

1902 Jackson Street, P.O. Box 8432, Alexandria, LA 71301 · (855) 613-6400 · FAX (855) 777-0039 · www.theuslawoffices.com

CONFIDENTIAL

INTEGRATED ESTATE / BUSINESS PLANNING WORKSHEET

## PLEASE ATTACH FAMILY PHOTO

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE AND ASSET PROTECTION PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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

# PERSONAL INFORMATION

Husband's Legal Nar	me			
		en used to title property and ac		
Also Known As			<u></u>	
Drivers License #				
		ccounts:		
Birth date	SS#	U.S. Citizen?	_	
Home Address		City	State	Zip
		Parish of Residence		•
Employer		Position		
Business Address		City	State	· Zip
E-mail Address		lt is okay to commu	inicate with me	e via my E-mail address.
		□ Divorced □ Widowed		
Wife's Legal Name				
1)	name most often use	ed to title property and account	ts)	
Drivers License #				
		ccounts:		
		U.S. Citizen?		
		City		
		County of Residence		
Business Telephone				
Employer		Position		
Business Address		City	State	e Zip
(Use full legal nai parent, "S" if a single	me. Use "JT" if both	AND/OR OTHER FAMILY spouses are the parents, "H" in		he parent, "W" if wife is the
Name	Birth date	Parent or Relations	ship	Comments
				·····
				<del></del> -

## YOUR CONCERNS

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

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

Description	Level of Concern
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, dishonest persons and curiosity seekers.	
Planning for a child with disabilities or special needs.	
Protecting children's inheritance from the possibility of failed marriages.	
Protecting 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 (or your spouse) receiving social security, disability, or other governmental benefits?  Describe.		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i>		
Have you (or your spouse) been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.		
Have you (or your spouse) ever filed federal or state gift tax returns?  Please furnish copies of these returns.		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i>		
Do you support any charitable organizations that you wish to make provisions for at the time of your death? If so, please explain below.		
If married, have you lived in any of the following states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin		
Are you (or your spouse) currently the beneficiary of anyone else's trust? If so, please explain below.		
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:

Owner of Property	Use
If married, Husband's name alone, as his Sole and Separate Property	HSSP
If married, Wife's name alone, as her Sole and Separate Property	WSSP
If married, Community Property with spouse	СР
If you cannot determine how the property is owned	?

## **REAL PROPERTY**

General Description and/or Address	Owner	Market Value	Loan Balance
	Total		<del></del>
FURNITURE	AND PERSON	IAL EFFECTS	
<b>TYPE:</b> List separately only major personal ef valuable non-business personal property (indic less valuable items).			
Type or Description  Miscellaneous Furniture and Household Effects		Owner	Market Value
	 Total		
TYPE: For each motor vehicle, boat, RV, etc., pencumbrance.	BILES, BOATS blease list the fol		itled, market value and
TYPE: Checking Account "CA," Savings Account "CA," Savings Account indicate type below). Do not include IRA's or 4 Note: If Account is in your name (or your spot minor's name.	01(k)'s here.	ificates of Deposit "CD,"	·
Name of Institution and Account Number	Туре	Owner	Amount
	Total		

*Note:* 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**

<b>TYPE:</b> List any and all stocks and bonds yo each account (indicate type below).	ou own. <u>If h</u>	eld in a brokerage acco	unt, lump the	em together under
Stocks, Bonds or Investment Accounts	Type	Account Number	Owner	Amount
			Total	
LIFE INSURA  TYPE: Term, Whole Life, Variable Universal ADDITIONAL INFORMATION: Insurance co who owns the policy, the current beneficiaries	Life. Split Dompany, typ	be, face amount (death	v. benefit), who	
R TYPE: Pension (P), Profit Sharing (PS), H.R. ADDITIONAL INFORMATION: Describe the other pertinent information. Is the plan ERIS.	10, IRA, SI type of plar	n, the plan name, the cur	Total	
			Tota	
TYPE: General and Limited Partnerships, L Corporations, Professional Corporations, Oil ADDITIONAL INFORMATION: Give a descr interests, and the estimated value of the inter	imited Liab Interests, Faithering in the	arm and Ranch Interests	oprietorships	, Privately Owned
			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	Account Number	Owed to	Current Balance
			Total	
		IFT, OR LAWSUIT JU		hat you anticipat
<b>TYPE:</b> Gifts or inheritances that you receiving through a judgment in a la			; or moneys u	nat you anticipate
Description				
		Total est	imated value	
	OTHER A	SSETS		
TYPE: Other property is any proper	ty that you have that	does not fit into any liste	d category.	
Type		Owner	· 	Value
			Total	

## **SUMMARY OF VALUES**

Assets	Husband SSP*	Wife SSP	Community Property	Total Value (Net of Encumbrances)
Real Property				
Furniture and Personal Effects				
Automobiles, Boats and RVs				
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				

\*SSP = sole and separate property

## OTHER ITEMS TO INCLUDE OR DISCUSS

nt included or want to disc	uss:		

## **ADVISORS**

	Name	Telephone
Personal Attorney		<u> </u>
Accountant		
Financial Advisor		
Life Insurance Agent		