



WEALTH PLANNING LAW GROUP

ATTORNEYS AT LAW

*Protecting Your Legacy*

Confidential

Estate Planning Information

Intake Form

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[www.LAWealthPlan.com](http://www.LAWealthPlan.com)



## ESTATE PLANNING QUESTIONNAIRE

Date of Appointment: \_\_\_\_\_ Referred by: \_\_\_\_\_

Client's First, Middle/Maiden and Last Name (List both Spouse's names if applicable)

Client's Company/Position: \_\_\_\_\_

Client's DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Office	Cell	Email	Home

Full Name of Client's Prior Spouse(s)	Result
	<input type="checkbox"/> Divorce <input type="checkbox"/> Deceased While Married <input type="checkbox"/> Currently Married
	<input type="checkbox"/> Divorce    Deceased While Married <input type="checkbox"/> Currently Married
	<input type="checkbox"/> Divorce <input type="checkbox"/> Deceased While Married <input type="checkbox"/> Currently Married

Spouse's Company/Position: \_\_\_\_\_

Spouse's DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Office	Cell	Email	Home

Full Name of Spouse's Prior Spouse(s)	Result
	<input type="checkbox"/> Divorce <input type="checkbox"/> Deceased While Married <input type="checkbox"/> Currently Married
	<input type="checkbox"/> Divorce <input type="checkbox"/> Deceased While Married <input type="checkbox"/> Currently Married
	<input type="checkbox"/> Divorce <input type="checkbox"/> Deceased While Married <input type="checkbox"/> Currently Married

Home Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Indicate Primary Contact Method:    Home    Office    Cell    E-mail

How did you hear about us? \_\_\_\_\_    Both Spouses U.S. Citizens?    Yes    No

## FAMILY INFORMATION

Child's Name	Nickname	DOB	Married	# of Children	Biological Parents	Concerns
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Any Special Circumstances with the children? (e.g., Predeceased, adopted, special needs, disinherit);

Explain: \_\_\_\_\_

Do you have disability insurance? Yes No

Do you have long term care insurance? Yes No

Are you or your spouse a wartime veteran? Yes No

Please describe in percentage terms who would receive your assets under your current plan and who would receive your assets ideally.

	Current %	Ideal %
Children	%	%
Grandchildren		
Other Loved Ones		
Charity		
IRS		

## ASSET INFORMATION

Do you have any Separate Assets, Prenuptial or Separate Property Agreements? Yes No

Have you/your spouse ever made gifts exceeding \$10,000? Yes No

Was a gift tax return filed? Yes No

If "Yes" to any of the above, please provide copies and explain: \_\_\_\_\_

### ASSETS

Please attach a Personal Financial Statement, if possible, rather than completing the remaining asset information

#### PERSONAL RESIDENCE

Home (Street Address)	Fair Market Value (FMV)	Mortgage	Equity

#### REAL ESTATE HELD INDIVIDUALLY

List TYPE: Commercial (C), Rental (R), Condo (CN), Timeshare (TS), Vacant (V)

Municipal Address	Type	Fair Market Value (FMV)	Mortgage	Equity

#### RETIREMENT PLANS, IRA's & ANNUITIES

For each, list TYPE OF PLAN (e.g., IRA, 401(k) or Annuity), BROKER DEALER (e.g., LPL, NY Life, Bank, etc.), Financial Advisor, Owner/Beneficiary (e.g., Husband (H) / Wife (W)) & FMV

Type of Plan	Broker Dealer	Financial Advisor	Owner	Beneficiary	FMV

#### AFTER TAX, MUTUAL FUND OR STOCK INVESTMENTS

Broker Dealer Where Account is Held	Investment Advisor's Name	FMV

**LIFE INSURANCE**

List INSURED/OWNER/BENEFICIARY of each policy (e.g., Husband (H)/ Wife (W)/ Trust (T)/ Children (C)), Ins. Company, Policy TYPE (e.g., Term/Whole Life, Universal Life) & Agent, CASH VALUE and Death Benefit:

Insured	Owner	Beneficiary	Company/Policy Type/Agent	Cash Value	Death Benefit

**BUSINESS INTERESTS**

For each company, list NAME, TYPE (e.g. L.L.C., Partnership (P/S), C – Corporation (C-Corp) or S – Corporation (S-Corp), OWNERSHIP %, how much you could sell it for and whether you have a Buy-Sell agreement:

Full Name of Company	Type	Ownership %	Approx. Value of your %	Buy-Sell?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL PROPERTY, BANK ACCOUNTS AND OTHER ASSETS NOT LISTED ABOVE**

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NET WORTH: \$ \_\_\_\_\_ Annual Household Income: \$ \_\_\_\_\_

**RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCE.:**

Briefly describe or give the name of the Trust in which the individual(s) needing long-term care has an interest, or the person who is the source of the inheritance. Please provide a copy of the instrument which creates the interest, if available. If not, please advise how we may obtain a copy.

## ADDITIONAL CONSIDERATIONS FOR YOUR INITIAL CONSULTATION

1. Is there anyone outside your immediate family whom you wish to leave assets to, such as: charities, friends, grandchildren, etc.?

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2. If you have minor children, please list below the persons, other than your Spouse, that you would name as guardians/tutors to raise your children until they reach age 18:

Guardians	First Choice	Second Choice

3. If you passed away today, are your children capable of immediately managing their inheritance? If not, please list below those people you would like to name as trustees of your testamentary trust to manage your wealth in the event of your death (include your Spouse if appropriate). Also, please identify an institutional trustee to serve as a final successor trustee. This could include any of the major banks or a trust department from the financial institution that your financial advisor works with.

Trustees	First Choice	Second Choice	Third Choice	Final Institutional Trustee

4. If you were incapacitated indefinitely, who would make health care decisions for you and manage your financial affairs? Please list your “spouse” as first choice, if appropriate.

Health Care and Power of Attorney Agent		Husband’s Response	Wife’s Response
	First Choice		
	Second Choice		

Please list the advisors that you work with:

Life Insurance Agent	Financial Advisor	CPA	Other Advisors

### ADDITIONAL DOCUMENTATION

*Please bring to your initial appointment the following documents*

Copy of any existing planning documents including: wills, trusts, business entities, buy/sell agreements, separate property agreements, and any reservations of separate property that you have made.

## CONCERNS AND OBJECTIVES

Our goal is to individually tailor solutions that address your individual estate planning objectives. Please review the following items to identify the issues that most concern you.

Level of Concern (1-10) | 1 = Lowest and 10 = Highest

### **TAX CONCERNS**

- Risk of the IRS “inheriting” 40% of your estate when you die .....
- Risk of capital gains taxes being paid on the sale of assets .....
- Risk of unnecessary income tax being paid on investment assets .....

### **FAMILY CONCERNS**

- Risk of person other than those we select gaining custody of your minor children .....
- Risk that assets left to your spouse might not pass to your intended heirs if you spouse remarries .....
- Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits, or to a divorcing spouse .....
- Risk of a child or other beneficiary losing his or her inheritance due to the mismanagement of your assets .....
- Risk that an inheritance received by a child with a disability would disqualify them for governmental benefits .....
- Risk of unnecessary litigation from heirs who receive less than they think they are entitled to receive .....
- Risk of estate passing unequally due to nature of assets owned (ex. when a business or a parcel of real estate comprises most of the value of the estate) .....

### **DISABILITY CONCERNS**

- Risk of loss of control over your assets in event of your disability .....
- Risk of losing your assets to pay for long term care .....
- Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peacefully and without pain .....
- Risk that health care personnel will not disclose health care information to loved ones due .....

### **CREDITOR CONCERNS**

- Risk of lawsuits against you .....
- Risk of loss of your assets to a nursing home .....

### **POST DEATH CONCERNS**

- Risk of having to sell assets in a “fire sale” in order to create the liquidity needed to pay taxes and expended .....
- Risk that the person(s) charged with managing your affairs after you've passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes .....
- Risk of private matters unnecessarily being made public .....
- Risk that property you intend to preserve in the family will have to be sold upon your death .....

### **BUSINESS CONCERNS**

- Risk that corporate shield will fail to protect corporate assets because corporate meetings have not been held annually, corporate minutes kept, officers elected, etc. ....
- Risk of business failure due to the lack of business succession plan .....
- Risk of unnecessary expenses associated with the sale of a business because of the absence of an exit plan having been prepared ahead of time .....
- Risk of unintended financial results from a Buy/Sell Agreement that is out of date and/or underfunded .....
- Risk that your business will fail on your disability or death .....
- Risk that the business will not sell for full value after your disability or death .....