LICHTERMAN LAW, PLC
Attorney & Counselor at Law

ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE IN INK)

We must ***have this Inventory and Assessment returned to us at least three days prior to your Peace of Mind Planning Session*** so we have enough time to understand the specifics of your Family situation before our meeting.

If you need assistance completing the information, call our office (616-827-7596) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

5252 Clyde Park Ave. SW, Suite A   Grand Rapids, Mi 49509
P: (616) 827-7596 | F: (888) 818-6225
www.lichtermanlaw.com

PERSONAL INFORMATION

Client's Signature Name ____
(name most often used to title property and accounts)

Also Known As ____
(other names used to title property and accounts)

Prefer to be called ____________________ Birth date ________________________ US Citizen? ________

Home Address ______________________________ City ________________ State _______ Zip _________
Home Phone: ________________ Cell Phone: ____________________ Work Phone: __________________
E-mail Address ____________________________________ ❑ It is okay to communicate with me via E-mail.

Occupation ____ Employer ___________________________
Business Address ______________________________ City ___________________ State ___ Zip _______

❑ Married: Date of Marriage ____________________ ❑ Divorced ❑ Widowed ❑ Single

Spouse's Signature Name ____
(name most often used to title property and accounts)

Also Known As ____
(other names used to title property and accounts)

Prefer to be called ____________________ Birth date ________________________ US Citizen? ________

Home Address _________________________________ City _____________ State _______ Zip _________
Home Telephone ____________ Cell Phone Number ________________ Business Telephone ____________
E-mail Address ________________________________ ❑ It is okay to communicate with me via E-mail.

Occupation ____ Employer ___________________________
Business Address ______________________________ City ___________________ State ___ Zip _______

CHILDREN AND/OR OTHER BENEFICIARIES

(Use full legal name. For stepparents, note "H" if only husband is the biological parent, note "W" if only wife is the biological parent. Please also list any other family members that are dependent on you.)

Name	**Birth date**	**Parent or Relationship**

FAMILY ADVISORS

	Name and Company	**Telephone**
Accountant		
Investment Advisor		
Life Insurance Agent		
Primary Physician (Husband)		
Primary Physician (Wife)		

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

- ☐ By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- ☐ By minimizing or eliminating estate taxes upon your death (up to 35% of your assets and life insurance benefits)
- ☐ By ensuring assets have maximum FDIC insurance protection
- ☐ By reducing estate administration costs through probate avoidance
- ☐ Avoid or limit Medicaid claims on your assets should 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
- ☐ By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, ex-spouses, creditors or the government

Protect Yourself and Your Spouse . . .

- ☐ From malpractice or other creditor claims
- ☐ From conservatorship proceedings if you or your spouse become incapacitated
- ☐ From probate delays and stress upon your death or the death of your spouse
- ☐ From hospital policies requiring life sustaining procedures when you would rather not endure them
- ☐ From healthcare decisions made by people other than those you trust most

Protect Your Children or other Beneficiaries ….

- ☐ From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- ☐ From malpractice claims (for beneficiaries in the professions)
- ☐ From other creditors' claims
- ☐ From the stress and delays of the average 6- to 9-month probate court process
- ☐ From financial immaturity resulting in a quick loss of an inheritance
- ☐ From sharing assets with heirs you would rather disinherit
- ☐ From litigation claims by disinherited heirs or other family in-fighting
- ☐ *For parents only:* from relatives who would be poor, abusive or even dangerous 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 neglect in the government care system

Take Charge of Your Financial Future …

- ☐ Get your financial life organized
- ☐ Save for retirement using the right financial vehicles
- ☐ Ensure you are saving for your kids' or grandkids' 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 coordinated planning
- ☐ Have clarity about your life purpose, goals and dreams
- ☐ Have a plan to leave the world a better place
- ☐ Leave behind specific intellectual, spiritual, and human assets in addition to your financial assets
- ☐ *For parents only:* By specifying 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:* By providing instructions, people, and assets to support your special needs beneficiaries above a government-based lifestyle
- ☐ *For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

IMPORTANT FAMILY QUESTIONS

	HUSBAND		WIFE	
Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents*	☐ Yes	☐ No	☐ Yes	☐ No
Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*	☐ Yes	☐ No	☐ Yes	☐ No
If married have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*	☐ Yes	☐ No	☐ Yes	☐ No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below*	☐ Yes	☐ No	☐ Yes	☐ No
Do you own a business?	☐ Yes	☐ No	☐ Yes	☐ No
Do you own a long-term care insurance policy?	☐ Yes	☐ No	☐ Yes	☐ No
Do you own any property that is only in your name?	☐ Yes	☐ No	☐ Yes	☐ No
Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*	☐ Yes	☐ No	☐ Yes	☐ No
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*	☐ Yes	☐ No	☐ Yes	☐ No
Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.*	☐ Yes	☐ No	☐ Yes	☐ No
Have you served in any branch of the armed services or reserve? If so, please list dates and branch(es) of service ______________________	☐ Yes	☐ No	☐ 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.	☐	☐	☐	☐
▪ Economic values such as financial responsibility, frugality, savings.	☐	☐	☐	☐
▪ Educational values such as study, self-improvement, academic achievements, lifelong learning.	☐	☐	☐	☐
▪ Emotional values such as compassion, kindness, generosity.	☐	☐	☐	☐
▪ Ethical values such as honesty, fairness, justice.	☐	☐	☐	☐
▪ Material values such as possessions, social standing, rank and title.	☐	☐	☐	☐
▪ Personal values such as modesty, loyalty, independence.	☐	☐	☐	☐
▪ Philanthropic values such as volunteer work, donations (time and money).	☐	☐	☐	☐
▪ Physical values such as health, relaxation, exercise, appearance.	☐	☐	☐	☐
▪ Public values such as citizenship, community involvement, public service.	☐	☐	☐	☐
▪ Recreational values such as sports, leisure time, hobbies, vacations.	☐	☐	☐	☐
▪ Relationship values such as family, friends, colleagues.	☐	☐	☐	☐
▪ Spiritual values such as faith, belief in God, inner peace.	☐	☐	☐	☐
▪ Work values such as effort, competence, professional recognition and success.	☐	☐	☐	☐

If you or a family member caused an accident and the accident and the damages went beyond what your insurance company would cover, how would that affect your life?

Do you currently have a Personal Liability Umbrella Policy? If so, what is the coverage amount? Based on your assets is that amount still appropriate or should a larger amount now be considered?

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

5252 Clyde Park Ave. SW, Suite A Grand Rapids, Mi 49509
P: (616) 827-7596 | F: (888) 818-6225
www.lichtermanlaw.com

INCOME/ASSET/LIABILITY INFORMATION

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

INCOME:	**Husband**	**Joint**	**Wife**
Earned Monthly Income from Labor (wages & salary):	______	______	______
Monthly Social Security Income:	______	______	______
Monthly Pension Income:	______	______	______
Other Monthly Income:	______	______	______

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.
(please list the type of ownership – Husband and Wife, Joint Tenant, Tenant in Common, Husband Only, Wife Only)

General Description and/or Address	**Owner**	**Market Value**	**Equity**
	Total		

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property, including automobiles *(indicate type below and **give a lump sum value for miscellaneous**, less valuable items.).*

Type or Description	**Owner**	**Market Value**
Miscellaneous Furniture and Household Effects (Total)		
	Total	

BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS
TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below).*
Do not include IRA's or 401(k)'s here. DO include 529 Plans or Other College Savings Accounts and Accounts held by your children.

Name of Institution and account number	Type	Owner	Amount
		Total	

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: List any and all stocks and bonds you own outside of retirement accounts.
If held in a brokerage account, lump them together under each account. *(indicate type below)* *Do not include IRA's or 401(k)'s here*

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
			Total	

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Insurance Company	Type	Face Amount	Policy Owner	Life Insured	Current Beneficiaries	Pays Premium
					Total	

RETIREMENT ACCOUNTS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K), 403(b).
ADDITIONAL INFORMATION: Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Type of Plan	Plan Name	Misc. Information	Beneficiaries	Amount
			Total	

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations (C or S), professional corporations, Limited Liability Companies, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Business Name	Type	% Ownership	Amount
		Total	

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you,** or other moneys owed to you.

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

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail**.

Description ______________________________

____

Total estimated value ______________

OTHER ASSETS

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

Type	Owner	Value

Total ______________

SUMMARY OF VALUES

ASSETS	Amount: Husband	Wife	Joint	Total
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 Financial Assets: ______________ ___________ ___________

INTELLECTUAL ASSETS

HUSBAND

______High School
______College
______Graduate Degree ______________________
______ On the Job MBA (biz owner)

WIFE

_______ High School
_______ College
_______ Grad Degree _____________________
_______ On the Job MBA (biz owner)

SPIRITUAL ASSETS

- ☐ I have faith in myself only
- ☐ I have faith in something bigger than myself

- ☐ I have faith in myself only
- ☐ I have faith in something bigger than myself

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 20-30 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, who would you want to make decisions for you with regard to your finances and property?

Name, Address and Phone Number **Relationship**

____

____

DEATH TRUSTEE: After both of your deaths, 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

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

HUSBAND'S AGENT

Name, Address, and Phone Number **Relationship**

____

____

____

Do you want to provide that your life 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? Medical purposes?

____

WIFE'S AGENT

Name, Address, and Phone Number **Relationship**

____

____

____

Do you want to provide that your life 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? Medical purposes?

____