

**Leger Law Group, LLC**

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CONFIDENTIAL ESTATE PLANNING

WORKSHEET

This information packet should be returned to us prior to your meeting. This will ensure that we have enough time to understand the specifics of your situation before our meeting.

DON’T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN! WE LOOK FORWARD TO SEEING YOU.

**ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL**

CLIENT INFORMATION

Date:

First Client Full Name (if different from above): (first, middle/maiden and last)

Daytime Phone:

Fax

Mailing Address:

Alternate Phone:

Cell Phone

E-mail Address:

Military Service [ ] Yes [ ] No Dates of Service:

Date of Birth:

SSN:

Marital Status: 0 Married 0 Widowed 0 Divorced 0 Single

Marital History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



(If Applicable)

Second Client’s Full Name

(first, middle/maiden and last)

Daytime Phone:

Alternate Phone:

Cell Phone

E-mail Address:

Military Service [ ] Yes [ ] No Dates of Service:

Date of Birth:

SSN:

Marriage Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital History\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



How did you hear about our firm?

0 Internet – please provide website

0 Attended Seminar

0 Referred by Someone – please provide name

0 Other - please specify



ADVISORS

Personal Attorney

Phone:

Fax

Mailing Address:

Accountant

Phone:

Fax

Mailing Address:

Financial Advisor

Phone:

Fax

Mailing Address:

Life Insurance Agent

Phone:

Fax

Mailing Address:



CHILDREN AND/OR OTHER FAMILY MEMBERS

List all children. Copy and attach additional pages, if needed. Total number of children:

1.

(name of child) (first, middle/maiden and last) (date of birth) (social security number)

(current address) (phone) 0 Home 0 Work 0 Cell

Parent: [ ] First Client [ ] Second Client [ ] Both

Is child: 0 Married 0 Widowed 0 Divorced 0 Single

Name of Spouse (if married):

 [ ] Adopted

(date of adoption) (court granting adoption)

 [ ] Deceased [ ] Yes [ ] No

(date of death) (child has surviving children?)

(Describe this child -- does he or she have “special needs”? Consider health and general financial status, including needs and abilities)

(Use additional pages, if needed)



2.

(name of child) (first, middle/maiden and last) (date of birth) (social security number)

(current address) (phone) 0 Home 0 Work 0 Cell

Parent: [ ] First Client [ ] Second Client [ ] Both

Is child: 0 Married 0 Widowed 0 Divorced 0 Single

Name of Spouse (if married):

 [ ] Adopted

(date of adoption) (court granting adoption)

 [ ] Deceased [ ] Yes [ ] No

(date of death) (child has surviving children?)

(Describe this child -- does he or she have “special needs”? Consider health and general financial status, including needs and abilities)

(Use additional pages, if needed)



3.

(name of child) (first, middle/maiden and last) (date of birth) (social security number)

(current address) (phone) 0 Home 0 Work 0 Cell

Parent: [ ] First Client [ ] Second Client [ ] Both

Is child: 0 Married 0 Widowed 0 Divorced 0 Single

Name of Spouse (if married):

 [ ] Adopted

(date of adoption) (court granting adoption)

 [ ] Deceased [ ] Yes [ ] No

(date of death) (child has surviving children?)

(Describe this child -- does he or she have “special needs”? Consider health and general financial status, including needs and abilities)

(Use additional pages, if needed)



4.

(name of child) (first, middle/maiden and last) (date of birth) (social security number)

(current address) (phone) 0 Home 0 Work 0 Cell

Parent: [ ] First Client [ ] Second Client [ ] Both

Is child: 0 Married 0 Widowed 0 Divorced 0 Single

Name of Spouse (if married):

 [ ] Adopted

(date of adoption) (court granting adoption)

 [ ] Deceased [ ] Yes [ ] No

(date of death) (child has surviving children?)

(Describe this child -- does he or she have “special needs”? Consider health and general financial status, including needs and abilities)

(Use additional pages, if needed)

IMPORTANT FAMILY QUESTIONS

|  |  |  |
| --- | --- | --- |
| (Please check “Yes” or “No” for your answer) | Yes | No |
| Are you (or your spouse) receiving social security, disability, or other governmental benefits? Describe  |  |  |
| Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Please furnish a copy |  |  |
| If married have you and your spouse signed a pre- or post-marriage contract? Please furnish a copy |  |  |
| Have you (or your spouse) been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy |  |  |
| Have you (or your spouse) ever filed federal or state gift tax returns?Please furnish copies of these returns |  |  |
| Have (you or your spouse) completed previous will, trust, or estate planning? Please furnish copies of these documents |  |  |
| 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. |  |  |
| Are there any other charitable organizations you wish to make provisions for at the time of your death? If so, please explain below. |  |  |
| Are you (or your spouse) currently the beneficiary of anyone else’s trust? If so, please explain below. |  |  |
| Do any of your children have special educational, medical, or physical needs? |  |  |
| Do any of your children receive governmental support or benefits? |  |  |
| Do you provide primary or other major financial support to adult children or others? |  |  |

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING

THE PROPERTY INFORMATION CHECKLIST

General Headings This Property Information checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

Type Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

|  |
| --- |
| Owner of Property Use |
| If married, Husband’s name alone, with no other person | H |
| If married, Wife’s name alone, with no other person | W |
| If married, Community Property with spouse | C |
| If married, joint tenancy if property outside Louisiana | JT |
| If you cannot determine how the property is owned | ? |

REAL PROPERTY

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

General Description and/or Address Owner Value Loan Balance

Total



FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only significant or titled personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (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



AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Year, Make, Model, Vehicle Type Owner Value Loan Balance

Total



BANK & SAVINGS ACCOUNTS

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (indicate type below). *Please do not include qualified (Retirement) accounts in this section; there will be a section specifically addressing these types of accounts.*

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

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 Type Acct. Number Owner Amount

Total



LIFE INSURANCE POLICES AND ANNUITIES

 Insurance Company, Insurance Type (Whole, Term, etc.) Insured Owner Face/Death Benefit & Cash Value

Total



RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). ADDITIONAL INFORMATION:

Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Plan Name Type Owner/Participant Amount

 Total



BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, 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.

Total



ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

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

Description

OTHER ASSETS

Total estimated value

TYPE: Other property is any property that you have that does not fit into any listed category, including money owed to you.

Type Owner Value

Total

Burial Plot – Client [ ] Yes [ ] No Burial Plot – Spouse [ ] Yes [ ] No

Funeral Paid – Client [ ] Yes [ ] No Funeral Paid – Spouse [ ] Yes [ ] No



DEBTS

Type Balance

Owner Owed

Total

SUMMARY OF VALUES

Amount\*

ASSETS Husband Wife Total Value

Real Property

Furniture and Personal Effects Automobiles, Boats and RV’s 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 Assets:

Total Debts:

\* Joint Property values enter 1/2 in husband’s column and 1/2 in wife’s column.

DESIGN INFORMATION

We will discuss this with you at the initial consultation but you should consider the persons you would want to act for you if you are unable to do so

PERSONS TO ACT FOR YOU:

**GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be guardian. A guardian is the person who would care for your child(ren).

Name and Address Relationship

**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

HUSBAND’S AGENT

Name Relationship Phone Number

WIFE’S AGENT

Name Relationship Phone Number

**HEALTH CARE POWER OF ATTORNEY:**  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 Relationship Phone Number

WIFE’S AGENT

Name Relationship Phone Number

Husband’s Physician’s Name

Wife’s Physician’s Name

**SPECIFIC GIFTS:**  List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

FOR HUSBAND:

Individual or Charity Amount or Property Contingent on Wife predeceasing?

FOR WIFE:

Individual or Charity Amount or Property Contingent on Husband predeceasing?

OTHER ITEMS TO INCLUDE OR DISCUSS