



Date: _____

This is a **confidential** estate planning worksheet designed to gather the basic information we need to begin the process of preparing your estate plan. We will use this information to make recommendations about the structure of your estate in light of possible medical and long-term care needs, potential long-term disabilities, and, eventually, death. The information that you provide will be strictly confidential. In order to represent your interests adequately in these matters, we must have the most detailed, up-to-date information possible.

LEGAL CONCERNS AND GOALS

| LEGAL DOCUMENTS | Date Made | Location of Original |
|--|-----------|----------------------|
| Will | | |
| Self | _____ | _____ |
| Spouse/Partner | _____ | _____ |
| Trust | | |
| Self | _____ | _____ |
| Spouse/Partner | _____ | _____ |
| Power of Attorney | | |
| Self | _____ | _____ |
| Spouse/Partner | _____ | _____ |
| Living Will/Health Care Directive | | |
| Self | _____ | _____ |
| Spouse/Partner | _____ | _____ |

Documents to photocopy and send with this form prior to your meeting

| | |
|--|--|
| <input type="checkbox"/> Will and codicils, trust agreements | <input type="checkbox"/> Real estate documents for all properties in which you have an interest, including deeds, current property tax statements, contracts for deed, and certificates of title |
| <input type="checkbox"/> Powers of attorney | <input type="checkbox"/> Bank account statements |
| <input type="checkbox"/> Living will or health care directive, power of attorney for health care | <input type="checkbox"/> Brokerage statements for stocks, bonds, and securities |
| <input type="checkbox"/> Guardianship/conservatorship documents | <input type="checkbox"/> Employee or retiree benefit statements. |
| <input type="checkbox"/> Divorce decrees, prenuptial agreements | <input type="checkbox"/> Current life insurance and annuity statements |
| <input type="checkbox"/> Long term care insurance policies | <input type="checkbox"/> Burial contracts and burial plot certificates, or photocopies of these items |
| <input type="checkbox"/> Asset assessment form, if you have completed one for the county | <input type="checkbox"/> Any other documents that you think are relevant or about which you have specific questions |
| <input type="checkbox"/> Copies of any documents related to previous Medical Assistance applications | |

Date and time of appointment: _____

Meeting scheduled with [name of attorney]: _____

Name of person completing this form: _____

| PERSONAL DATA | Self | Spouse/Partner |
|--|---|---|
| Name | _____ | _____ |
| Address | _____ | _____ |
| County of Residence | _____ | _____ |
| Home Phone | _____ | _____ |
| Work Phone | _____ | _____ |
| Cell Phone | _____ | _____ |
| Email | _____ | _____ |
| Birth Date | _____ | _____ |
| Age | _____ | _____ |
| Employer | _____ | _____ |
| Retirement Date | _____ | _____ |
| US Citizen | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security # | _____ | _____ |
| Disabled | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Veteran | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you are a veteran, please check off the following statements that apply | <input type="checkbox"/> 181 consecutive days of active duty <input type="checkbox"/> Honorably discharged <input type="checkbox"/> Officer <input type="checkbox"/> Disabled during service | <input type="checkbox"/> 181 consecutive days of active duty <input type="checkbox"/> Honorably discharged <input type="checkbox"/> Officer <input type="checkbox"/> Disabled during service |
| Type of residence | <input type="checkbox"/> Rent home/apartment <input type="checkbox"/> Own home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing home/Care facility | <input type="checkbox"/> Rent home/apartment <input type="checkbox"/> Own home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing home/Care facility |

Were you referred to Bravura Group? If so, by whom?

MARITAL DATA

Date of this marriage _____

| Complete if Married Previously | Self | Spouse/Partner |
|--|--|--|
| Date of Prior Marriage | | |
| How did marriage end (death, dissolution) | Date of Death _____ Date of Dissolution _____ (provide copy of divorce decree) | Date of Death _____ Date of Dissolution _____ (provide copy of divorce decree) |

NAME CHANGES

Many clients have different names on their birth certificate, baptismal records, service records, Social Security cards, bank accounts, marriage certificates, etc. Please let us know if there are other names we should know about.

DECISION-MAKERS, CONSULTANTS

In your household

Who pays the bills?

Who balances the checkbook?

Who decides how to invest?

Who is your financial advisor?

Who is your insurance agent?

Who is your accountant?

Other advisors?

Location of important papers

Have you made arrangements for management of computer passwords, users names, and protection of social media content in the event of your death or incapacity?

Yes

No

GOVERNMENT BENEFITS

Have you or your spouse ever completed a financial information form for any government agency?

Have you ever applied for a government benefit, other than Medicare?

CHILDREN (please go to page X if you have no children)

| Your Children | | Grandchildren | |
|--|----------------------------|-------------------------------|---------------|
| Name (including middle names) | Date of Birth | Name (including middle names) | Date of Birth |
| Address | | | |
| City, State, Zip | | | |
| Phone #s | | | |
| Married? <input type="checkbox"/> Yes <input type="checkbox"/> No | If married, Partner's Name | | |

| Your Children | | Grandchildren | |
|--|----------------------------|-------------------------------|---------------|
| Name (including middle names) | Date of Birth | Name (including middle names) | Date of Birth |
| Address | | | |
| City, State, Zip | | | |
| Phone #s | | | |
| Married? <input type="checkbox"/> Yes <input type="checkbox"/> No | If married, Partner's Name | | |

| Your Children | | Grandchildren | |
|--|----------------------------|-------------------------------|---------------|
| Name (including middle names) | Date of Birth | Name (including middle names) | Date of Birth |
| Address | | | |
| City, State, Zip | | | |
| Phone #s | | | |
| Married? <input type="checkbox"/> Yes <input type="checkbox"/> No | If married, Partner's Name | | |

Identify Children From a Previous Relationship

Self _____

Spouse/Partner _____

ADDITIONAL INFORMATION ABOUT YOUR CHILDREN AND THEIR FAMILIES

General information

Do you have children (*other than biological*), step children or step grandchildren that were not adopted? *If so, please explain*

Have any family members received any advance on their inheritance or are any of them financially indebted to you?

Is there any reason to treat anyone in your family other than equally?

If any of your children should predecease you, should his/her share pass through to his/her children?

Do you have any children who died leaving children of their own?

Do you have any family members who are permanently and totally disabled? *If so, please explain*

Does the family member receive either SSI, Social Security Disability, or MA benefits?

Guardian of minor children

Who should be guardian of your minor children? (*A guardian has physical and legal control over your children until they reach the age of 18.*)

| | First Choice | Second Choice |
|--------------------------------|--------------|---------------|
| Name(s) | | |
| Address | | |
| Relationship (<i>if any</i>) | | |

Is there any other information we should know about your family?

FINANCIAL INFORMATION

| Monthly Income | Self | Spouse/Partner |
|---|----------|----------------|
| Social Security | Gross \$ | Gross \$ |
| | Net \$ | Net \$ |
| Employment | \$ | \$ |
| Pension from (Benefits for survivor) | \$ | \$ |
| Pension from (Benefits for survivor) | \$ | \$ |
| Annuities | \$ | \$ |
| Rents | \$ | \$ |
| Business interests | \$ | \$ |
| Interest and dividends | \$ | \$ |
| Other | \$ | \$ |
| Totals | | |

| Health Insurance <i>(include name of provider where applicable)</i> | Self | Monthly Premium | Spouse/Partner | Monthly Premium |
|--|------|-----------------|----------------|-----------------|
| Medicare Part A | | \$ | | \$ |
| Medicare Part B | | \$ | | \$ |
| Medicare supplement | | \$ | | \$ |
| Prescription drug insurance | | \$ | | \$ |
| Other health insurance | | \$ | | \$ |
| Disability Insurance | | \$ | | \$ |

| Long Term Care Insurance | Self | Spouse/Partner |
|--------------------------|------|----------------|
| Insurer | | |
| Policy Date | | |
| Premium Amount | \$ | \$ |

Please bring a copy of each policy to meeting.

Monthly Shelter Expenses For Home

Rent or mortgage payments, including principal and interest

\$

Real property taxes

\$

Homeowner's insurance

\$

Association Fees

\$

Utilities

Do you pay heating or cooling, including electricity for wall air conditioner unit? Yes No

PROPERTY YOU OWN

Personal Property (Cars, RVs, boats, insured jewelry, etc.)

Description of Property

Value

Owners as listed on the title

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Burial/Funeral Expenses

Have you or your spouse prepaid your funeral expenses?

How much did you spend for each funeral?

\$

The money is invested in (check all that apply) Irrevocable funeral trust agreement Life insurance Annuity

Life Insurance Policies

1. Company and policy number

Owner and insured

Beneficiary

Face Value
\$

Cash Surrender Value
\$

Death Benefit
\$

Yearly Cost
\$

2. Company and policy number

Owner and insured

Beneficiary

Face Value
\$

Cash Surrender Value
\$

Death Benefit
\$

Yearly Cost
\$

3. Company and policy number

Owner and insured

Beneficiary

Face Value
\$

Cash Surrender Value
\$

Death Benefit
\$

Yearly Cost
\$

4. Company and policy number

Owner and insured

Beneficiary

Face Value
\$

Cash Surrender Value
\$

Death Benefit
\$

Yearly Cost
\$

5. Company and policy number

Owner and insured

Beneficiary

Face Value
\$

Cash Surrender Value
\$

Death Benefit
\$

Yearly Cost
\$

6. Company and policy number

Owner and insured

Beneficiary

Face Value
\$

Cash Surrender Value
\$

Death Benefit
\$

Yearly Cost
\$

REAL ESTATE

Residence

| | | |
|---|----------------------------------|------------------------|
| Description of property | Names as they appear on the deed | |
| Address | City, State, Zip | County |
| Date Acquired | Purchase Price \$ | Mortgage Balance \$ |
| Property tax estimated market value \$ | Fair market value \$ | |

Other Real Property

| | | |
|---|----------------------------------|------------------------|
| 1. Description of property | Names as they appear on the deed | |
| Address | City, State, Zip | County |
| Date Acquired | Purchase Price \$ | Mortgage Balance \$ |
| Property tax estimated market value \$ | Fair market value \$ | |
| 2. Description of property | Names as they appear on the deed | |
| Address | City, State, Zip | County |
| Date Acquired | Purchase Price \$ | Mortgage Balance \$ |
| Property tax estimated market value \$ | Fair market value \$ | |

Contracts for Deed

| | | | |
|------------------------------|------------------|-----------------------|-----------------------|
| 1. Address for Property Sold | | City, State, Zip | |
| Name of Seller(s) | Name of Buyer(s) | Monthly Payment \$ | Current Balance \$ |
| 2. Address for Property Sold | | City, State, Zip | |
| Name of Seller(s) | Name of Buyer(s) | Monthly Payment \$ | Current Balance \$ |

Provide copy of each Contract for Deed.

BANK, BROKERAGE, INVESTMENT, AND RETIREMENT ASSETS

Bank accounts, CDs, brokerage accounts, stocks, corp. or US bonds, IRAs, vested pension plan, annuities, promissory notes, other.

| Asset <i>Financial Institution, Account number, Description of Type of Account</i> | Owner | Beneficiary <i>Joint tenant, POD/TOD</i> | Current Value |
|--|--------------|--|----------------------|
| | | | \$ |
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| Asset | Owner | Beneficiary | Current Value |
|--|-----------------|------------------------------|---------------|
| <i>Financial Institution, Account number, Description of Type of Account</i> | | <i>Joint tenant, POD/TOD</i> | |
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| Total Assets | Total \$ | | |

Inheritance

Do you or your spouse expect an inheritance?

Business

Do you or your spouse have an interest in any business?

Safe Deposit Box

Yes If yes, where is it located?

No

List any other assets

| Liabilities | Description | Balance Due | Monthly Payment | Maturity Date |
|--------------------------------|-------------|-------------|-----------------|---------------|
| Mortgages | | \$ | \$ | |
| 2nd Mortgage or Line of Credit | | \$ | \$ | |
| Notes | | \$ | \$ | |
| Loans on insurance | | \$ | \$ | |
| Credit card | | \$ | \$ | |
| Alimony or child support | | \$ | \$ | |
| Car loan/Lease | | \$ | \$ | |
| Other | | \$ | \$ | |

We, _____ and _____, state that the information contained above is accurate and complete to the best of our ability. Bravura Group will rely on this information, and the undersigned acknowledge that if it is inaccurate or incomplete the recommendations made by the law firm may not be appropriate.

Self

Date

Spouse/Partner

Date