



THEUS
LAW OFFICES

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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

Client's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____

Drivers License # _____

Other names used to title property and accounts: _____

Birth date _____ SS# _____ U.S. Citizen? ____

Home Address _____ City _____ State ____ Zip _____

Home Telephone _____ Parish of Residence _____

Mobile Telephone _____

Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State ____ Zip _____

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

Married: Date of Marriage _____ Divorced Widowed Single

Spouse's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____

Drivers License # _____

Other names used to title property and accounts: _____

Birth date _____ SS# _____ U.S. Citizen? ____

Home Address _____ City _____ State ____ Zip _____

Home Telephone _____ County of Residence _____

Mobile Telephone _____

Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State ____ Zip _____

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

CHILDREN AND/OR OTHER FAMILY MEMBERS

(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	Birth date	Parent or Relationship	Comments
_____	_____	_____	_____ _____ _____
_____	_____	_____	_____ _____ _____
_____	_____	_____	_____ _____ _____
_____	_____	_____	_____ _____ _____
_____	_____	_____	_____ _____ _____
_____	_____	_____	_____ _____ _____
_____	_____	_____	_____ _____ _____

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? <i>Describe.</i> _____ _____		
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? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>		
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? <i>If so, please explain below.</i>		
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? <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:

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	CP
If you cannot determine how the property is owned	?

REAL PROPERTY

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

General Description and/or Address	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 _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

AUTOMOBILES, BOATS, AND RVS

TYPE: For each motor vehicle, boat, RV, etc., please list the following: description, how titled, market value and encumbrance.

BANK AND 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.

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 of Institution and Account Number	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	Account Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, Whole Life, Variable Universal 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.

			<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. **Is the plan ERISA qualified?**

			<i>Total</i>	_____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Limited Liability Company, 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	Account Number	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

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

Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

ADVISORS

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