LAYMAN LAW GROUP, LLC
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ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

We must have this Worksheet returned to us at least <u>three days</u> prior to our meeting (this will ensure we have enough time to understand the specifics of your situation before our meeting). If you need assistance completing the information, call our office (330-493-8833) 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.

PERSONAL INFORMATION

Partner 1'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 _____ SS# _____ US Citizen? ____

Home Address _____

City _____ State _____ County _____ Zip_____

Home Telephone _____ Cell Phone Number_____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State ___ Zip _____

E-mail Address _____ ☐ It is okay to communicate with me via E-mail.

☐ Life Partner: Domestic Partnership Registration Filed? ____ ☐ Divorced ☐ Widowed ☐ Single

Partner 2'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 _____ SS# _____ US Citizen? ____

Home Address _____

City _____ State _____County _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State ___ Zip _____

E-mail Address _____ ☐ It is okay to communicate with me via E-mail.

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

(Use full legal name. Note "1" if Partner 1 is the biological parent, note "2" if Partner 2 is the biological parent.)

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

ADVISORS

	Name	Telephone
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____

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 55% of your assets and life insurance benefits)
- ☐ By reducing estate administration costs through probate avoidance
- ☐ Avoid or limit Medicaid Recovery 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 no matter what
- ☐ By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

Protect Yourself and Your Partner

- ☐ From malpractice or other creditor claims
- ☐ From guardianship proceedings (aka "living probate") if you or your Partner become incapacitated
- ☐ From probate delays and stress upon your death or the death of your Partner
- ☐ 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 claims of divorced spouses to take half of your child or beneficiary's inheritance
- ☐ From malpractice claims, for beneficiaries in the professions
- ☐ From other creditors' claims (such as car accident plaintiffs)
- ☐ From the stress and delays of the process of probate
- ☐ From the 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

- ☐ *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

Achieve your Dreams

- ☐ Have clarity about your life purpose, goals and dreams
- ☐ Benefit a charitable organization or activity
- ☐ Support a common family goal through coordinated planning
- ☐ *For parents only:* By providing guidelines for how your children should be supported while their assets are in trust.
- ☐ *For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty 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

Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents*	☐ Yes	☐ No
Do you have a prepaid funeral? *Please furnish a copy*	☐ Yes	☐ No
Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*	☐ 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
Do you own a business?	☐ Yes	☐ No
Do you own a long-term care (nursing home) insurance policy?	☐ Yes	☐ No
Do you own any property that is community property?	☐ Yes	☐ No
Have you (or your partner) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*	☐ 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
Are you (or your partner) currently the beneficiary of anyone else's trust? *If so, please explain below.*	☐ Yes	☐ No
Have you (or your partner) made any gifts or uncompensated transfers to individuals or charities over $1,000.00 within the last 5 years?	☐ Yes	☐ No

Has a child provided caregiver services to you or your partner within the last 2-4 years? ☐ Yes ☐ No

Are you (or your partner) receiving any assisted care? If so, explain below how much ☐ Yes ☐ No

Have you (or your partner) ever been in a nursing home, hospital or medical care facility for 30 days or more? If so, what is or were the date(s)?_____ ☐ Yes ☐ No

Are you (or your partner) in a nursing home, hospital or medical care facility currently? If so, when did you (or your partner) enter the facility?_____ ☐ Yes ☐ No

If in a Nursing Home, what is the name and location of the facility?____ ☐ Yes ☐ No

_____

If in a Nursing Home, what is the daily rate of care/monthly cost? $_____Daily $___Monthly

If you have any health issues or problems, what are they, has there been a diagnosis? *Insert problems/diagnosis:*_____ ☐ Yes ☐ No

_____

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.

_____

_____

INCOME/ASSET/LIABILITY INFORMATION

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

INCOME:	**Partner 1**	**Community/Joint**	**Partner 2**
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

ASSETS:

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.
(please list manner in which title held – Joint Tenant, Community Property, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
	Total	0	0

PERSONAL PROPERTY

TYPE: List separately only major 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	0

VEHICLES (Any titled vehicle, including cars, boats, trailers, ATVs, etc.)

Make, Model, Description	Owner	Market Value
	Total	0

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

Name of Institution and account number	Type	Owner	Amount
		Total	0

Note: If Account is in your name (or your partner'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. 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 0

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.

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.

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, Limited Liability Companies, 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 _____

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
				8
			Total	8

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.

Type	Owner	Value
Total		0

SUMMARY OF VALUES

	Amount*		
ASSETS	**Partner 1**	**Partner 2**	**Total Value**
Real Property			0
Furniture and Personal Effects			0
Bank and Savings Accounts			0
Stocks and Bonds		`	0
Life Insurance and Annuities			0
Retirement Plans			0
Business Interests			0
Money owed to you			0
Anticipated Inheritance, Etc.			0
Other Assets			0
Total Assets:	0	0	0

* ***Joint Property values enter 1/2 in Partner 1's column and 1/2 in Partner 2's column.***

LIABILITIES (OTHER THAN THOSE ALREADY LISTED)

Name of Creditor	Who Is Liable	Secured/Unsecured	Lien Amount	
				Total 0

POTENTIAL LIABILITIES

Please list all pending or potential lawsuits you are aware of. **Describe in appropriate detail**.

Description _____

_____

HEALTH CARE POWER OF ATTORNEY & LIVING WILL

(Who will make your health care decisions for you if you cannot?)

PARTNER 1
Partner 2 As First Agent? ☐ (Y) ☐ (N)

First Alternate Agent:
Name:_____
Relationship:_____
Address:_____
_____
Telephone:_____

Second Alternate Agent:
Name:_____
Relationship:_____
Address:_____
_____
Telephone:_____

Third Alternate Agent:
Name:_____
Relationship:_____
Address:_____
_____
Telephone:_____

PARTNER 2
Partner 1 As First Agent? ☐ (Y) ☐ (N)

First Alternate Agent:
Name:_____
Relationship:_____
Address:_____
_____
Telephone:_____

Second Alternate Agent:
Name:_____
Relationship:_____
Address:_____
_____
Telephone:_____

Third Alternate Agent:
Name:_____
Relationship:_____
Address:_____
_____
Telephone:_____

LEGAL DIRECTIVES ENROLLMENT FORM

ALLERGIES – PARTNER 1

Mother's Maiden Name (last name only): _____ [password for online login] _

☐ Penicillin	☐ Bee Stings	☐ _____	☐ _____
☐ Shellfish	☐ Sulfa	☐ _____	☐ _____
☐ Latex	☐ Nuts	☐ _____	☐ _____

MEDICAL CONDITIONS – PARTNER 1

☐ Alzheimer's	☐ Arthritis	☐ Asthma	☐ Cancer (type)_____
☐ Cancer Survivor	☐ Diabetes	☐ Hearing Loss	☐ High Blood Pressure
☐ Heart Disease	☐ Low Vision	☐ Lung Disease	☐ Stroke History
☐ _____	☐ _____	☐ _____	☐ _____

Primary Care Physician:_____
Name of Practice:_____
Telephone:_____ Fax No.:_____

ALLERGIES – PARTNER 2

Mother's Maiden Name (last name only): _____ [password for online login] __

☐ Penicillin	☐ Bee Stings	☐ _____	☐ _____
☐ Shellfish	☐ Sulfa	☐ _____	☐ _____
☐ Latex	☐ Nuts	☐ _____	☐ _____

MEDICAL CONDITIONS – PARTNER 2

☐ Alzheimer's	☐ Arthritis	☐ Asthma	☐ Cancer (type)_____
☐ Cancer Survivor	☐ Diabetes	☐ Hearing Loss	☐ High Blood Pressure
☐ Heart Disease	☐ Low Vision	☐ Lung Disease	☐ Stroke History
☐ _____	☐ _____	☐ _____	☐ _____

Primary Care Physician:_____
Name of Practice:_____
Telephone:_____ Fax No.:_____

DONOR REGISTRY ENROLLMENT FORM (Organ Donation)

PARTNER 1

1. Do you wish to donate any organs?
☐ (Y) ☐ (N) If no, skip to next page.
If yes, please insert Driver's License Number _____

2. Do you wish to donate all organs?
☐ (Y) ☐ (N) If yes, skip to Question 4.

3. I donate the following specific organ(s):

☐ Heart	☐ Heart Valves	
☐ Liver	☐ Kidneys	☐ Pancreas
☐ Veins	☐ Lungs	☐ Skin
☐ Eyes	☐ bone/ligament	
☐ Other _____		

4. ☐ Any purpose authorized by law or specifically as indicated below:

☐ Transplantation	☐ Therapy
☐ Research	☐ Education
☐ Advancement of medical science	
☐ Advancement of dental science	

PARTNER 2

1. Do you wish to donate any organs?
☐ (Y) ☐ (N) If no, skip to next page.
If yes, please insert Driver's License Number _____

2. Do you wish to donate all organs?
☐ (Y) ☐ (N) If yes, skip to Question 4.

3. I donate the following specific organ(s):

☐ Heart	☐ Heart Valves	
☐ Liver	☐ Kidneys	☐ Pancreas
☐ Veins	☐ Lungs	☐ Skin
☐ Eyes	☐ bone/ligament	
☐ Other _____		

4. ☐ Any purpose authorized by law or specifically as indicated below:

☐ Transplantation	☐ Therapy
☐ Research	☐ Education
☐ Advancement of medical science	
☐ Advancement of dental science	

We have completed this Questionnaire with the understanding that Layman Law Group, LLC ("LLG") will use it in designing, implementing and funding our estate plan. The information is true, correct and complete to the best of our knowledge. We will not hold LLG liable for any omission or error we have made in completing this Questionnaire. We hereby expressly direct LLG to rely on this information we have provided in this document to create and maintain our estate plan. If any of the information in this Questionnaire or our financial situation changes in the future, it shall be our duty to notify LLG.

_____ _____

Partner 1's Signature Partner 2's Signature

Dated:_____ Dated:_____

SUBMIT BY EMAIL

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