



FAMILY WEALTH INVENTORY & ASSESSMENT

We must have this Worksheet returned to us at least three days 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 (949.260.1400) 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

Client'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 _____ Zip _____
Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

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

Married: Date of Marriage _____ Existing Pre-Nuptial Agreement? Yes No

Divorced Widowed Single

If Applicable:

Partner'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 _____ Zip _____
Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

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. For stepparents, note "H" if only husband is the biological parent, note "W" if only wife is the biological parent.)

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continue on back of page, if necessary

ADVISORS

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

Referred to Morgan Law Group By: _____

YOUR PLANNING OBJECTIVES

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 the 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
- *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 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
- 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 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

Ensure a Quality of Life

- Benefit a charitable organization or activity
- Provide that your death will not be unnecessarily prolonged by artificial means
- *For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiary
- *For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

IMPORTANT FAMILY QUESTIONS

CLIENT

PARTNER

- | | | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|
| Do you have a will, trust, or other estate planning document? <i>Please furnish copies of these documents</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If married, have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i> | <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? <i>If yes, please describe below</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Does any beneficiary have any potential problems with drug or alcohol abuse? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you concerned with any potential beneficiary's ability to handle/manage money? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you concerned with your children's ability to get along with one another? | <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 |
| Do you own any property that is not community property? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

ASSET INFORMATION

The values listed are for discussion purposes only. 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 or 401(k)s here.*

Financial Institution	Owner	Market Value	Type of Account
1.			
2.			
3.			
4.			
5.			
6.			

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 or 401(k)s.*

Stock, Bond or Investment Acct	Owner	Market Value	Type of Plan
1.			
2.			
3.			
4.			
5.			
6.			

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

Custodial Institution	Owner	Market Value	Type of Plan
1.			
2.			
3.			
4.			
5.			

Real Estate. List any interest in real estate including your family residence, vacation home, timeshare or vacant land. Please list manner in which held: Joint Tenant, Community Property, Separate Property, Tenants in Common.

	Owner	Market Value	Debt
1. Personal Residence			
2.			
3.			
4.			
5.			
6.			

Personal Property. List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property; give a lump sum value for other, miscellaneous items.

Description	Owner	Market Value	Debt
1. Misc. Furniture & Household Effects			
2.			
3.			
4.			

Life Insurance Policies and Annuities. List the issuing company. To identify type of contract, use “T” for term insurance, “CV” for insurance policies having a cash value, “A” for annuities.

Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit
1.					
2.					
3.					
4.					
5.					

Business Interests. List . Partnerships, Corporations, Sole Proprietorships. Describe the interest and your ownership interest and the estimated value of the interests.

Description	Owner	Market Value

Money Owed to You, Anticipated Inheritance, Lawsuit Judgment, or Other Property. List other property that you have that does not fit into any other listed category. This may include monies owed to you in the future, an expected inheritance or gift that you expect to receive, boats or RV’s, an intellectual property interest, or monies you anticipate receiving through a lawsuit judgment.

Description	Owner	Value
1.		
2.		

INCOME INFORMATION

Please list your income information in the appropriate section below.

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

ASSETS:

SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Client	Partner	
Bank and Savings Accounts			
Stocks and Bonds			
Retirement Plans			
Real Property			
Personal Property			
Life Insurance and Annuities			
Business Interests			
Other Assets			
Total Assets:			

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

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 different names depending on the type of help they are giving.

If you were unable to make healthcare decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

		Client’s Responses	Partner’s Responses
Health Care Decision Makers	First Choice		
	Second Choice		

After your death, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

		Client’s Responses	Partner’s Responses
Financial Decision Makers	First Choice		
	Second Choice		

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would:

		Client / Partner Responses
Guardians	First Choice	
	Second Choice	