



*Planning. Protection. Peace of Mind.*

## Organizer

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Estate Planning  
Probate & Trust Administration  
Asset Protection Planning  
Business Law  
Business Succession Planning

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YOU SHOULD COMPLETE THIS ORGANIZER TO ASSIST US IN DESIGNING A PLAN THAT MEETS YOUR GOALS.

You Should Consider All The Information Contained In This Organizer. For Example; If You Don't Discuss The Guardian Of Your Children Until We Meet, You May Not Give That Question Enough Consideration.

**ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

PLEASE RETURN THE COMPLETED ORGANIZER TO OUR OFFICE AS SOON AS POSSIBLE.

**PART I: PERSONAL INFORMATION**

CLIENT #1's Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Office # \_\_\_\_\_

Email \_\_\_\_\_ SSN# \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

*If married or with partner:* Legally married? \_\_\_\_\_ If yes, date of Marriage \_\_\_\_\_

CLIENT #2's Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As/Preferred Name for Signature \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Office # \_\_\_\_\_

Email \_\_\_\_\_ SSN# \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

**CHILDREN AND OTHER LOVED ONES**

*(Use full legal name. Use "JT" if both clients are the parents, "C1" if Client #1 is the parent, "C2" if Client #2 is the parent.. If you have any specific planning considerations for an individual, please indicate below.)*

Full name \_\_\_\_\_ Son/Daughter/Other \_\_\_\_\_ Birth date \_\_\_\_\_ Parent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Full name \_\_\_\_\_ Son/Daughter/Other \_\_\_\_\_ Birth date \_\_\_\_\_ Parent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Full name \_\_\_\_\_ Son/Daughter/Other \_\_\_\_\_ Birth date \_\_\_\_\_ Parent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Full name \_\_\_\_\_ Son/Daughter/Other \_\_\_\_\_ Birth date \_\_\_\_\_ Parent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**IMPORTANT PLANNING QUESTIONS**

- |   | Yes | No  |
|---|-----|-----|
| 1. Are you (or your spouse/partner) receiving Social Security, disability, or other government benefits?<br><i>If yes, please describe</i> _____          | ___ | ___ |
| 2. Are you (or your spouse/partner) making payments under a divorce or property settlement order?<br><i>If so, please furnish a copy.</i>                 | ___ | ___ |
| 3. If married, have you and your spouse signed a pre- or post-marriage agreement?<br><i>If so, please furnish a copy.</i>                                 | ___ | ___ |
| 4. If married, have you ever lived in: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin?                         | ___ | ___ |
| 5. Have you (or your spouse/partner) been widowed?<br><i>If an estate tax return (IRS Form 706) was filed, please furnish a copy.</i>                     | ___ | ___ |
| 6. Have you (or your spouse/partner) ever filed <u>gift tax</u> returns? (IRS Form 709)<br><i>Please furnish copies of these returns.</i>                 | ___ | ___ |
| 7. Have you (or your spouse/partner) completed previous will, trust, or other estate planning?<br><i>Please furnish copies of these documents.</i>        | ___ | ___ |
| 8. Are there any charitable organizations you wish to make provisions for at the time of your death?<br><i>If yes, please list.</i> _____                 | ___ | ___ |
| 9. Are you (or your spouse/partner) currently the beneficiary of anyone else's trust?<br><i>If yes, please list.</i> _____                                | ___ | ___ |
| 10. Do any of your children or other intended beneficiaries have special educational, medical, or physical needs?<br><i>If yes, please describe</i> _____ | ___ | ___ |
| 11. Do any of your children or other intended beneficiaries receive governmental support or benefits?<br><i>If so, please describe</i> _____              | ___ | ___ |
| 12. Do you provide major financial support to anyone else?  | ___ | ___ |

**ADVISORS**

Name/Company	Phone or Email
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____
Other _____	_____

**REFERRAL SOURCE**

*Please let us know how you heard about us so we may give appreciation:*

\_\_\_\_\_

**PART II: PROPERTY INFORMATION**

This **Property Information** checklist helps you list all the property you own and what it is worth.

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For ownership designations, use "JT" if both clients are owners, "C1" if Client 1 is the owner and "C2" if Client 2 is the owner.

**REAL PROPERTY**

TYPE: Any interest in real estate including your residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BANK ACCOUNTS**

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here.

Name of Institution	Owner	Acct # (last 4)	Type	Beneficiary/ POD/TOD	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**RETIREMENT PLANS**

TYPE: Pension (P), Profit Sharing (PS), Keough (K), IRA, SEP, 401(K).

Institution	Acct #	Type	Owner	Primary Beneficiary	Contingent Beneficiary	Balance
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**STOCKS AND BONDS**

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*indicate type below*)

Stocks, Bonds or Investment Accounts	Acct #	Type	Owner	Primary Beneficiary	Contingent Beneficiary	Balance
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**PERSONAL PROPERTY**

TYPE: List separately only major personal effects such as jewelry, antiques, and motor vehicles.

Type or Description	Owner	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIFE INSURANCE POLICIES AND ANNUITIES**

TYPE: Term (T), Whole Life (WL), Split Dollar (SD), Group Life (GL), Annuity (A).

Institution	Whose life insured?	Acct #	Type	Primary Beneficiary	Contingent Beneficiary	Cash Value	Death Benefit
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**BUSINESS INTERESTS**

TYPE: General and Limited Partnerships, Limited Liability Companies, Sole Proprietorships, privately-owned corporations, professional corporations, and any other business ownership interests.

Business Name	Organized State	Type	Ownership %	Market Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MONEY OWED TO YOU**

TYPE: Mortgages or promissory notes payable to you, or other money someone else owes you.

Name of Debtor	Note Date	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____

**ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT**

TYPE: Gifts or inheritances that you expect to receive or amounts you expect to receive through a judgment in a lawsuit.

Description
_____
_____

**OTHER ASSETS**

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART III: YOUR DECISION MAKERS**

PERSONS TO ACT FOR YOU:

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

Primary Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Back-up Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 2. FINANCIAL DECISION MAKERS IF YOU'RE UNABLE TO MAKE DECISIONS FOR YOURSELF**  
(Who will manage your property if you're incapacitated?)

Client #1's Representative

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Client #1's Back-up Representative

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Client #2's Representative

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Client #2's Back-up Representative

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 3. MEDICAL DECISION MAKERS**

(Who will make medical decisions for you if you're unable to communicate your instructions to medical providers?)

Client # 1's Representative

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Client #1's Back-up Representative

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Client #2's Representative

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Client #2's Back-up Representative

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 4. INDIVIDUALS YOU WOULD LIKE TO HAVE ABILITY TO ACCESS HEALTH INFORMATION**

Client #1 \_\_\_\_\_

Client #2 \_\_\_\_\_

**PART IV: CONCERNS**

*Does either client have a concern regarding the following:*

- \_\_\_\_\_ Estate Taxes
- \_\_\_\_\_ Capital Gains Taxes
- \_\_\_\_\_ Income Taxes
- \_\_\_\_\_ Disinheriting Beneficiaries
- \_\_\_\_\_ Naming a Guardian for Minor Children
- \_\_\_\_\_ Fiscal Immaturity of Beneficiaries
- \_\_\_\_\_ Paying for Grandchildren's Education Expenses
- \_\_\_\_\_ Avoiding Probate
- \_\_\_\_\_ Fire Sale to pay Estate Taxes
- \_\_\_\_\_ Privacy of Estate Planning Documents
- \_\_\_\_\_ Business Ownership Concerns (i.e., concerns with current ownership, liability, business succession, etc.)
- \_\_\_\_\_ Advantageous methods to Charitably Give

**OTHER ITEMS TO INCLUDE OR DISCUSS:**

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THANK YOU FOR COMPLETING THE CLIENT ORGANIZER.