



Levesque

Estate Planning & Elderlaw

CONFIDENTIAL
PLANNING WORKSHEET
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DATE: _____

SECTION 1. NAME AND CONTACT INFORMATION

Person Completing Form: _____
(first) (middle) (last)

Home Address & Phone #: _____

Relationship to Client: _____

Client's Full Name: _____
(first) (middle) (last)

Spouse's Full Name: _____
(first) (middle) (last)

Home Address: _____

Client

Spouse

Telephone Numbers: _____
(home) (home)

_____ (cell) (cell)

Date of Birth: _____

Former/Maiden Names: _____

US Citizen?: [] Yes [] No [] Yes [] No

Social Security Number: xxx-xx-_____ xxx-xx-_____

Military Service: _____

Date of Death: _____

SECTION 2. MARITAL INFORMATION

A. Date of Marriage: _____

B. Place of Marriage: _____
(city) (state or province) (country)

C. Client's Former Spouses:

1. _____ (name of former spouse) _____ (date of marriage) _____ (place of marriage)
_____ (year terminated) Death Divorce _____
(how terminated)
 Yes No _____
(still living?) (if still living, describe relationship)

2. _____ (name of former spouse) _____ (date of marriage) _____ (place of marriage)
_____ (year terminated) Death Divorce _____
(how terminated)
 Yes No _____
(still living?) (if still living, describe relationship)

D. Spouse's Former Spouses:

1. _____ (name of former spouse) _____ (date of marriage) _____ (place of marriage)
_____ (year terminated) Death Divorce _____
(how terminated)
 Yes No _____
(still living?) (if still living, describe relationship)

2. _____ (name of former spouse) _____ (date of marriage) _____ (place of marriage)
_____ (year terminated) Death Divorce _____
(how terminated)
 Yes No _____
(still living?) (if still living, describe relationship)

SECTION 3. CHILDREN

List all children. Copy and attach additional pages, if needed.

Total number of children: _____

1. _____ (name of child) _____ (date of birth) _____ (social security number last 4 digits)

Parent: Client Spouse Both

_____ (current address) _____ (phone number)

Adopted _____ (date of adoption) _____ (court granting adoption)

Deceased _____ (date of death) **Yes** **No** (child has surviving children?)

_____ (Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

_____ (Use additional pages, if needed)

2. _____ (name of child) _____ (date of birth) _____ (social security number last 4 digits)

Parent: Client Spouse Both

_____ (current address) _____ (phone number)

Adopted _____ (date of adoption) _____ (court granting adoption)

Deceased _____ (date of death) **Yes** **No** (child has surviving children?)

_____ (Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

_____ (Use additional pages, if needed)

3. _____ (name of child) _____ (date of birth) _____ (social security number last 4 digits)

Parent: Client Spouse Both

_____ (current address) _____ (phone number)

Adopted _____ (date of adoption) _____ (court granting adoption)

Deceased _____ (date of death) **Yes** **No** (child has surviving children?)

_____ (Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

_____ (Use additional pages, if needed)

4. _____ (name of child) _____ (date of birth) _____ (social security number last 4 digits)

Parent: Client Spouse Both

_____ (current address) _____ (phone number)

Adopted _____ (date of adoption) _____ (court granting adoption)

Deceased _____ (date of death) **Yes** **No** (child has surviving children?)

 (Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

 (Use additional pages, if needed)

5. _____ (name of child) _____ (date of birth) _____ (social security number last 4 digits)

Parent: Client Spouse Both

_____ (current address) _____ (phone number)

Adopted _____ (date of adoption) _____ (court granting adoption)

Deceased _____ (date of death) **Yes** **No** (child has surviving children?)

 (Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

 (Use additional pages, if needed)

6. _____ (name of child) _____ (date of birth) _____ (social security number last 4 digits)

Parent: Client Spouse Both

_____ (current address) _____ (phone number)

Adopted _____ (date of adoption) _____ (court granting adoption)

Deceased _____ (date of death) **Yes** **No** (child has surviving children?)

 (Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

 (Use additional pages, if needed)

SECTION 4. DISPOSITIVE PLANNING

A. First-choice beneficiaries: Spouse Children Spouse and Children Other

B. Second-choice beneficiaries: Spouse Children Spouse and Children Other

C. Any specific gifts of special articles, such as art or jewelry?

SECTION 5. FIDUCIARIES

Please consider the who you want to handle your affairs when you cannot. *We will discuss this section at our conference and will assist you with the completion.*

A. EXECUTORS (Co-Executors Act: Separately or Jointly)

1. _____ (name) _____ (relationship)

_____ (current address) _____ (phone number)

2. _____ (name) _____ (relationship)

Co-Executor with Previous Name (May surviving Co-Executor act alone? Yes No)
or Successor Executor

_____ (current address) _____ (phone number)

B. TRUSTEES (Co-Trustees Act: Separately or Jointly)

1. _____ (name) _____ (relationship)

(current address) _____ (phone number)

2. _____ (name) _____ (relationship)
 Co-Trustee with Previous Name (May surviving Co-Trustee act alone? Yes No)
or Successor Trustee

(current address) _____ (phone number)
_____ (phone number)

C. GUARDIANS OF MINOR CHILDREN (Co-Guardians Act: Separately or Jointly)

1. _____ (name) _____ (relationship)

(current address) _____ (phone number)

2. _____ (name) _____ (relationship)
 Co-Guardian with Previous Name (May surviving Co-Guardian act alone? Yes No)
or Successor Guardian

(current address) _____ (phone number)

D. AGENTS UNDER POWER OF ATTORNEY (Co-Agents Act: Separately or Jointly)

1. _____ (name) _____ (relationship)

(current address) _____ (phone number)

2. _____ (name) _____ (relationship)
 Co-Agent with Previous Name (May surviving Co-Agent act alone? Yes No)
or Successor Agent

(current address) _____ (phone number)

E. AGENTS UNDER HEALTH CARE POWER OF ATTORNEY

1. _____ (name) _____ (relationship)

_____ (current address) _____ (phone number)

2. _____ (name) _____ (relationship)

_____ (current address) _____ (phone number)

SECTION 6. RESIDENCE -- OWNED

A. Owners: _____

B. How is title held? _____

PLEASE PROVIDE A COPY OF THE DEED

C. Fair Market Value: \$ _____

D. Mortgage Balance: \$ _____

E. Single Family Residence? Yes No

F. If the property is rental property, please provide the following:

1. Number of units: _____

2. Currently being rented? Yes No

3. Are tenants under lease? Yes No

SECTION 7. INCOME

In completing the following section, use the “name on the check” rule; that is, the person whose name appears on the payment vehicle is the “owner” of the income.

A. FIXED MONTHLY INCOME

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. Social Security:	\$ _____	\$ _____	\$ _____
2. R.R. Retirement:	\$ _____	\$ _____	\$ _____
3. Pension:	\$ _____	\$ _____	\$ _____

B. NON-FIXED MONTHLY INCOME

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. Interest:	\$ _____	\$ _____	\$ _____
2. Dividends:	\$ _____	\$ _____	\$ _____
3. _____:	\$ _____	\$ _____	\$ _____
C. TOTALS (A thru B):	\$ _____	\$ _____	\$ _____

SECTION 8 ASSETS AND RESOURCES

A. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)
(Please provide copies of statements)

<u>Name of Bank/Branch</u>	<u>Account No.</u>	<u>Type of Account</u>	<u>Balance/Value</u>	<u>How Title Held</u>
Big Bank/Main St. <small>(sample)</small>	xxx-xxxx	Savings	\$ xx,xxx.xx	Jointly w/ son
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

B. SECURITIES (Bonds, Marketable Securities, etc.)
(Please provide copies of statements)

<u>Name of Company</u>	<u>Type of Sec.</u>	<u># Shares/Face Val.</u>	<u>Cost</u>	<u>Current Val.</u>	<u>How Title Held</u>
Acme Corp. <small>(sample)</small>	Common <small>(or Preferred)</small>	xx Shares	\$ x,xxx.xx	\$ x,xxx.xx	Sole owner
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

C. RETIREMENT ACCOUNTS (IRAs, Keoghs, etc.)

(Please provide copies of statements and beneficiary designations)

<u>Name of Institution</u>	<u>Account No.</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Date Est.</u>	<u>Current Value</u>
Big Broker (sample)	xxx-xxxx	Client	Spouse	Jan, 1970	\$ xx,xxx.xx
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

D. REAL ESTATE

(Please provide copies of deeds and most recent tax bills)

<u>Description (Location)</u>	<u>Cost (Basis)</u>	<u>Market Value</u>	<u>Mortgage Bal.</u>	<u>How Title Held</u>
123 Know Way (sample)	\$ xxx,xxx.xx	\$ xxx,xxx.xx	\$ xx,xxx.xx	Joint tenant
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

SECTION 9. MONTHLY COST OF LIVING

A. HOUSING (ESTIMATED PER MONTH)

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. If home is owned, total cost of mortgage, taxes, utilities, phone, etc.*: \$ _____	\$ _____	\$ _____	\$ _____
2. If home is rented, total rent, including maint. fees, if any: \$ _____	\$ _____	\$ _____	\$ _____

* Is the senior citizen real property tax exemption being used? [] Yes [] No
 Is the veterans real property tax exemption being used? [] Yes [] No

B. INSURANCE PREMIUMS (PER MONTH)

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. Health insurance:	\$ _____	\$ _____	\$ _____
2. Long-term care insurance:	\$ _____	\$ _____	\$ _____
3. _____ : (specify)	\$ _____	\$ _____	\$ _____
4. _____ : (specify)	\$ _____	\$ _____	\$ _____

C. MEDICAL EXPENSES (ESTIMATED PER MONTH)

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. Non-covered medications:	\$ _____	\$ _____	\$ _____
2. _____ : (specify)	\$ _____	\$ _____	\$ _____
3. _____ : (specify)	\$ _____	\$ _____	\$ _____

D. BASIC LIVING EXPENSES (ESTIMATED PER MONTH)

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. Food:	\$ _____	\$ _____	\$ _____
2. Entertainment and travel:	\$ _____	\$ _____	\$ _____
3. Support for children:	\$ _____	\$ _____	\$ _____
4. _____ : (specify)	\$ _____	\$ _____	\$ _____
5. _____ : (specify)	\$ _____	\$ _____	\$ _____
E. TOTALS (A thru D):	\$ _____	\$ _____	\$ _____

SECTION 10. HEALTH AND LTC INSURANCE

If the person needing care has Medicare Parts A, B, or D, private health or long-term care insurance, or is paying for a Medicare supplement policy, please provide the following information:

<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Prem.</u>	<u>If LTC, Daily Benefit</u>
Acme Insurance <small>(sample)</small>	123-45-6789	Long-term care	\$ 3,000	\$ 300.00 per day
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

SECTION 11. LIFE INSURANCE

If the person needing care has life insurance, please provide the following information:

<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Prem.</u>	<u>Cash Surrender Value</u>
Acme Insurance	123-45-6789	Whole Life	\$ 1,000	\$ 10,000
(sample)				
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
(specify)				

SECTION 12. CLIENT'S GOALS

What are your goals?
