

BAAR & LICHTERMAN, PLLC

ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE IN INK)

We need this Worksheet returned to us at least two business days prior to your meeting so we have enough time to better understand the specifics of your situation before our meeting.

AS POSSIBLE, PLEASE BRING COPIES OF ALL STATEMENTS, POLICY DECLARATION PAGES, DEEDS, BUSINESS BYLAWS / OPERATING AGREEMENTS, AND ANY OTHER DOCUMENTATION SUPPORTING THE INFORMATION PROVIDED IN THIS WORKSHEET.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

How did you hear about us / who referred you? _____

PERSONAL INFORMATION

Legal Name (with middle initial): _____ Date of Birth: _____
(as it should appear on documents)

Name you prefer to be called: _____

U. S. Citizen: Y / N (circle one) Are you a permanent resident of Michigan? Y / N (circle one)

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer or Business: _____

Business Address: _____

Occupation: _____ Work Phone: _____

SPOUSE'S INFORMATION (IF APPLICABLE)

Legal Name (with middle initial): _____ Date of Birth: _____
(as it should appear on documents)

Name you prefer to be called: _____

U. S. Citizen: Y / N (circle one) Are you a permanent resident of Michigan? Y / N (circle one)

Email Address: _____

Cell Phone: _____

Employer or Business: _____

Business Address: _____

Occupation: _____ Work Phone: _____

MARITAL BACKGROUND

Yourself: Number of prior marriages: _____ Widowed _____ Divorced
(If divorced, please bring a copy of your Judgment of Divorce to your appointment)

Spouse: Number of prior marriages: _____ Widowed _____ Divorced
(If divorced, please bring a copy of your Judgment of Divorce to your appointment)

Date of Marriage(s): _____

CHILDREN

Please list children, including stepchildren and legally adopted children, and identify as such. Indicate with an asterisk if deceased.

<u>Legal Name (with middle initial)</u>	<u>Address and Phone Number</u>	<u>Birthdate</u>	<u>Parent</u> (H, W, Both)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does any child listed above have any special needs and/or qualify for government assistance? If so, please list the child's name and describe the special need and/or government assistance:

<u>Name</u>	<u>Need</u>
_____	_____
_____	_____

PROFESSIONAL ADVISORS

CPA / Accountant:

(Name)

(Address)

(Address)

(Telephone Number)

Financial Advisor:

(Name)

(Address)

(Address)

(Telephone Number)

Insurance Agent (life):

(Name)

(Address)

(Address)

(Telephone Number)

Physician (You):

(Name)

(Address)

(Address)

(Telephone Number)

Insurance Agent (homeowners):

(Name)

(Address)

(Address)

(Telephone Number)

Physician (Spouse):

(Name)

(Address)

(Address)

(Telephone Number)

YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

- Preserve and Maximize Assets
- Minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- Minimizing or eliminating estate taxes upon your death
- Reducing estate administration costs through probate avoidance
- Avoid or limit Medicaid claims on your assets if you require long-term care
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- Ensure that your family has enough life insurance to provide a comfortable lifestyle
- Ensure that your assets are passed to your descendants and not given away to outsiders, such as children's spouses, creditors or the government
- Ensuring your estate can be administered privately, without probate court involvement

Protect Yourself

- From creditor claims
- From conservatorship proceedings if you become incapacitated
- From hospital policies requiring life sustaining procedures that differ from your wishes
- From healthcare decisions made by people other than those you trust most

Protect Your Children or other Beneficiaries ... From malpractice claims (for beneficiaries in the professions)

- From scammers who search public records for inheritance money and target young or vulnerable beneficiaries
- From malpractice claims (for beneficiaries in the professions)

- From creditors' claims
- From the public nature of the probate court process
- From financial immaturity and a quick loss of an inheritance
- From sharing assets with heirs you would rather not receive any of your estate
- From litigation claims by disinherited heirs or other family in-fighting
- For parents only:* from relatives who would be bad guardians or from foster care
- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- For special needs beneficiary only:* from losing government benefits and not having a support system

Achieve your Dreams

- Get financial life organized
- Save for retirement
- Save for your kids', grandkids' or other loved ones' college in the right way
- Ensure you have the right kind and amount of insurance or review what you have in place
- Benefit a charitable organization or activity
- Support a common family goal through multi-generational coordinated planning
- Have a plan to leave the world a better place
- For parents only:* Specify the values, insights, stories and experiences you want passed on to your children and how you want the money you leave behind used for your children
- For special needs beneficiaries only:* Provide instructions, people, and assets to support him/her above a government-based lifestyle
- For business owners only:* Provide for the orderly continuation and transfer of family business interests rather than a distress sale

IMPORTANT FAMILY QUESTIONS

Do you have a will, trust, or other estate planning document? <i>Please furnish copies of these documents</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a long-term care insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own any property jointly with anyone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you served in any branch of the armed services or reserve? If so, please list dates and branch(es) of service: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 _____ myself, _____ my spouse, _____ jointly with my spouse, _____ jointly with another.

If jointly with another, with whom? _____

OTHER REAL ESTATE

Address: _____	Market Value	\$ _____
_____	Mortgage	\$ _____
	Equity	\$ _____

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

If jointly with another, with whom? _____

Address: _____	Market Value	\$ _____
_____	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>Name(s) On Account</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

BROKERAGE ACCOUNTS / STOCKS (individually owned)

List stocks and bonds individually owned, or name of brokerage account company if all stocks/bonds are in a brokerage account. This does not include retirement accounts – those should be listed under the Retirement Benefits section later on this page.

<u>Type of Security</u>	<u>Number of Shares</u>	<u>Value</u>	<u>Name(s) On Account</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

RETIREMENT BENEFITS

List pension, profit sharing, deferred compensation plans, 401k, and IRAs, which have benefits that survive you.

<u>Company/Type of Benefit</u>	<u>Owner / 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)

Name of Company	Percentage Ownership	Value
_____	_____	\$ _____
_____	_____	\$ _____

MISCELLANEOUS PROPERTY

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

Automobiles: _____ Owned By _____

_____ Owned By _____

AMOUNTS OWED TO YOU BY OTHERS

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: \$ _____

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 your	_____	_____	_____
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 / University	_____ College / University
_____ 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 until they reach age 18.

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

DURING LIFE (Power of Attorney): 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 while you are alive?

Name, Address and Phone Number

Relationship

AFTER DEATH (Trustee / Personal Representative (Executor)): After your death, who do you want making decisions regarding the management and distribution of your assets to your chosen beneficiaries?

Name, Address and Phone Number

Relationship

HEALTH CARE DECISION MAKERS (YOU)

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 care and treatment?

AGENT

Name, Address, and Phone Number

Relationship

Do you want to provide that your healthcare decisionmaker can institute or remove artificial life-sustaining treatment (circle one)? Yes / No

What are your wishes regarding artificial life-sustaining treatment? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes (circle one)? Yes / No

HEALTH CARE DECISION MAKERS (SPOUSE)

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 care and treatment?

AGENT

Name, Address, and Phone Number

Relationship

Do you want to provide that your healthcare decisionmaker can institute or remove artificial life-sustaining treatment (circle one)? Yes / No

What are your wishes regarding artificial life-sustaining treatment? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes (circle one)? Yes / No

FUNERAL AND BURIAL DECISION MAKER (YOU)

Name, Address, and Phone Number

Relationship

May your decisionmaker authorize cremation (circle one)? Yes / No

FUNERAL AND BURIAL DECISION MAKER (SPOUSE)

Name, Address, and Phone Number

Relationship

May your decisionmaker authorize cremation (circle one)? Yes / No

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.

IF YOU AND YOUR SPOUSE ARE HAVING LAST WILLS AND TESTAMENTS PREPARED, PLEASE READ AND SIGN THE FOLLOWING:

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.
