

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below. Attach additional pages, if necessary.

INCOME:	You	Spouse
Earned Monthly Income from Labor (wages & salary):	_____	_____
Monthly Social Security Income:	_____	_____
Monthly Pension Income:	_____	_____
Other Monthly Income:	_____	_____

REAL ESTATE

Residence:	_____	Market Value	\$ _____
	(Address)		
	_____	Mortgage	\$ _____
		Equity	\$ _____

My residence(s) is owned by ___ myself, ___ my spouse, ___ jointly with my spouse, ___ jointly with another.

If jointly with another, with whom? _____

OTHER REAL ESTATE

_____	Market Value	\$ _____
(Address)		
_____	Mortgage	\$ _____
	Equity	\$ _____

This property is owned by ___ myself, ___ my spouse, ___ jointly with my spouse, ___ jointly with another.

If jointly with another, with whom? _____

_____	Market Value	\$ _____
(Address)		
_____	Mortgage	\$ _____
	Equity	\$ _____

This property is owned by ___ myself, ___ my spouse, ___ jointly with my spouse, ___ jointly with another.

If jointly with another, with whom? _____

Bank Accounts: Include savings and loan accounts, money markets, CD 's, and other cash equivalents.

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Amount in Account</u>	<u>How owned</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Securities: List stocks and bonds.

<u>Type of Security</u>	<u>Number of Shares</u>	<u>Value</u>	<u>How Owned</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

RETIREMENT BENEFITS

List pension, profit sharing, deferred compensation plans, and IRAs, which have benefits that survive you.

<u>Company/Type of Benefit</u>	<u>Beneficiaries</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Life Insurance: Include group life insurance, as well as personal policies.

<u>Company</u>	<u>Owner</u>	<u>Insured</u>	<u>Cash Value</u>	<u>Death Benefit</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Do you currently have a Personal Liability Umbrella Policy? If so, what is the coverage amount?

BUSINESS INTERESTS

Include partnerships and closely held companies (LLCs and Corporations)

Type of Interest	Percentage Ownership	Value
_____	_____	\$ _____
_____	_____	\$ _____

MISCELLANEOUS PROPERTY

Household furnishings and furniture (Guideline: 20% of original price). \$ _____

Automobiles: _____ Owned By _____

_____ Owned By _____

AMOUNTS OWED TO YOU

Debtor: _____ Amount owed to you: \$ _____

Debtor: _____ Amount owed to you: \$ _____

Liabilities: Include debts and obligations such as alimony and support payments; Exclude monthly bills and mortgage payments.

Creditor: _____ Amount you owe: \$ _____

Creditor: _____ Amount you owe: \$ _____

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Creditor: _____ Amount you owe: \$ _____

DIGITAL ASSET INFORMATION

Digital assets are a rapidly growing property category consisting of your online accounts and computer files. Digital assets can have both monetary value (domain names, websites) and sentimental value (digital photos, Facebook account). The best way to preserve, protect and distribute your digital asset legacy is to include your wishes in your estate plan. As part of our comprehensive estate planning we work to incorporate your digital assets into your Will or Trust.

Below is a list of some of the most popular digital assets to cover in estate plans. Please take a moment to check off particular digital assets you have. If you have more than 1 or 2 digital assets, we recommend using a digital asset inventory tool. You can also specifically state your last wishes for each of your digital assets.

- Email
- Digital photos
- Social networks (for example, Twitter, Facebook, LinkedIn, etc.):

- Website, blog, or domain names
- Online seller account (i.e. Ebay or Amazon)
- Paypal
- Paid online subscription
- Turbo Tax, Quickbooks or Other Tax Software
- Online Medical Records
- Important computer files

SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Client	Other's	
Real Property			
Furniture and Personal Effects			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

* Values for property owned with others – put your percentage in the respective column

INTELLECTUAL ASSETS

YOU	SPOUSE
High School	High School
College	College
Graduate Degree	Graduate Degree
On the Job MBA (biz owner)	On the Job MBA (biz owner)

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

LONG-TERM GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would for the long-term.

Name, Address and Phone Number

Relationship

SHORT-TERM GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would be able to be immediately available to them (within 20 minutes) if you could not be located.

Name, Address and Phone Number

Relationship

GUARDIAN FOR PETS:

FINANCIAL DECISION MAKERS

LIFE AGENT: If you are unable to make decisions for yourself and your spouse (if applicable) is also unable to make those decisions for you, who would you want to make decisions for you with regard to your finances?

Name, Address and Phone Number

Relationship

DEATH TRUSTEE: After your death, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

Name, Address and Phone Number

Relationship

HEALTH CARE DECISION MAKERS (YOU)

HEALTH CARE: If you were unable to make decisions for yourself and your spouse (if applicable) is also unable to make those decisions for you, who would you want to make decisions for you with regard to your medical treatment?

AGENT

Name, Address, and Phone Number

Relationship

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

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

HEALTH CARE DECISION MAKERS (SPOUSE)

HEALTH CARE: If you were unable to make decisions for yourself and your spouse (if applicable) is also unable to make those decisions for you, who would you want to make decisions for you with regard to your medical treatment?

AGENT

Name, Address, and Phone Number

Relationship

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

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

FUNERAL AND BURIAL DECISION MAKER (YOU)

Name, Address, and Phone Number

Relationship

Do you want to allow for cremation? Yes No

FUNERAL AND BURIAL DECISION MAKER (SPOUSE)

Name, Address, and Phone Number

Relationship

Do you want to allow for cremation? Yes No

DIGITAL ACCOUNT REPRESENTATIVE
(who can handle your online accounts if you are incapacitated or deceased?)

Name, Address, and Phone Number

FAMILY VALUES

Rate the following values in order of their importance to you from “Most Important” to “Least Important.”
Feel free to leave blank any item you do not wish to rank.

	Most Important	Important	Neutral	Least Important
▪ Cultural values such as art, music, travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Economic values such as financial responsibility, frugality, savings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Educational values such as study, self-improvement, academic achievements, lifelong learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Emotional values such as compassion, kindness, generosity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ethical values such as honesty, fairness, justice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Material values such as possessions, social standing, rank and title.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personal values such as modesty, loyalty, independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Philanthropic values such as volunteer work, donations (time and money).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Physical values such as health, relaxation, exercise, appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Public values such as citizenship, community involvement, public service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Recreational values such as sports, leisure time, hobbies, vacations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Relationship values such as family, friends, colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Spiritual values such as faith, belief in God, inner peace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Work values such as effort, competence, professional recognition and success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO SHARE WITH US.

CONFIDENTIALITY WAIVER FOR MARRIED COUPLE (applies only to a married couple):

Confidential communications to or from your attorney are protected by the attorney-client privilege from compulsory disclosure to third parties. Because we are representing both of you with respect to your estate plan, we are now informing you that there is no confidentiality between you and your spouse as far as your estate plan representation is concerned. By signing below, you agree to let us disclose to your spouse information given to us by you.
