

Infinite Legacy Planning Worksheet



Date: _____

Instructions: Please complete and return before your consultation. Call **616-777-5291** if you have any questions.

Mail: 3083 Washington Ave. SW, Ste A, Grandville, MI 49418 • Email: Info@EystoneLawOffices.com

Section 1: Personal Information

Client	<i>Full Legal Name: (as you want it to appear in your documents)</i>	
	<i>What you prefer to be called (if different):</i>	
	<i>Date of Birth:</i>	<i>SS Number (last 4):</i>
	<i>Employer:</i>	<i>Job Title:</i>
	<i>Phone:</i>	<i>Email:</i>
	<i>Citizenship:</i>	<i>Ex / Dec'd Spouse(s):</i>
	<i>Military Veteran?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Branch/Years Served:</i>
Client	<i>Full Legal Name: (as you want it to appear in your documents)</i>	
	<i>What you prefer to be called (if different):</i>	
	<i>Date of Birth:</i>	<i>SS Number (last 4):</i>
	<i>Employer:</i>	<i>Job Title:</i>
	<i>Phone:</i>	<i>Email:</i>
	<i>Citizenship:</i>	<i>Ex / Dec'd Spouse(s):</i>
	<i>Military Veteran?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Branch/Years Served:</i>

Marriage	<i>Date of Marriage:</i>
	<i>Place of Marriage:</i>

If you are married and all information on this worksheet is identical for you and your spouse, complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each spouse has a separate one.

Address	<i>Street:</i>	
	<i>City:</i>	<i>County:</i>
	<i>State:</i>	<i>Zip:</i>

Infinite Legacy Planning Worksheet



Section 2: Professional Advisors

Please include the names of the advisors you would like involved with your estate planning during your life or your trust / estate administration following death or incapacity.

Financial Advisor	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

Accountant	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

Insurance Agent	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

Religious Advisor	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

Other Advisor	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

Other Advisor	<i>Name:</i>	<i>Email:</i>
	<i>Company:</i>	<i>Phone:</i>

* If you have additional advisors, please make a copy of this worksheet for each one.

Infinite Legacy Planning Worksheet



Section 3: Your Reasons for Planning

Please identify the reasons you are considering estate planning or questions you have (check all applicable).

Protect Your Children or Other Beneficiaries:

- From predators who can access inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to have half of your child or beneficiary's inheritance
- From malpractice claims, for beneficiaries in their professions
- From other creditor claims (such as car accident plaintiffs)
- From the stress and delays of the average 16-month process of probate
- From financial immaturity resulting in a quick loss of the entire inheritance
- From sharing assets with heirs you would rather disinherit
- From lawsuits by disinherited heirs
- For parents only:* From relatives who would be poor, abusive or even dangerous guardians
- For parents only:* From acquaintances and relatives who should not be allowed to be alone with your children
- For parents only:* From a court proceeding that costs precious time in the event you are unable to authorize needed medical care for your child
- For special needs beneficiaries only:* From neglect in the government care system

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 45% of your assets and life insurance benefits)
- 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 reasonable lifestyle no matter what

Protect Yourself and Your Spouse:

- From malpractice or creditor claims
- From conservatorship proceedings (aka "living probate") 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

Ensure Quality of Life:

- Give to a charitable organization or activity
- Support a common family goal through coordinated planning
- Provide that your death will not be unnecessarily prolonged by artificial means
- For parents only:* Provide guidelines for how your children should be supported while their assets are in trust
- For special needs beneficiaries only:* Provide instructions, people, and assets to support your special needs beneficiary above a poverty lifestyle
- For business owners only:* Provide for the orderly continuation and transfer of family business interests rather than a distress sale

Infinite Legacy Planning Worksheet



Section 4: Timeline / Urgency

How soon would you like to complete planning? (Is there a specific deadline, such as an upcoming trip, surgery, etc.?) _____

Section 5: Current Planning

	<u>Client</u>	<u>Spouse</u>
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your planning options limited by previous marriages (divorce decree, prenuptial agreement, irrevocable trust, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children not from your current marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? If yes, please describe briefly: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you own a business or a farm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you lived in Michigan?	_____	_____
Have you ever lived in a community property state (e.g., Wisconsin, Oregon, Idaho, California, Nevada, Arizona, New Mexico, Texas, Louisiana)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold everything jointly with your spouse, or is some property separate?	<input type="checkbox"/> All Joint (Except IRA's, pensions, etc.)	<input type="checkbox"/> Some Separate

Section 6: Children / Beneficiaries

Name	Address			Phone	DOB	Relationship
	Street					
	City	State	Zip			
	Street					
	City	State	Zip			
	Street					
	City	State	Zip			
	Street					
	City	State	Zip			
	Street					
	City	State	Zip			

Infinite Legacy Planning Worksheet



Section 7: Asset Information

Please list the information in the appropriate category below. (Attach additional pages if necessary.)

Type of Asset	Title in which Held (Client, Spouse, Joint w/ Spouse, Joint w/ Others, Tenants in Common, Community Property)	Estimated Current Value
Personal Residence		
Other Real Estate		
Cash, Checking, Savings, Money Market		
Stocks and Bonds and CDs		
Unlisted Securities (Not Publicly Traded)		
Business <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
IRA's		
Pension/Profit Sharing/401(k)		
Term Life Insurance		
Whole Life Insurance		
Other Assets		
Anticipated Inheritance, Gift, or Lawsuit Proceeds		
Automobiles		
Other Personal Property (e.g., Gold Coins, Jewelry, Valuable Collections)		
Total Estimated Asset Value:		

Infinite Legacy Planning Worksheet



Section 8: Liability Information

Type of Debt	Name Loan Taken in (Client, Spouse, Joint, Other)	Estimated Amount Owed
Mortgage		
Credit Cards and Student Loans		
Other (Attach Additional Pages)		
Total Liabilities:		

Section 9: Income Information

	<u>Client</u>	<u>Community/ Joint</u>	<u>Spouse</u>
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

Section 10: Notes and Your Questions

Please return completed worksheet BEFORE your Infinite Legacy Planning Session