>		
Have completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</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

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION CHECKLIST*

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Shortcut:

Statements/Titles/Deeds, etc. for any or all institutions/assets may be provided in lieu of completing this form if it offers complete information as required for *each* asset.

Owner of Property	Use
If married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If previously transferred ownership/beneficiary to a Trust	T
If you cannot determine how the property is owned: In this instance, please provide some sort of documentation for us to review and help determine ownership	?

**Important

If your property, policy, account, etc. is registered or titled with a variation of the “name most often used to title property and accounts” that you listed previously on Page 1, please list how it is actually registered or titled. For example: Jim Reed rather than James Reed or Susan Brown rather than Susan K. Brown. A copy of a statement for each account is also helpful for accuracy and appreciated.

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

Complete address, <i>including</i> county, and general description	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Homeowner's Insurance, including Agent address/information and Policy Number:

AUTOMOBILES, BOATS AND RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: make/model, VIN number, how titled, market value and whether there is a lien:

Vehicle Insurance, including Agent address/information and Policy Number(s) for each vehicle:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*).
Do not include IRA’s or 401(k)’s here

Name of Institution and <u>Branch Address</u>	Account No:	Type	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

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.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.
(Indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance Company, policy number, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, account number, owner(s) as shown on your statement, the current value of the plan, and any other pertinent information.

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO YOU

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

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: 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. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

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

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

SUMMARY OF VALUES

ASSETS	Amount*
	Client
Real Property	_____
Furniture and Personal Effects	_____
Automobiles, Boats and RV's	_____
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:	_____

Dear Valued Client:

As the Funding Coordinator for Intermountain Legal Group, I will be assisting you in transferring your assets into your RLT, LLC, FLP, LLP, etc. In order to help us complete the necessary transfers, please provide the following information using the attached Estate Planning Worksheet and supplying current documentation:

- Titles or VIN numbers/owner info for all vehicles *without liens*;
- Deeds and/or complete addresses for all real property;
- Documentation clearly showing **current ownership & beneficiary designations (Primary AND Contingent) and account numbers** for all checking, savings, life insurance, retirement, investment accounts, etc. (**please include bank branch address** if not on the documentation);
- Copies of all stock certificates and/or complete contact information for your transfer agent;
- Vehicle Insurance Information-including policy number(s)and Agent name/address;
- Homeowner's Insurance Information-including policy number and Agent name/address.

**If an asset is currently owned by a trust or has a trust as one of its beneficiaries, please be sure to indicate that clearly.*

This information will be used to create legal documents necessary to transfer your assets. Many of these documents will require your signature and possibly a notarization. Please expect to receive these documents by mail with a letter of instructions any time during the next few months, as funding can sometimes be a lengthy process.

During the funding process, you may be contacted by some of the institutions you hold assets with because it is their policy to contact you directly, rather than work with a third party. If this happens, please let us know by calling, emailing, or simply mailing the forms they may have sent you to our office and we will assist you in correctly filling them out.

Once we receive the information requested above, we will be better able to ensure the completeness and accuracy of your funding. If you have any questions, please do not hesitate to contact me. Email is best as my schedule varies.

Sincerely,

Crystal Bringman

Crystal Bringman
Funding Coordinator
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