

LAW OFFICE OF KELLY B. MYERS

ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

We must have this Worksheet returned to us at least three days prior to our meeting (this will ensure we have enough time to understand the specifics of your situation before our meeting). If you need assistance completing the information, email us (info@LKNLawOffice.com) or call our office (704.896.0906) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

Last _____ First _____ Middle _____
(name most often used to title property and accounts)

Also Known As _____

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

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

☐ Married: Date of Marriage _____ ☐ Divorced ☐ Widowed ☐ Single

☐ Cohabiting: Domestic Partnership Registration Filed? _____

(Partner) Last _____ First _____ Middle _____
(name most often used to title property and accounts)

Also Known As _____

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

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

LEGAL INSURANCE (If Applicable)

Provider _____ Member Name _____ Member Number _____

Case Number(s): _____

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

(Use full legal name. For stepparents, note "C" if only Client is the biological parent, note "S" if only Spouse/Partner is the biological parent.)

Name (First Middle Last)	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISORS

Name

Telephone

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

IMPORTANT FAMILY QUESTIONS

CLIENT

SPOUSE/PARTNER

Do you have a will, trust, or other estate planning? *Please furnish copies*

☐ Yes

☐ No

☐ Yes

☐ No

Are you making payments pursuant to a divorce or property settlement order?

☐ Yes

☐ No

☐ Yes

☐ No

Please furnish a copy

If married have you and your spouse signed a pre- or post-marriage contract?

☐ Yes

☐ No

☐ Yes

☐ No

Please furnish a copy

Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs?

☐ Yes

☐ No

☐ Yes

☐ No

Do you own a business?

☐ Yes

☐ No

☐ Yes

☐ No

Do you own a long-term care (nursing home) insurance policy?

☐ Yes

☐ No

☐ Yes

☐ No

Do you own any property that is not community property?

☐ Yes

☐ No

☐ Yes

☐ No

Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*

☐ Yes

☐ No

☐ Yes

☐ No

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*

☐ Yes

☐ No

☐ Yes

☐ No

Are you (or your spouse) currently the beneficiary of anyone else's trust?

☐ Yes

☐ No

☐ Yes

☐ No

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.

Attach additional pages, if necessary.

INCOME:	<u>Client</u>	<u>Community/Joint</u>	<u>Spouse/Partner</u>
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

ASSETS:

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.

(please list manner in which title held – JT=Joint Tenant, TC=Tenants in Common, SP=Separate Property, LLC)

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

PERSONAL PROPERTY

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)	_____	_____
Vehicles	_____	_____
Jewelry	_____	_____
Other:	_____	_____
_____	_____	_____
	<i>Total</i>	_____

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

[illegible]

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)

Name of Institution	Type	Owner	Amount
		Total	

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, 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.

Name of Institution	Type	Owner/Insured	Amount
		<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, the current value of the plan, and any other pertinent information.

Name of Institution	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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.

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

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total				_____

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

SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Client	Spouse/Partner	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
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:	_____	_____	_____

* *Joint Property values enter 1/2 in Client's column and 1/2 in Spouse/Partner's column.*

INTELLECTUAL ASSETS

Client	Spouse/Partner
_____ High School	_____ High School
_____ College	_____ College
_____ Graduate Degree _____	_____ Grad Degree _____
_____ On the Job MBA (biz owner)	_____ On the Job MBA (biz owner)

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

LONG-TERM GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would for the long-term.

Name, Address and Phone Number

Relationship

SHORT-TERM GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would be able to be immediately available to them (within 20 minutes) if you could not be located. The more the better.

Name, Address and Phone Number

Relationship

FINANCIAL DECISION MAKERS

DEATH TRUSTEE: After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

Name, Address and Phone Number

Relationship

HEALTHCARE DECISION MAKERS

Select Your Health Care Agent

When you decide to pick someone to speak for you in a medical crisis, in case you are not able to speak for yourself, there are several things to think about. Usually it is best to name *one* person or agent to serve at a time, with at least one successor, or back-up person, in case the first person is not available when needed. Compare up to 3 people to help make the decision.

Name, relationship, address, phone:			
	Name, relationship, address, phone:		
		Name, relationship, address, phone:	
			1. Meets the legal criteria in your state for acting as agent or proxy or representative? (This is a must! See below.)
			2. Would be willing to speak on your behalf.
			3. Would be able to act on your wishes and separate his/her own feelings from yours.
			4. Lives close by or could travel to be at your side if needed.
			5. Knows you well and understands what's important to you.
			6. Is someone you trust with your life.
			7. Will talk with you now about sensitive issues and will listen to your wishes.
			8. Will likely be available long into the future.
			9. Would be able to handle conflicting opinions between family members, friends, and medical personnel.
			10. Can be a strong advocate in the face of an unresponsive doctor or institution.
			<i>Please number your selections in order of priority (1 – 3)</i>

WHO CAN'T BE AN PROXY?

- Anyone under age 18.
- Your health care provider, including the owner or operator of a health or residential or community care facility serving you—unless this person is your spouse or close relative.
- An employee of your health care provider—unless this person is your spouse or close relative.

Key Question: If you include written instructions in your advance medical directive and there is a conflict between your proxy's instruction and your advance directive, which takes priority?

My agent's direction_____ My advance medical directive_____

ADVANCE HEALTH CARE CONSIDERATIONS (complete all sections)

1. Would you like to receive artificial nutrition?

☐ **Yes** ☐ **No** ☐ **Let my agent decide**

2. Would you like to receive artificial hydration?

☐ **Yes** ☐ **No** ☐ **Let my agent decide**

3. Please list any limitations you would like to place on your agent's health care discretion:

4. Do you have or would you like to have an advance instruction for mental health treatment?

☐ **I have one** ☐ **I would like one** ☐ **No**

5. Please list any limitations you would like to place on your agent's *mental* health care discretion:

6. In the event of dementia, would you like to limit ORAL feeding:

☐ **No Limit** ☐ **No Feeding** ☐ **Feed only if I seem interested and only food I like**

7. Do you want to donate viable ORGANS for transplant? (*Circle one*)

☐ **Yes** ☐ **No** ☐ **Let my agent decide**

If **Yes**, check one:

☐ I will donate any organs.

☐ Just the following: _____

8. Do you want to donate viable TISSUES for transplant? (*Circle one*)

☐ **Yes** ☐ **No** ☐ **Let my agent decide**

If **Yes**, check one:

☐ I will donate any organs.

☐ Just the following: _____

9. If you do **not** donate organs or tissue, you may choose to donate your **WHOLE BODY** for medical research or education. Would you like to do this?

___ **Yes** ___ **No** ___ **Let my agent decide**

Note that total body donation is **not** an option if you also choose to be an organ or tissue donor.

10. Would you agree to an autopsy?

___ **Yes** ___ **No** ___ **Let my agent decide**

ADVANCE DIRECTIVE (optional)

1. Please select the conditions to which your advance directive should apply:

___ Incurable or irreversible condition likely to result in death relatively quickly

___ Unconscious state without likelihood to ever regain consciousness

___ Advanced dementia or other substantial cognitive impairment not likely to resolve

2. Would you like to allow or mandate the withholding of life-prolonging measures?

___ **Allow** ___ **Mandate**

3. Would you like your directive or your agent to make the final decisions?

___ **Directive** ___ **Agent**

AFTER DEATH DECISIONS

1. I would prefer to be: (*circle one*)

___ **Buried** ___ **Cremated** ___ **Let my agent decide**

2. I would like my remains to be placed:

3. Do you have pre-need arrangements?

___ **No** ___ **Yes** – Please explain: _____

4. If you would like a different agent than other health care decisions, who should be your agent?

5. Other preferences:

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