

LEGACY PLANNING DESIGN WORKSHEET

Sommers Law Group, LLC
Estate Planning, Wealth Preservation, Estate
Administration and Probate

CONFIDENTIAL

PLEASE COMPLETE AND BRING THIS TO YOUR FIRST MEETING

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Please provide information that is as complete and accurate as possible. If you are unsure about exact information, please provide the best possible assessment. Some of these questions may require additional room, so please feel free to elaborate on any question either on the back side of this checklist or on separate paper.

We realize that the questionnaire may seem intrusive. However, keep in mind, that the more complete the information, the better equipped we will be throughout the process of creating your customized estate plan. Your information will be kept confidential by my office unless you authorize or request its release to others.

**THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY – IT DOES NOT PURPORT TO GIVE
LEGAL ADVICE – ITS SOLE PURPOSE IS FOR USE AT
SOMMERS LAW GROUP, LLC**

PERSONAL INFORMATION

Legal Name _____
(name most often used to sign legal documents)

Also Known As _____
(other names used to title property and accounts)

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

Home Address _____ City _____ State _____ Zip _____

Primary Telephone _____ Secondary Telephone _____ County of Residence _____

Employer _____ Position _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

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

Would you like to receive our e-newsletter? Yes No I prefer email communication rather than phone.

Spouse 2 Information (if applicable):

Legal Name _____
(name most often used to sign legal documents)

Also Known As _____
(other names used to title property and accounts)

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

Home Address _____ City _____ State _____ Zip _____

Primary Telephone _____ Secondary Telephone _____ County of Residence _____

Employer _____ Position _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

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

Would you like to receive our e-newsletter? Yes No I prefer email communication rather than phone.

Married: Date of Marriage _____ Divorced Widowed Single

Who can we thank for referring you to our office? _____

May we thank them for referring you to us? Yes / No

ADULT/MINOR CHILDREN

Please list children in the way they would sign their names on a legal document

Legal Name	Special Needs? (Medical/Educational/Financial)	Gender	Birth date	Parent (circle)
_____		M/F	_____	Husband/Wife/Both Spouses
_____		M/F	_____	Husband/Wife/Both Spouses
_____		M/F	_____	Husband/Wife/Both Spouses
_____		M/F	_____	Husband/Wife/Both Spouses
_____		M/F	_____	Husband/Wife/Both Spouses

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR OR DEPENDENTS (SPECIAL NEEDS) CHILDREN: If you have any children under the age of 18 or dependents (special needs), list the individuals who you would want to serve as guardian.

	Spouse 1 Responses (insert legal names)	Spouse 2 Responses (insert legal names)
Initial Choice		
Backup #1		
Backup #2		
Backup #3		
Backup #4		

WHO WILL MANAGE YOUR FINANCES UPON YOUR INCAPACITY OR DEATH?

	Spouse 1 Responses (insert legal names)	Spouse 2 Responses (insert legal names)
Initial Choice		
Backup #1		
Backup #2		
Backup #3		
Backup #4		

WHO WILL MAKE YOUR MEDICAL DECISIONS WHEN YOU ARE UNABLE TO MAKE THEM?

	Spouse 1 Responses (insert legal names)	Spouse 2 Responses (insert legal names)
Initial Choice		
Backup #1		
Backup #2		
Backup #3		
Backup #4		

WHO WOULD YOU LIKE TO WAIVE YOUR MEDICAL PRIVACY TO?

Spouse 1 Responses (insert legal names)	Spouse 2 Responses (insert legal names)

DO YOU WANT YOUR ORGANS AND TISSUES TO BE AVAILABLE FOR TRANSPLANT OR RESEARCH PURPOSES UPON YOUR DEATH?

Spouse 1 (_____) **Response:** Transplant Research Both None
FIRST NAME

Spouse 2 (_____) **Response:** Transplant Research Both None
FIRST NAME

ESTATE PLANNING OBJECTIVES: State to whom you want your assets to go upon your death.

If you are married, I will automatically assume your primary beneficiary is your spouse first. If this is not the case, please check this box and we will discuss this when we meet.

	Spouse 1 Responses (Legal Name/Percent)	Spouse 2 Responses (Legal Name/Percent)
1 st Beneficiary/Percent of Estate		
2 nd Beneficiary/Percent of Estate		
3 rd Beneficiary/Percent of Estate		
4 th Beneficiary/Percent of Estate		
5 th Beneficiary/Percent of Estate		
6 th Beneficiary/Percent of Estate		

DO YOU HAVE A WILL OR TRUST NOW? (Circle One)

- Yes I have a Trust, date signed: _____
- Yes I have a Will, date signed: _____
- No I don't have anything prepared
- I don't know

DO YOU OWN FIREARMS? _____

DO YOU HAVE PETS OR EXPECT TO ADOPT PETS IN THE FUTURE? _____

YOUR CONCERNS, PRIMARY GOALS, AND OTHER ITEMS TO INCLUDE OR DISCUSS:

Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other estate planning goals or concerns you have.

PROPERTY INFORMATION

This *Property Information* checklist is designed to summarize your property its worth. **We only need estimates regarding how much of the various types of assets you own; we do not need exact amounts or account information.** If you do not own property under a particular heading, just leave that section blank.

Type of Assets	Spouse 1		Spouse 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e. checking, savings, CD, Money Market)						
Investment Accounts (i.e. brokerage accounts)						
Bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Company Stock Options						
Personal Effects (i.e. jewelry, household items, art, vehicles, RVs etc)						
Retirement Plans (401k, IRAs, etc.)						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Corp. Business Interests (S-Corp or LLC)						
Sole Proprietorship Interests						
Oil, Gas and Mineral Interests						
Monies Owed to You (promissory notes)						
Personal Residence						
Other Colorado Real Property						
Other Out-of-State Property						
Other Assets						
Anticipated Inheritance, Gift, or Judgment						
TOTAL ASSET VALUE						
Loans Payable						
Accounts Payable						
Real Estate Mortgages						
TOTAL LIABILITIES (\$\$)						
NET ESTATE						

COMBINED NET ESTATE = _____
(Spouse 1 + Spouse 2 + Joint Assets)

IMPORTANT FAMILY QUESTIONS

There are important factors that many people do not realize have an effect on their estate plans. The following will help me to ensure that you have the proper estate plan for your specific needs and individual situation. It is important that you complete this section.

(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?		
Have (you or your spouse) completed previous will, trust, or other estate planning documents? <i>Please furnish copies of these documents.</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>Please list the official names of the organizations below:</i>		
If married, do you have any property located in <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust?		
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?		

I am interested in discussing business planning.