



# FILL OUT BEFORE YOUR APPOINTMENT

## Confidential Estate Planning Diagnostic

FOR OFFICE USE ONLY: Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

### Instructions:

- Please print. Be as specific as you can about names and accounts. S1 = Spouse 1. S2 = Spouse 2
- If you are unsure of a question, leave it blank. Attach extra pages if you need more space.
- **Please fill out the diagnostic and bring it with you to your appointment.**

### Part One: Personal Information (required)

**Your Name (S1)** \_\_\_\_\_ Legal AKA (if any) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen?  Y  N Are you retired?  Y  N If not, when? \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Are you (or your spouse) receiving home care or assisted living care?  Y  N

Were you previously married?  Y  N (If you had a divorce agreement, please bring it)

Occupation (or prior one, if retired): \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you (or your spouse) a military veteran?  Y  N

SSN (Optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Your Spouse's Name (S2)** \_\_\_\_\_ Legal AKA (if any) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen?  Y  N Are you retired?  Y  N (If not, when? \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Are you (or your spouse) receiving home care or assisted living care?  Y  N

Were you previously married?  Y  N (If you had a divorce agreement, please bring it)

Occupation (or prior one, if retired): \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SSN (Optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Home Address** \_\_\_\_\_ Can you receive mail at this address?  Y  N

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name & phone of someone you trust to make **financial decisions** if you are unable?

Primary \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen?  Y  N

Backup \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen?  Y  N

Name & phone of someone you trust to make **medical decisions** if you are unable?

Primary \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen?  Y  N

Backup \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen?  Y  N

## Children and Family

Full Name	Gender (CHECK ONE)	DOB	Parent (CHECK ONE)	No. of Children
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> S1 <input type="checkbox"/> S2	_____
Home Address _____				
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Gender (CHECK ONE)	DOB	Parent (CHECK ONE)	No. of Children
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> S1 <input type="checkbox"/> S2	_____
Home Address _____				
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Gender (CHECK ONE)	DOB	Parent (CHECK ONE)	No. of Children
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> S1 <input type="checkbox"/> S2	_____
Home Address _____				
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Gender (CHECK ONE)	DOB	Parent (CHECK ONE)	No. of Children
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> S1 <input type="checkbox"/> S2	_____
Home Address _____				
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Do all of your children get along?  Y  N Do you have any deceased children?  Y  N

If so, do they have any surviving children and/or grandchildren?  Y  N

Names \_\_\_\_\_

Do any of your children have step-children?  Y  N If so, which child(ren) and how many?  
\_\_\_\_\_

Age of grandchildren: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_

Age of great-grandchildren: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_

Do any children, grandchildren or great-grandchildren have major medical problems?  Y  N

Do you want to exclude anyone from receiving any portion of your estate?  Y  N

If so, whom? \_\_\_\_\_

Do you (or your spouse) have a trust with a deceased spouse?  Y  N

Name, address and phone number of your CPA or Tax Preparer (so we can coordinate if needed)?  
\_\_\_\_\_

Name, address and phone number of your Financial Advisor (so we can coordinate if needed)?  
\_\_\_\_\_

**What are your goals in creating or upgrading your estate plan? (Check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Avoiding Probate   | <input type="checkbox"/> Avoiding Estate Taxes  |
| <input type="checkbox"/> Making sure I'll be taken care of if disabled                  | <input type="checkbox"/> Making sure my loved ones' inheritance is protected from spouses, lawsuits, divorces, etc. |
| <input type="checkbox"/> Maximizing my loved ones' inheritance                          | <input type="checkbox"/> Passing on my values as well as my assets  |
| <input type="checkbox"/> Making sure my loved ones don't squander it                    | <input type="checkbox"/> Peace of mind  |
| <input type="checkbox"/> Making sure younger loved ones get a good education and career | <input type="checkbox"/> Other: _____   |

**For Married Couples Only**

Date of Marriage: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Do you and your spouse consider all of your assets community property?  Y  N

Did you or your spouse receive any valuable gifts or inheritances after marriage?  Y  N

Would you consider future inheritances as community property?  Y  N

Did you or your spouse come into your marriage with any substantial assets?  Y  N

Do you have a pre-marital or post-marital agreement? (If yes, please bring it)  Y  N

## Part Two: Financial Information

### Instructions:

- Please print. Be as specific as you can with regard to names.
- Account balances will vary, so please list the approximate balance of each account.

(S1) Your annual gross income \$ \_\_\_\_\_

(S2) If married, your spouse's annual gross income \$ \_\_\_\_\_

### Banks, Savings & Loans and Credit Unions

*These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.*

Name of Institution	Ownership	Account Type (Checking, Savings, CD)	Approx. Balance
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
5. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
6. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
<b>Total Value:</b>			\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?

Y  N (If yes, which ones? (Insert # above) \_\_\_\_\_)

### Stocks or Bonds — Not in a Brokerage Account

*These include certificates you actually hold; please list Mutual Funds on page 5.*

Stock	Ownership	Shares (Number of shares)	Approx. Market Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
5. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
6. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
<b>Total Value:</b>			\$ _____

## Mutual Funds and/or Brokerage Accounts

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 6.

Name of Firm of Fund/Account	Ownership	Approx. Market Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	\$ _____
5. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	\$ _____
6. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	\$ _____
<b>Total Value:</b>		\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?  Y  N (If yes, which ones?) (Insert # above) \_\_\_\_\_

Would you be willing to sell any of the above stocks or mutual funds if you could avoid capital gains taxes?  Y  N

## Promissory Notes & Trust Deeds Owed to You

*(Where someone is paying you on a note)*

**REMINDER:** If secured, please bring the original or a copy of the recorded Deed of Trust (DOT)

Name of Debtor	Secured by DOT?	Due Date	Original Amount	Balance Due
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
<b>Total Value:</b>			\$ _____	

Do any of your children owe **you** money?  Y  N

If yes:	Who?	How Much?	Reduce child's share by amount owed?
	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N

## Real Estate

Please list all homes, rental properties, other buildings, land and timeshares in which you have an interest.

Property Address	Original Cost	Current Value	Debt or Mortgage	Net Value
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

**Net annual cash flow on rental real estate:** \$ \_\_\_\_\_

*(If not sure, please bring copy of recent tax return.)*

**Total Net Value:** \$ \_\_\_\_\_

### Which Property #?

Are you planning on selling any of your real estate soon?  Y  N \_\_\_\_\_

Would you consider selling if you could avoid capital gains taxes?  Y  N \_\_\_\_\_

Are any properties owned with someone other than your spouse?  Y  N \_\_\_\_\_

Are any properties owned by an entity? (Such as a Corp., LLC, FLP)  Y  N \_\_\_\_\_

Do any of your children (or other relatives) reside on any of your properties?  Y  N \_\_\_\_\_

## IRA Accounts & Company Retirement Plans

*(Including qualified plans)*

Custodian of Account <i>(Bank, Broker, Employer)</i>	Type <i>(IRA, 401K, Pension, etc.)</i>	Account Owner <i>(Check One)</i>	Primary Beneficiary	Secondary Beneficiary	Approx. Value
1. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
2. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
3. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
4. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____

**Total Value:** \$ \_\_\_\_\_

Are you concerned about your future retirement income?  Y  N

## Life Insurance

	Insured Person	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Company	Cash Value (if any)	Death Benefit
1.	_____	_____	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	_____	_____	\$ _____	\$ _____

**Total Value:** \$ \_\_\_\_\_

Do you have Long-Term Care Insurance (to cover extended nursing care costs)?  Y  N

Do you have parents or other relatives in assisted living?  Y  N

## Non-Qualified Annuities (Not a Retirement Plan)

*(Please list qualified annuities separately above.)*

	Name of Insurance Company	Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____

**Total Value:** \$ \_\_\_\_\_

## Limited or General Partnerships

	Name of Partnership	Limited or General?	Ownership %	Total Market Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____

**Total Value:** \$ \_\_\_\_\_

## Businesses

	Business Name	Is it a Corporation?	Ownership %	Buy-Sell Agreement?	Total Value
1.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
2.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____

**Total Value:** \$ \_\_\_\_\_

Are you anticipating selling your business(es) anytime soon?  Y  N

## Other Assets

Are you expecting any inheritances soon?  Y  N

If so, from whom? \_\_\_\_\_ Approximately how much? \$ \_\_\_\_\_

Please list unusually valuable personal items such as art, coins, jewelry, collections, etc.

\_\_\_\_\_

Please list any other assets not mentioned such as stock options, patents, royalties, etc.

## Miscellaneous Information

What are your favorite hobbies? \_\_\_\_\_

What are your spouse's favorite hobbies?

\_\_\_\_\_ Do you have a safety deposit box?  Y  N

If yes, where is it located

\_\_\_\_\_

Do you have a storage unit?  Y  N If yes, where is it located?

\_\_\_\_\_

Are you (or your spouse) a part of any local groups, clubs or organizations?  Y  N

If so, which ones? \_\_\_\_\_

\_\_\_\_\_

**Do you have any questions you would like answered?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Thank you for completing the Diagnostic***