

**ELDER LAW
of LOUISVILLE**

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ESTATE PLANNING WORKSHEET

This organizer is designed to assist us in designing an estate plan that meets your goals. All information provided in this worksheet and throughout the planning process is strictly confidential.

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

PERSONAL INFORMATION

Legal Name _____

Also Known As _____

Prefer to be called _____ Birth Date _____ SSN: _____ US Citizen? _____

Home Address _____

_____ County of Residence _____

Home Telephone _____ Business Telephone _____

Employer _____ Position _____

Business Address _____

Email Address _____ I prefer to communicate via email

Marital Status: Single Married: Date of Marriage _____ Divorced Widowed

Spouse's Legal Name _____

Also Known As _____

Prefer to be called _____ Birth Date _____ SSN: _____ US Citizen? _____

Home Address _____

_____ County of Residence _____

Home Telephone _____ Business Telephone _____

Employer _____ Position _____

Business Address _____

FAMILY MEMBERS (CHILDREN AND OTHER LOVED ONES)

Instructions: Please use the individuals full legal name. Also, in the case of children please indicate which spouse is the parent:

(JT: Both Spouses are the Parents H: Husband is the Parent W: Wife is the Parent S: Single Parent)

<u>Name</u>	<u>Birth Date</u>	<u>Parent/Relationship</u>
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments _____	_____	_____
_____	_____	_____
Comments _____	_____	_____
_____	_____	_____
Comments _____	_____	_____
_____	_____	_____
Comments _____	_____	_____
_____	_____	_____
Comments _____	_____	_____

ADVISORS

Personal Attorney _____ (Name) _____ (Telephone Number)

Accountant _____ (Name) _____ (Telephone Number)

Financial Advisor _____ (Name) _____ (Telephone Number)

Life Insurance Agent _____ (Name) _____ (Telephone Number)

I give you permission to contact these individuals as needed to prepare my estate plan.

YOUR CONCERNS

Instructions: 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/Not Applicable)

Description:

Level of Concern:

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of disability or death:

Providing for and protecting a spouse:

Providing for and protecting children:

From their creditors:

From failed marriages (theirs and/or yours):

From spouse's remarriage after death:

Providing for and protecting grandchildren/great-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 death:

Avoiding court involvement in case of disability (having a "conservator" appointed):

Avoiding will contests or other disputes upon death:

Protecting assets from lawsuits and/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 (mental/physical health disabilities):

Provide that your death shall not be unnecessarily prolonged by artificial means or measures:

Other concerns: _____

IMPORTANT FAMILY QUESTIONS

Instructions: Please check "Yes" or "No" for your answer	Yes	No
Are you (or your spouse) receiving Social Security, Disability, or other governmental benefits? If yes, please describe:		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? If yes, please provide this office with a copy.		
If married, have you or your spouse signed a pre- or post-marriage contract? If yes, please provide this office with a copy.		
Have you (or your spouse) been widowed? If a federal estate tax return or state death tax return was filed, please provide this office with a copy.		
Have you (or your spouse) ever filed federal or state gift tax returns? If yes, please provide this office with a copy.		
Have you (or your spouse) completed previous wills, trusts, or estate plans? If yes, please provide this office with copies of any and all documents.		
Do you currently support any charitable organizations that you wish to continue to support after your death? If yes, please explain:		
Are there any charitable organizations (other than those above) that you wish to support after your death? If yes, please explain:		
If married, have you lived in any of the following states while married to your current spouse: 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 yes, please explain:		
Do any of your children have special educational, mental 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?		

Please provide any additional family information that you wish to share: _____

PROPERTY INFORMATION CHECKLIST

INSTRUCTIONS FOR COMPLETING THIS CHECKLIST:

- General Headings:** This 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:

Property Owner:	Use:
If married, Husband’s name alone and no other person:	H
If married, Wife’s name alone and no other person:	W
If married, Husband and Wife own jointly:	JTS
If held jointly with someone other than spouse (such as child, parent, sibling):	JTO
If you do not know or cannot determine how it is held:	?

REAL PROPERTY

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

<u>General Description:</u>	<u>Owner:</u>	<u>Market Value:</u>	<u>Loan Balance:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total:	_____	_____

FURNITURE AND PERSONAL EFFECTS

Type: List separately only major personal effects, such as jewelry, collections, antiques, furs, artwork and other valuable non-business personal property. Please provide where indicated a lump sum value of miscellaneous, less valuable items.

<u>Type of Description:</u>	<u>Owner:</u>	<u>Market Value:</u>	<u>Loan Balance:</u>
<u>Lump Sum for Miscellaneous Items</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total:	_____	_____

AUTOMOBILES, BOATS AND RVs

<u>Description:</u>	<u>Owner:</u>	<u>Market Value:</u>	<u>Loan Balance:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total:	_____	_____

LIFE INSURANCE POLICIES AND ANNUITIES

Type: Please list every term, whole life, split dollar, group life, and/or annuity you own below:
(T: term WL: whole life SD: split dollar GL: group life A: annuity)

ADDITIONAL INFORMATION NEEDED: 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.

Description of Policy (Including Institution Name): Type: Owner: Value:

Whose life is insured? _____ Who pays the premium? _____

Who owns the policy? _____ Who is the agent? _____

Who are the beneficiaries? _____

Whose life is insured? _____ Who pays the premium? _____

Who owns the policy? _____ Who is the agent? _____

Who are the beneficiaries? _____

Whose life is insured? _____ Who pays the premium? _____

Who owns the policy? _____ Who is the agent? _____

Who are the beneficiaries? _____

Whose life is insured? _____ Who pays the premium? _____

Who owns the policy? _____ Who is the agent? _____

Who are the beneficiaries? _____

Total: _____

RETIREMENT PLANS

Type: Please list pension, profit sharing, H.R. 10, IRA, SEP, 401(k), and any other retirement plans you own.
(P: pension PS: profit sharing HR: H.R. 10 IRA: IRA SEP: SEP 401: 401(k))

ADDITIONAL INFORMATION NEEDED: Please be sure and provide the names of the current beneficiaries.

<u>Institution Name and Account No.:</u>	<u>Type:</u>	<u>Owner:</u>	<u>Value:</u>
_____	_____	_____	_____

Beneficiaries: _____

Beneficiaries: _____

Beneficiaries: _____

Beneficiaries: _____

Total: _____

BUSINESS INTERESTS

Type: Please list any interests you have in any business, farm, ranch, oil/mineral rights, etc. Please be sure to indicate what type of business it is (sole proprietorship, general partnership, limited partnership, private held company, etc). Also, please be sure to indicate what type of ownership interest you have (1/3 interest, royalties, etc.). Finally, be sure to provide an approximate value of what your ownership interest is worth and the amount of any debit you owe against it.

Totals:	_____	_____
	(Debt)	(Value)

MONEY OWED TO YOU

Type: Please list any mortgages, promissory notes, loans, or any other moneys payable to you.

1. Name of debtor: _____
 Date of Note: _____ Date of Maturity: _____
 Owed To: _____ Currently Balance: _____

2. Name of debtor: _____
 Date of Note: _____ Date of Maturity: _____
 Owed To: _____ Currently Balance: _____

3. Name of debtor: _____
 Date of Note: _____ Date of Maturity: _____
 Owed To: _____ Currently Balance: _____

4. Name of debtor: _____
 Date of Note: _____ Date of Maturity: _____
 Owed To: _____ Currently Balance: _____

Total: _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Type: Please list 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. Please be sure to describe in full detail, including the anticipated value and from whom you expect it to come.

(G: gift I: inheritance J: judgment)

<u>From:</u>	<u>Type:</u>	<u>Anticipated Amount:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total:		_____

OTHER ASSETS

Type: Any other property or income generating interest you have that does not fit into any listed category. Examples may include government assistance, income from trusts or structured settlements, workers' compensation benefits, etc.

<u>Description, Name, Type:</u>	<u>Owner:</u>	<u>Loan Amount:</u>	<u>Amount:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total:	_____	_____

OTHER DEBTS

Type: Please list any debts that have not already been indicated on this form. For example: student loan, credit cards, co-signing for someone else's car, home, boat, etc.

(CC: credit card SL: student loan M: mortgage PM: promissory note EL: equity line)

ADDITIONAL INFORMATION NEEDED: Please describe any collateral used to secure the debt and the value of that collateral.

<u>Description, Name:</u>	<u>Type:</u>	<u>Owner:</u>	<u>Debt Amount:</u>
_____	_____	_____	_____
Collateral Description: _____		Collateral Value: _____	
_____	_____	_____	_____
Collateral Description: _____		Collateral Value: _____	
_____	_____	_____	_____
Collateral Description: _____		Collateral Value: _____	
	Total:	_____	_____
		(Collateral Value)	(Debt Amount)

SUMMARY OF VALUES

		<u>Amount*</u>		
		<u>Husband</u>	<u>Wife</u>	<u>Total Value</u>
ASSETS:				
1.	Real Property:	_____	_____	_____
2.	Furniture and Personal Effects:	_____	_____	_____
3.	Automobiles, Boats and RVs:	_____	_____	_____
4.	Bank and Savings Accounts:	_____	_____	_____
5.	Stocks and Bonds:	_____	_____	_____
6.	Life Insurance and Annuities:	_____	_____	_____
7.	Retirement Plans:	_____	_____	_____
8.	Business Interests:	_____	_____	_____
9.	Money Owed To You:	_____	_____	_____
10.	Anticipated Inheritance, Gift, or Lawsuit Judgment:	_____	_____	_____
11.	Other Assets:	_____	_____	_____
	Total:	_____	_____	_____
DEBTS:				
12.	Real Property:	_____	_____	_____
13.	Furniture and Personal Effects:	_____	_____	_____
14.	Automobiles, Boats and RVs:	_____	_____	_____
15.	Business Interests:	_____	_____	_____
16.	Other Assets:	_____	_____	_____
17.	Other Debts:	_____	_____	_____
	Total	_____	_____	_____
18.	GRAND TOTAL	_____	_____	_____

*Joint property values are entered as 1/2 in husband's column and 1/2 in wife's column.

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

- 1. GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference, you who wish to be guardian.

Name and Address:

Relationship:

- 2. TRUSTEE(S): Usually, the person creating the trust will be the Trustee initially. Often times, both spouses will be Joint Trustees. This allows you to continue to jointly control your assets. After the death of the person creating the trust, you can either leave your spouse as sole trustee, you can name someone to be co-trustee with your spouse, or you can alleviate your spouse of the burden of trusteeship and have someone else be trustee. Please list below who you want to be the trustee initially and who you want to take over as trustee upon your death.

INITIAL TRUSTEE(S): Name and Address:

Relationship:

SUCCESSOR TRUSTEE(S): Name and Address:

Relationship:

Do you want your Successor Trustee(s) to also be the executor(s)/executrix(es) named in your will to handle any probate matters that may arise?

HUSBAND: Yes No

WIFE: Yes No

If no, then who do you want to be executor(s)/executrix(es)?

HUSBAND: Name and Address:

Relationship:

WIFE: Name and Address:

Relationship:

3. **DISABILITY TRUSTEE(S):** In the event you become unable to make decisions for yourself regarding control of your property and assets, who would you want making those decisions for you?

FOR HUSBAND: Name and Address:

Relationship:

FOR WIFE: Name and Address:

Relationship:

4. **POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

HUSBAND'S AGENT: Name and Address:

Relationship:

WIFE'S AGENT: Name and Address:

Relationship:

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Husband: Yes

No

Wife: Yes

No

Gifting Power Details: _____

5. LIVING WILL: You can provide your loved ones with your wishes and desires regarding prolonging your life through life support measures.

Please answer the following questions:

Do you want your life to be prolonged by artificial means or measures?

Husband: Yes No Wife: Yes No

Do you want to provide that your organs and tissues should be made available for transplant purposes?

Husband: Yes No Wife: Yes No

6. HEALTH CARE SURROGATE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

HUSBAND'S HEALTH CARE AGENT: Name and Address:

Relationship:

WIFE'S HEALTH CARE AGENT: Name and Address:

Relationship:

Do you want your Health Care Agent to take whatever steps are necessary to keep you in your personal residence rather than a nursing home?

Husband: Yes No Wife: Yes No

Do you want to provide that, upon certificate by two (2) physicians of need for psychological or substance treatment, your Health Care Agent may arrange for voluntary admission?

Husband: Yes No Wife: Yes No

In making distributions during any period of time that you are incapacitated, the successor Trustee should give primary consideration to:

- Disabled spouse's needs and then the needs of others
- Both spouses' needs and then the needs of others
- Disabled spouse's needs and the needs of others equally

7. DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS: What property or what amount of money do you want to leave to whom?

Please answer the following questions:

Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? Husband: Yes No Wife: Yes No

Any property not listed on the memorandum should be distributed to:

FOR HUSBAND: Spouse, then to children equally Children
 Spouse, then into trust To trust
 Spouse, then to others To others

Others: _____

FOR WIFE: Spouse, then to children equally Children
 Spouse, then into trust To trust
 Spouse, then to others To others

Others: _____

SPECIFIC GIFTS: List any specific gifts of real estate or cash only (no personal property) that you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

<u>FOR HUSBAND: Individual or Charity:</u>	<u>Amount or Property:</u>	<u>If Spouse alive?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>FOR WIFE: Individual or Charity:</u>	<u>Amount or Property:</u>	<u>If Spouse alive?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. **DISTRIBUTION OF YOUR PROPERTY AND ASSETS:** You control how much of your estate goes to your surviving spouse. If you desire, you may also control what your surviving spouse can do with that property.

WIFE: _____

In the remote event that none of the beneficiaries you name are alive to receive your property, how do you want your property divided?

HUSBAND: To my heirs-at-law.
 Half to my heirs-at-law and half to my spouse's heirs-at-law.
 To the following charities: _____

WIFE: To my heirs-at-law.
 Half to my heirs-at-law and half to my spouse's heirs-at-law.
 To the following charities: _____

9. OTHER THINGS YOU WISH TO DISCUSS: Your estate plan should address all your hopes, fears and wishes. Please take a moment to list any other items you want included in your estate plan or that you want to be sure and discuss at our meeting.

Here are some favorite examples: feed me lobster once a week if I am ever disabled; prop me up in bed to watch my favorite basketball team every time they play if I am ever disabled; should any of my beneficiaries show a love for flying, I want to pay for them to get flying lessons and their recreational pilot's license if they choose to do so.

DISCLAIMER: NO ATTORNEY CLIENT RELATIONSHIP IS CREATED UNTIL A FEE AGREEMENT IS SIGNED BY THE CLIENT: The undersigned hereby represents to ELDER LAW of LOUISVILLE, and each of its attorneys, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Claimant or Claimant's Representative:

_____ DATE: _____