

ESTATE PLANNING GUIDE

Deborah E Stadlin, PLC

GENERAL INFORMATION - CONFIDENTIAL

Date: _____

As we are a “comprehensive” estate and legacy planning firm, the information provided on this form is EXTREMELY IMPORTANT. Your accuracy and completeness will help us best evaluate and serve your needs.

	YOU	SPOUSE OR OTHER PARTY
Full Legal Name:		
Street Address:		
Mailing Address:		
City, State, Zip:		
Phones:	(Hm) (Wk) (Cell)	(Hm) (Wk) (Cell)
E-Mail Address:		
Employer: Retired ():		
Social Security # Date of Birth:	Soc. Sec. #: Date of Birth:	Soc. Sec. #: Date of Birth:
Currently Married:	() Yes () No	() Yes () No
Previously married?	() Yes () No # of Prior Marriages:	() Yes () No # of Prior Marriages:
Name of former spouse:		
Date of Death/Divorce:	() Death () Divorce Date:	() Death () Divorce Date:

BENEFICIARIES: CHILDREN / GRANDCHILDREN / OTHERS (**or heirs if deceased)

If no child will be a beneficiary, list grandchildren or others and indicate relationship

Full Legal Name	Date of Birth	Address	Phone #	Biological, Adopted or Relationship	Married	# of Children

			Hm:			
			Cell:			
			Hm:			
			Cell:			
			Hm:			
			Cell:			
			Hm:			
			Cell:			

EXISTING DOCUMENTS?

YOU (H)

SPOUSE (W)

- | | | | | | | |
|-------------------------------------|---|---|-------------|---|---|-------------|
| 1. Do you have a Will? | Y | N | Date: _____ | Y | N | Date: _____ |
| 2. Do you have a Trust? | Y | N | Date: _____ | Y | N | Date: _____ |
| 3. Do you have a Power of Attorney? | Y | N | Date: _____ | Y | N | Date: _____ |
| 4. Do you have a Living Will? | Y | N | Date: _____ | Y | N | Date: _____ |

For Fiduciaries Listed Above: <input type="checkbox"/> ANY ONE OF WHOM MAY ACT <input type="checkbox"/> MUST ACT JOINTLY <input type="checkbox"/> CAN ACT WITH RESTRICTIONS

REAL ESTATE/TIMESHARES/CONDOMINIUMS

RESIDENCE:

Property Description (Please bring your Deed and most recent tax bill with you)

Purchase Price: _____ Current Market Value: _____ Mortgage Balance: _____

INVESTMENT PROPERTY:

1. Property Description (Please bring your Deed and most recent tax bill with you)

Purchase Price: _____ Current Market Value: _____ Mortgage Balance: _____

2. Property Description (Please bring your Deed and most recent tax bill with you)

Purchase Price: _____ Current Market Value: _____ Mortgage Balance: _____

3. Other Properties:

4. Is the title to any real estate held in an LLC (limited liability company) or partnership to protect you and your estate from personal liability?

DO YOU EXPECT TO SELL OR CONVEY ANY PROPERTY WITHIN THE NEXT 12 MONTHS? **YES** **NO**
IF YES, PLEASE EXPLAIN: _____

INSURANCE

Insurance Company:	Type:	Death Benefit (H):	Death Benefit (W):	Beneficiary(ies):	Cash Value:
1.					
2.					
3.					

FINANCIAL INFORMATION (Current Values As of _____) List Estimated Total Values

Asset Type	Entity Name:	You Own (H)	Spouse Owns (W)	Jointly Owned	Basis
Checking Account(s):		\$	\$	\$	\$
Savings Account(s):					
Money Market Account(s):					
CD's (Total):					
Personal Residence:					
Other Real Estate:					
Retirement Plan 401K/ TSA:					
IRA (Traditional) – (Totals):					
IRA (Roth) – (Totals):					
Annuities (tax deferred):					

Stocks (traded publicly):					
Bonds:					
Mutual Funds:					
Other Investment Accounts:					
Notes Receivable:					
Business Interests:					
Automobiles:					
Boat (s), RV (s):					
Collections, Antiques:					
Household furnishings:					
Total Insurance:					
Other Assets:					
TOTAL:		\$	\$	\$	\$

MISCELLANEOUS

1. Do you currently have long term care insurance? () YES () NO () CONSIDERING

2. Do you or your spouse have any medical issues which may affect your estate planning? YES NO
Please Explain: _____

3. Who is your: (OPTIONAL)

a. Financial Advisor: Name: _____ Phone: _____
Company/Address _____

b. CPA/Accountant: Name: _____ Phone: _____

4. IRAS/401K: Who is named as primary and contingent beneficiary(ies) on your 401K and/or IRA accounts?

You: Primary _____ Relation _____ Contingent(s) _____ Relation _____

Spouse: Primary _____ Relation _____ Contingent(s) _____ Relation _____

- | | | | |
|----|---|-----|----|
| 5. | Do you or your spouse expect to receive an inheritance, gift or lawsuit proceeds?
If so, how much? _____ Source: _____ | YES | NO |
| 6. | Are there any other legal issues which we should be aware of?
If yes, please explain: | YES | NO |

ADVANCED BUSINESS PLANNING

- | | |
|---|-----------------|
| 1. Are you an owner or partner in a business? Business name? | _____ |
| 2. Are there other owners? | Y _____ N _____ |
| 3. How is your business structured (e.g. S or C Corp, LLC, etc.)? | _____ |
| 4. Who will manage the business after you exit? | _____ |
| 5. Does your business have an IRA, pension or other qualified plan? | Y _____ N _____ |
| 6. Does your business have a business succession plan? | Y _____ N _____ |
| 7. What is the estimated value of your business holdings? | \$ _____ |
| 8. Does your business have liability insurance? | Y _____ N _____ |

CHARITY

ARE YOU PLANNING TO LEAVE ASSETS TO A CHARITY? PLEASE PROVIDE THE COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER FOR EACH CHARITY. PLEASE CALL THE CHARITY'S OFFICE AND ASK THEM TO SEND YOU A COPY OF THEIR IRS 501(c)(3) TAX EXEMPTION LETTER, AND BRING TO APPOINTMENT.

FIDUCIARY DESIGNATIONS

DURABLE POWER OF ATTORNEY: This document is designed to avoid the need for guardianship or conservatorship proceeding in the event of your incapacity. It grants broad powers over your property and finances to an Agent to manage your affairs for you now and when you are incapable of doing so. Select someone you know and trust and whom you believe to be fiscally responsible. Wherever possible, please provide at least one primary and one backup agent.

Full Legal Name	Address	Phone #	Relationship	Primary Or Back-up
		Hm: Cell:		

		Hm:		
		Cell:		
		Hm:		
		Cell:		
		Hm:		
		Cell:		

LIVING WILL/ADVANCED MEDICAL DIRECTIVE: This document grants authority to the named agent(s) to make medical decisions on your behalf when you are incapable of doing so, and directs medical staff to terminate life support for you if you are in a permanent, irreversible coma, or a persistent vegetative state. Wherever possible, please provide at least one primary and one backup agent.

Full Legal Name	Address	Phone #	Relationship	Primary Or Back-up
		Hm:		
		Cell:		
		Hm:		
		Cell:		
		Hm:		
		Cell:		
		Hm:		
		Cell:		

TRUSTEE and/or EXECUTOR: If you decide to use a revocable living trust as the foundation of your estate plan, your Trustee will be responsible for receiving, holding, and managing your assets for your beneficiaries. During your lifetime, you (and your spouse, if any), are usually the Trustees of your own trust. After your death, a Successor Trustee will be tasked with managing your assets. If you choose a Last Will and Testament only, your Executor will be responsible for the administration of your probate estate through the court system. (With a revocable living trust, you will have a pour-over Will). We recommend that your Executor be the same person as your Trustee, for ease of administration. Again, select someone you know and trust, and believe to be fiscally responsible, or a professional trust company or bank trust department may be named.

Full Legal Name	Address	Phone #	Relationship	Co-Trustee; 1 st 2 nd Trust Protector
		Hm: Cell:		
		Hm: Cell:		
		Hm: Cell:		
		Hm: Cell:		
		Hm: Cell:		

TELL US WHAT IS IMPORTANT TO YOU

- | What are your goals? | Importance
Least...Most |
|---|----------------------------|
| ○ Getting my estate in order and creating a consistent and comprehensive wealth management plan based on my goals and priorities. | 1 2 3 4 5 |
| ○ Protecting my heirs' inheritance from the possibility of a failed marriage or to creditors by designing a plan so they can protect the inheritance I leave to them. | 1 2 3 4 5 |
| ○ Protecting our children's inheritance in the event the surviving spouse chooses to remarry after death. | 1 2 3 4 5 |
| ○ Planning for children from a previous marriage so that they are treated fairly in my estate plan. | 1 2 3 4 5 |
| ○ Reducing estate and death taxes to the lowest possible level, using all financial and estate planning techniques. | 1 2 3 4 5 |
| ○ Avoiding probate and minimizing settlement expenses. | 1 2 3 4 5 |
| ○ To specify which family member(s) will make decisions for me in the event of my incapacity or disability. | 1 2 3 4 5 |
| ○ Avoiding unnecessary placement in a nursing home by providing instructions for in-home health care. | 1 2 3 4 5 |

- **Planning for disability of myself or my spouse to protect our assets from being spent down for long-term care, using available financial and estate planning techniques.** 1 2 3 4 5
- **Maintaining the same lifestyle for surviving spouse.** 1 2 3 4 5
- **Determining the effects of the loss of spouse's pension or income.** 1 2 3 4 5
- **Determining retirement income needs and developing a cost efficient and effective distribution strategy to provide a comfortable lifestyle in retirement years.** 1 2 3 4 5
- **Planning for a child or other beneficiary with special needs to avoid disqualification from government assistance (Medicaid, SSI).** 1 2 3 4 5
- **Establishing a college funding plan for my grandchildren.** 1 2 3 4 5
- **Exploring all options available for a lifetime gifting program for my children, grandchildren or charity.** 1 2 3 4 5
- **Protecting my assets for the benefit of my grandchildren as well as my children.** 1 2 3 4 5