

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 tell me and give me the best possible assessment. When more exact information is required, you will need to be more precise. 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 fairly intrusive. Keep in mind, however, that the more complete the information, the better it will equip both you and me throughout the planning process. 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
THE SOMMERS LAW GROUP, LLC**

PERSONAL INFORMATION

Client Information:

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

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 _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

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

Spouse Information:

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

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 _____

Home Telephone _____ County of Residence _____ 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

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

| Name | Special Needs? (Medical/Educational/Financial) | Birth date | Parent (circle) |
|-------|---|------------|--------------------|
| _____ | _____ | _____ | Husband/Wife/Joint |
| _____ | _____ | _____ | Husband/Wife/Joint |
| _____ | _____ | _____ | Husband/Wife/Joint |
| _____ | _____ | _____ | Husband/Wife/Joint |
| _____ | _____ | _____ | Husband/Wife/Joint |

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

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

| | Client Responses (insert names) | Spouse Responses (insert names) |
|----------------|---------------------------------|---------------------------------|
| Initial Choice | | |
| Backup #1 | | |
| Backup #2 | | |
| Backup #3 | | |
| Backup #4 | | |

WHO WILL MANAGE YOUR FINANCES UPON YOUR INCAPACITY OR DEATH?

| | Client Responses (insert names) | Spouse Responses (insert names) |
|----------------|---------------------------------|---------------------------------|
| Initial Choice | | |
| Backup #1 | | |
| Backup #2 | | |
| Backup #3 | | |
| Backup #4 | | |

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

| | Client Responses (insert names) | Spouse Responses (insert names) |
|----------------|---------------------------------|---------------------------------|
| Initial Choice | | |
| Backup #1 | | |
| Backup #2 | | |
| Backup #3 | | |
| Backup #4 | | |

DO YOU WANT TO PROVIDE THAT YOUR ORGANS AND TISSUES SHOULD BE MADE AVAILABLE FOR TRANSPLANT OR RESEARCH PURPOSES?

Client: Transplant -- Research – Both -- None
Spouse: Transplant -- Research – Both -- None

PERSONAL 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 be sure to raise this issue with me when we meet.

| | Client Responses (Name/Percent) | Spouse Responses (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 | | |

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

DO YOU OWN FIREARMS? _____

IF YOU OWN FIREARMS, HAVE YOU CONSIDERED:

Who would take custody of the firearms upon your incapacity or death?

Who will inherit the firearms?

Do you know the background and “criminal history” of all trustees, personal representatives and beneficiaries of your estate?

Do you have potential beneficiaries that live in a State other than Colorado?

YOUR CONCERNS AND 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:

PROPERTY INFORMATION

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.

| Assets | Client | | Spouse | | 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 | | | | | | |
| Liabilities | | | | | | |
| Loans Payable | | | | | | |
| Accounts Payable | | | | | | |
| Real Estate Mortgages | | | | | | |
| TOTAL LIABILITIES (\$\$) | | | | | | |
| NET ESTATE | | | | | | |

COMBINED NET ESTATE = _____
(Client Net + Spouse Net + Joint Net)

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? <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 now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i> | | |
| Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i> | | |
| If married, 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? <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? | | |