



Matsen
Voorhees Law

Maximizing Value with Zero Tax and Asset Protection Planning

A Division of Bohm Matsen, LLP

A. Personal Information:

Date: _____

Name
U.S. Citizen? Yes No

_____-_____-_____
Social Security Number

Date of Birth

Name of Spouse
U.S. Citizen? Yes No

_____-_____-_____
Social Security Number

Date of Birth

Residence Address City County State Zip Code

Mailing Address City County State Zip Code

Home Phone Cell Phone (Husband) Cell Phone (Wife)

Fax Work Phone (Husband) Work Phone (Wife)

Email Address (Husband) Email Address (Wife)

Occupation (Husband) Occupation (Wife)

Date of Marriage Referral Source

	Name	Address	Date of Birth	Check All That Apply
Child #1				Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Adopted <input type="checkbox"/> Married <input type="checkbox"/> Deceased <input type="checkbox"/> ___ / ___ / ___
Child #2				Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Adopted <input type="checkbox"/> Married <input type="checkbox"/> Deceased <input type="checkbox"/> ___ / ___ / ___
Child #3				Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Adopted <input type="checkbox"/> Married <input type="checkbox"/> Deceased <input type="checkbox"/> ___ / ___ / ___
Child #4				Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Adopted <input type="checkbox"/> Married <input type="checkbox"/> Deceased <input type="checkbox"/> ___ / ___ / ___
Child #5				Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Adopted <input type="checkbox"/> Married <input type="checkbox"/> Deceased <input type="checkbox"/> ___ / ___ / ___

B. Existing Legal Documents:

Do you have a will? Yes No

Do you have a Revocable Living Trust? Yes No

Does your spouse have a will? Yes No

Does your spouse have a Revocable Living Trust? Yes No

Do you and/or your spouse have other trusts? Yes No

If so, please explain. _____

(Please provide Summary or Schematic of Trusts if applicable.)

Have you or your spouse used any portion of your lifetime exemption(s)? Yes No

If so, please provide a copy of your most recent Form 709 gift tax return(s). If returns are not available, please estimate how much exemption each of you have used and a brief explanation of the gifts. _____

C. Personal Representatives:

The Personal Representative can be an Executor, Trustee or Attorney-in-Fact who manages your estate and distributes your assets to those you want to receive your estate.

Each spouse is representative for the other? Yes No _____

Alternate Representatives:

	Name	Address	Relationship	Serve Alone or Next Alternate? *
1st Alternate				
2nd Alternate				
3rd Alternate				

*If any are to serve jointly, please list who is to serve with whom above.

D. Guardians of Minor Children:

The **Guardian of the Person** is the one with whom your minor child(ren) will reside if you and your spouse are deceased.

1. The Guardian of the Person

	Name	Address	Relationship	Serve Alone or Next Alternate? *
Name				
1st Alternate				
2nd Alternate				

*If any of the above are serving together, if one would be unable to serve, would the remaining alternate serve alone or would the next appointed guardian(s) serve?

The Guardian of the Estate is the one who manages the assets of your child(ren)'s estate on behalf of your minor child(ren) until the date of distribution. These individuals are usually the same as your Personal Representatives chosen in Section C.

2. The Guardian of the Estate

	Name	Address	Relationship	Serve Alone or With?*
Name of Guardian of Estate				
1st Alternate				
2nd Alternate				

E. Competency Agents for Husband:

Please name the person you trust to determine whether you are mentally competent and/or physically able to continue to serve as the trustee of your estate.

Each spouse is representative for the other? Yes No _____

	Name	Address	Relationship	Serve Alone or With?*
Agent				
1st Alternate				
2nd Alternate				

Competency Agents for Wife:

Please name the person you trust to determine whether you are mentally competent and/or physically able to continue to serve as the trustee of your estate.

Each spouse is representative for the other? Yes No _____

	Name	Address	Relationship	Serve Alone or With?*
Agent				
1st Alternate				
2nd Alternate				

*If any are to serve jointly, please list who is to serve with whom above.

F. Healthcare Agents for Husband:

If you are unable to make healthcare decisions for yourself, please state who you would appoint as your agent.

Each spouse is representative for the other? Yes No _____

	Name	Address	Relationship	Serve Alone or With? *
Agent				
1st Alternate				
2nd Alternate				

Healthcare Agents for Wife:

If you are unable to make healthcare decisions for yourself, please state who you would appoint as your agent.

Each spouse is representative for the other? Yes No _____

	Name	Address	Relationship	Serve Alone or With? *
Agent				
1st Alternate				
2nd Alternate				

*If any are to serve jointly, please list who is to serve with whom above.

G. Distribution Upon Death of First Spouse:

All **Income** to Spouse Yes No

If no, to whom? (Please indicate individual or charitable organization) _____

Address _____ Amount or % _____

All **Property** to Spouse Yes No

If no, to whom? _____

Address _____ Amount or % _____

H. Distribution Upon Death of Second Spouse:

Please list any **Charitable Beneficiaries**:

Name _____ City _____ State _____
Amount or % _____

Name _____ City _____ State _____
Amount or % _____

Balance to Children equally? Yes No

Is any part of your estate to be held in Trust for your Children? Yes No

If no, please state your plan of distribution _____

I. List of Assets:

1. Real Estate

Please complete the table below and attach a separate sheet if you own more than five properties. (Real Estate includes residences, time shares and investment properties.) Please bring copies of the most current grant deeds and property tax bills for each property you own. It is not necessary to bring Trust Deeds or Reconveyances.

	Address of Property	Use	% Ownership	Assessor's Parcel #	Estimated Present Value	Estimated Mortgage Balance	Estimated Equity
1							
2							
3							
4							
5							

TOTAL: \$ _____ \$ _____ \$ _____

2. Liquid Assets

	Bank Name	Location of Institution	Account Type	Account #	Account Balance
1					
2					
3					
4					
5					

TOTAL: \$ _____

3. Investment Accounts

	Institution Name	Location of Institution	Account #	Present Value
1				
2				

3. Investment Accounts (continued)

	Institution	Location of Institution	Account #	Present Value
3				
4				
5				

TOTAL: \$ _____

4. Retirement Accounts

Please provide information on your retirement accounts, including any 401(k), IRA, Roth IRA, etc.

	Institution	Account Type	Account #	Owner	Beneficiary	No. of Years to Retirement	Present Value
1							
2							
3							
4							

TOTAL: \$ _____

5. Notes and Deeds of Trust Owned to You

	Name of Payor	Date of Execution	Present Value
1			
2			
3			
4			

TOTAL: \$ _____

6. Business Interests

	Name of Business	Type of Business	% of Interest You Own	Present Value
1				
2				

7. Life Insurance & Annuities

	Carrier Name	Location	Term/ Permanent	Insured	Beneficiary of Policy	Policy #	Death Benefit	Cash Value
1								
2								
3								
4								

TOTAL: \$ _____

8. Other Assets

Please list any other important assets that you own. Examples include jewelry, art, coin collections, patents, copyrights, etc.

	Type of Asset	Owner	Beneficiary	Present Value
1				
2				
3				
4				

TOTAL: \$ _____

GROSS ESTATE: \$ _____

LESS DEBTS: - _____

NET ESTATE: \$ _____

J. Professional Advisers:

If any of the following categories do not apply, just enter "N/A." Attach additional sheets if necessary.

CPA/Accountant: _____

Address: _____ Phone: _____

Attorney: _____

Address: _____ Phone: _____

Financial Adviser: _____

Address: _____ Phone: _____

Life Insurance Agent: _____

Address: _____ Phone: _____

CHARITABLE GIVING

Seminar Attended: _____ Seminar Sponsor: _____

EXACT Organization Name: _____ Phone _____

Address: _____ City _____ State _____

___ RC ___ RNC ___ IC ___ INC Contact Person _____

EXACT Organization Name: _____ Phone _____

Address: _____ City _____ State _____

___ RC ___ RNC ___ IC ___ INC Contact Person _____

EXACT Organization Name: _____ Phone _____

Address: _____ City _____ State _____

___ RC ___ RNC ___ IC ___ INC Contact Person _____

EXACT Organization Name: _____ Phone _____

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EXACT Organization Name: _____ Phone _____

Address: _____ City _____ State _____

___ RC ___ RNC ___ IC ___ INC Contact Person _____

EXACT Organization Name: _____ Phone _____

Address: _____ City _____ State _____

___ RC ___ RNC ___ IC ___ INC Contact Person _____

EXACT Organization Name: _____ Phone _____

Address: _____ City _____ State _____

___ RC ___ RNC ___ IC ___ INC Contact Person _____

DEFERRED: **RC** = Revocable Contingent **RNC** = Revocable Non-contingent
IC = Irrevocable Contingent **INC** = Irrevocable Non-Contingent

If you have not yet determined your plans for charitable giving, please use this form as a planning worksheet. Your attorney will be happy to discuss your charitable giving plans with you at your next appointment.