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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.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

How did you hear about our firm?

Internet – please provide website _____

Attended Seminar

Referred by Someone – please provide name _____

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: _____

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: _____

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 _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

Total number of children: _____

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

(current address)

Parent: First Client Second Client Both

Marital Status: _____

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)

Parent: First Client Second Client Both

Marital Status: _____

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)

Parent: First Client Second Client Both

Marital Status: _____

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)

(Use additional pages, if needed)

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

(current address)

Parent: First Client Second Client Both

Marital Status: _____

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 retirement income, disability ("SSP" or "SSDI"), or other governmental benefits? Describe _____		
If married, have you and your spouse signed a pre- or post-marriage contract (also referred to as a prenuptial agreement, a marital contract, or a judgment of termination of community)? 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		
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 (or grandchildren, if applicable) have special educational, medical, or physical needs?		
Do any of your children (or grandchildren, if applicable) 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 <i>if property is outside of Louisiana</i>	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, please 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), 403(B), TSPs, Savings Plans, etc.

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.

_____	_____
_____	_____
_____	_____
_____	_____
	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 _____

Total estimated value _____

OTHER ASSETS

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	Owner	Balance Owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Husband	Wife	
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

These choices will be discussed in detail during our “design” of your documents and modifications can (and often times are) made during the design process.

PERSONS TO ACT FOR YOU:

GUARDIAN (“TUTOR”) FOR MINOR CHILDREN: If you have any children who are under the age of 18, under a continuing tutorship, *or* who have been interdicted, please list in order of preference who you wish to serve as the guardian those children. 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

