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Everyone Is Welcome, Inc.

**Family Wealth
Inventory and Assessment**

The Estate Planning Law Group
600 W. Roosevelt Rd, Suite A-1
Wheaton, IL 60187
T: 630.871.8778
F: 630.871.8788
www.TEPLG.com

Everyone is Welcome, Inc.
712 Westfield Dr.
St. Charles, IL 60174
T: 630.302.0970
F: 866.817.1884
www.EIWelcome.com

STEP**1****SIMPLE BACKGROUND INFORMATION**

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

Client 1 Information

Full Legal 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 _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ It is okay to communicate with me via my E-mail address

Never Married Married Widowed Divorced

Are either of your parents still living? Yes No Are you a smoker? Yes No

Are either of your grandparents still living? Yes No Your general health? Excellent Good Poor

Client 2 Information

Full Legal 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 _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ It is okay to communicate with me via my E-mail address

Never Married Married Widowed Divorced

Date of Marriage _____ Existing Pre- or Postnuptial Agreement? _____

Are either of your parents still living? Yes No Are you a smoker? Yes No

Are either of your grandparents still living? Yes No Your general health? Excellent Good Poor

CHILDREN, GRANDCHILDREN AND OTHER POTENTIAL “INDIVIDUAL” BENEFICIARIES

Identify all children and grandchildren. Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes. (Insert additional sheets, if necessary)

Special Note When Identifying Children: For “Children” use “JT” if both spouses are the parents, “H” if husband is the parent, “W” if wife is the parent, “S” if a single parent.

Name/Address/Telephone Number	Birth date	Relationship to Client(s)
1 _____ _____	_____	_____
2 _____ _____	_____	_____
3 _____ _____	_____	_____
4 _____ _____	_____	_____
5 _____ _____	_____	_____
6 _____ _____	_____	_____

Please use the back of this page for additional children, grandchildren and potential beneficiaries.

Do any of the above individuals have special educational, medical or physical needs, or receive governmental benefits? Yes No

Do any of the above individuals have any potential problems with drug or alcohol abuse? Yes No

Are you concerned with any of the above individuals' ability to handle/manage money? Yes No

Have any of the above individuals suffered a divorce? Yes No

Are you concerned with your children's ability to get along with one another? Yes No

STEP**3****POTENTIAL “CHARITABLE” BENEFICIARIES**

Many, but not all, of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Whether it is your church, college, social club, or favorite philanthropy, you may have the same desires. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non-profit organizations for discussion purposes.

Name of Charity or Non-Profit Organization**Address**

1 _____

2 _____

3 _____

4 _____

STEP**4****PEOPLE WHO ADVISE YOU**

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant may need to be consulted relative to income tax matters.

Name**Telephone**

Tax Advisor (CPA, EA, etc.) _____

Family Attorney _____

Life Insurance Agent _____

Financial Advisor _____

Stock Broker _____

Banker _____

Advocate _____

Other Advisor _____

STEP

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CONCERNS & ANXIETIES

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks which concern you, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

If the responses in this section are different as to Client 1 and 2, please indicate those differences.

Level of Concern (if any)

	None	Low	Medium	High
Tax Concerns				
Risk of the IRS “inheriting” half the estate when we die	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of capital gains taxes paid on the sale of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary income taxes being paid on investment assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Concerns				
Risk of persons other than those we select gaining custody of any minor children. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a poor or abusive guardian obtaining custody of any minor children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance due to mismanagement of the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that upon the death of a child or other beneficiary, any inheritance received by that person might pass to a spouse (who may later remarry) rather than passing to a grandchild or other preferred heir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of estate passing unequally due to nature of assets owned (i.e., when a business or a parcel of real estate comprises most of the value of the estate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that heirs will not fully appreciate the values and virtues used to create the inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that parents, who may need financial assistance, are not provided for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONCERNS & ANXIETIES (CONTINUED)

	Level of Concern (if any)			
	None	Low	Medium	High
Disability Concerns				
Risk of loss of control over your assets in event of your disability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of legal guardianship in event of your disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peaceably and without pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that health care personnel will not disclose health care information to loved ones due to lack of proper HIPAA releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of an unwanted guardianship proceeding over an incapacitated adult child in order to make health care and financial decisions for that child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a minor child being placed in foster care while a court determines who will be named as temporary guardian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creditor Concerns				
Risk of lawsuits against you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of loss of your assets to a nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that a co-owner's creditor may seize the property you co-own jointly, in order to satisfy the debt of the co-owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Death Concerns				
Risk of unnecessary costs and delays associated with the estate passing through probate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a minor child being placed in foster care while a court determines who will be named as permanent guardian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that the person(s) charged with managing your affairs after you've passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of private matters unnecessarily being made public.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that property you intend to preserve in the family will have to be sold upon your death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONCERNS & ANXIETIES (CONTINUED)

	<u>Level of Concern (if any)</u>			
	None	Low	Medium	High
Business Concerns				
Risk that corporate shield will fail to protect corporate assets because corporate meetings have not been held annually, corporate minutes kept, officers elected, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of lawsuits by employees due to out-of-date or non-existent employee agreements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of business failure due to the lack of a business succession plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary expenses associated with the sale of a business because of the absence of an exit plan having been prepared ahead of time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unintended financial results stemming from a Buy/Sell Agreement that is out of date and/or underfunded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that your business will fail on your disability or death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that key employees will leave the business on your disability or death.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that the business will not sell for full value after your disability or death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPOINTMENTS—PEOPLE TO ASSIST YOU

One of the most important aspects of any estate plan is the “appointment” of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. In this Section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

Successors to You

Who will serve as guardian for your minor children (if any)?

		Client 1 Responses	Client 2 Responses
Guardians	First Choice		
	Second Choice		
	Third Choice		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		Client 1 Responses	Client 2 Responses
Financial Successor	First Choice		
	Second Choice		
	Third Choice		

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

		Client 1 Responses	Client 2 Responses
Health Care Successor	First Choice		
	Second Choice		
	Third Choice		

If you were (both) deceased, who would you choose to administer and distribute your estate?

		Client 1 Responses	Client 2 Responses
Executor	First Choice		
	Second Choice		
	Third Choice		

STEP

7

ASSET ASSESSMENT

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. The “character” is relevant in assessing the manner by which the asset can transfer.

Asset Information

The financial values listed are for discussion purposes only. A more accurate list will be obtained at a later date. You may use the back of this paper to continue a list in each category of asset.

To identify the Owner of an asset, use “JTS” for joint ownership with spouse; “JTO” for joint ownership with non-spouse; “H” for Husband as sole owner; “W” for Wife as sole owner; or “T” if owned by a revocable trust that you have created.

Bank and Savings Accounts: To identify type of account, use “CA” for checking account; “SA” for savings account; “CD” for certificate of deposit; “MM” for money market account. *Do not include IRAs, retirement plans or 401(k)s here.*

Financial Institution	Owner	Market Value	Type of Account	Account #
1.				
2.				
3.				
4.				
5.				

Stocks, Bonds or Investment Accounts: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *Do not include IRAs, 401(k)s, or other retirement plan assets.*

Stock, Bond, Mutual Fund, or Other Investment Acct	Owner	Account #	Market Value	Advisor Name, if any
1.				
2.				
3.				
4.				
5.				

STEP**7****ASSET ASSESSMENT (CONTINUED)**

Retirement Accounts: To identify type of account, use “P” for pension; “PS” for profit sharing; “DC” for deferred compensation; IRA, Roth IRA, SEP, 401(k) or 403(b).

Name of Bank, Brokerage, etc.	Owner	Market Value	Type of Plan	Account #	Advisor Name, if any
1.					
2.					
3.					
4.					
5.					

Real Estate:

Address (Include City & State)	Owner	Market Value	Purchase Price	Mortgage Balance
1. Personal Residence				
2.				
3.				
4.				
5.				

Personal Property: List jewelry, art, collectibles, autos, etc., of value greater than \$5,000:

Description	Owner	Market Value	Current Balance of Indebtedness
1.			
2.			
3.			
4.			
5.			

ASSET ASSESSMENT (CONTINUED)

Life Insurance Policies and Annuities: List the issuing company. To identify **Type** of contract, use “T” for term insurance, “UL” for universal life insurance & “W” for whole life insurance policies having a cash value, “VA” for variable annuities, “FA” for fixed annuities & “FIA” fixed indexed annuities.

Insurance Company and Policy Number	Type	Owner	Insured	Cash Value/ Term	Death Benefit	Date Issued
1.						
2.						
3.						
4.						
5.						

Other Property: List other property that you have that does not fit into any other listed category. This may include non-deeded timeshare contracts, monies owed to you, etc.

Description	Owner	Market Value
1.		
2.		
3.		
4.		
5.		

Business Interests: List closely held corporations, privately held businesses, partnerships or LLCs, and any ownership percentage you own in them.

Entity Name	Owner	Type	Ownership %	Value of Interest
1.				
2.				
3.				
4.				
5.				

ABOUT YOUR GOALS & OBJECTIVES

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used but rather on the outcomes to be achieved.

About Your Goals & Objectives

Goals	Consequences if Goal Isn't Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Additional Documentation

General Document Request. In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentation:

1. Copies of existing planning documents, including wills, trusts, powers of attorney, health care directives, etc.
2. Copies of all deeds to real estate owned by you.
3. Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
4. Copies of any stock or bond certificates
5. Pre or Postnuptial Agreement (if applicable).
6. Long-term care policies (if any).
7. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.
8. Last 3 years of personal income tax returns.
9. Last 3 years of any corporate, partnership, gift tax, estate tax, or trust tax returns.

LEGAL DOCUMENTS

The information you provide in this section provides us with important information about what legal documents you have already and what additional legal documents you may need.

	Husband	Wife
Have you or spouse executed a Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date signed _____		
Have you or spouse executed a Living Trust Agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date signed _____		
Have you or spouse executed a Power of Attorney for Property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date signed _____		
Have you or spouse executed a Health Care Power of Attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date signed _____		
Have you or spouse executed a Living Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date signed _____		
Have you or spouse executed a Supplemental Needs Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date signed _____		
Supplemental Needs Trust Type:	<input type="checkbox"/> Third Party SNT	<input type="checkbox"/> Self-Settled SNT
Have you or spouse executed a Irrevocable Life Insurance Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date signed _____		
Any other estate planning documents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date signed _____		
Have you or your spouse have your child with disability added to the Prioritization of Urgency of Need for Services” or PUNS database?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your spouse Applied for adult guardianship of your child with disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Congratulations on completing this questionnaire.
YOU ARE NOW ONE STEP CLOSER TO MAKING YOUR LEGACY MATTER.**

PLANNING NEEDS

What are the specific Estate Planning and Funding Source needs identified? What additional information is needed? (completed by Kirsten or Mark)

Estate Planning Needs:

Life Insurance Needs:

Annuity Needs:

Follow-Up:

Phone Date: _____

E-mail Date: _____

Meeting Date: _____ **Day:** _____ **Time:** _____

Location: _____