Lahti, Lahti & O'Neill, LLC
ESTATE PLANNING & ELDER LAW

CLIENT WORKSHEET

- USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
- ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.

Lahti, Lahti & O'Neill, LLC
1 Richmond Square, Suite 303N
Providence, RI 02906
Office: (401) 331-0808
Fax: (401) 223-5115

2013 03 12

PERSONAL INFORMATION

Husband's 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 _______________ Cellular Telephone _____________

Employer ______________________________________ Business Telephone __________________

Business Address ___________________________ City _________________ State ___ Zip ______

E-mail Address ______________________________ ❑ It is okay to communicate with me via my E-mail address.

Wife's 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 _______________ Cellular Telephone _____________

Employer ______________________________________ Business Telephone __________________

Business Address ___________________________ City _________________ State ___ Zip ______

E-mail Address ______________________________ ❑ It is okay to communicate with me via my E-mail address.

Date of Marriage ____________

❑ Referred by (name) or ❑ attended seminar on (date) ____________________

CHILDREN AND OTHER FAMILY MEMBERS OR BENEFICIARIES

(Use full legal name. 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: ____________________________________ Birthdate: __________ Relationship: ___________

Address: ____

Comments: ____

Name: ____________________________________ Birthdate: __________ Relationship: ___________

Address: ____

Comments: ____

Name: ____________________________________ Birthdate: __________ Relationship: ___________

Address: ____

Comments: ____

Name: ______________________________ Birthdate: ____________ Relationship: ____________
Address: ______________________________
Comments: ______________________________
Name: ______________________________ Birthdate: ____________ Relationship: ____________
Address: ______________________________
Comments: ______________________________
Name: ______________________________ Birthdate: ____________ Relationship: ____________
Address: ______________________________
Comments: ______________________________
Name: ______________________________ Birthdate: ____________ Relationship: ____________
Address: ______________________________
Comments: ______________________________
Name: ______________________________ Birthdate: ____________ Relationship: ____________
Address: ______________________________
Comments: ______________________________

❑ check here if additional family members or other beneficiaries are listed on reverse

ADVISORS

	Name; City & State	Telephone
Personal Attorney		
Business Attorney		
Accountant		
Financial/Investment Advisor		
Life Insurance Agent		
Husband's Physician		
Wife's Physician		
Other (Specify Role)		
Other (Specify Role)		

YOUR CONCERNS

Please each rate the following as to level of concern -- ***H****=high;* ***S****=some;* ***L****= low; or* ***N/A****= no concern or not applicable)*

	Husband	Wife
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reducing administration costs at time of your death.		
Avoiding a conservatorship (“living probate”) in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors, and nursing home costs.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children’s inheritance from the possibility of failed marriages.		
Protect children’s inheritance in the event of a surviving spouse’s remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

Other Concerns (Please list below):

Important Family Questions

If "Yes" checked for 1-8, explain on page 5, referencing item #. For 9-13, provide documents	Yes	No
1. Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? *Specify &/or explain below*____		
2. Are there any charitable organizations for which you wish to make provisions at your death or otherwise? *If yes, please explain below*.		
3. Are there any other charitable organizations you wish to make provisions for at the time of your death? *If yes, please explain below*.		
4. Have you lived in any of the following "community property" states while married to each other? *Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? Circle state(s), and give approximate dates on lines below*		
5. Are you (or your spouse) currently the beneficiary of anyone else's trust? *If yes, please explain below.*		
6. Do any of your children have special educational, medical, or physical needs? *If yes, please explain below.*		
7. Do any of your children receive governmental support or benefits? *If yes, please explain below.*		
8. Do you provide significant financial support to parents or adult children or others? *If yes, please explain below.*		
9. Are you (or your spouse) making payments pursuant to a divorce or property settlement order? *Please furnish a copy*		
10. If married, have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*		
11. Have you (or your spouse) been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy*		
12. Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns*		
13. Have either or both of you completed previous will, trust, or estate planning? *Please furnish copies of these documents*		

Explanation for "yes-checked" Items 1 thru 8 (or Additional Concerns You Deem Relevant)

PROPERTY INFORMATION (PAGES 7 THROUGH 9)

Instructions for completing the Property Information Section

General Headings

This **Property Information** checklist helps you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings, you may own more property than can be listed on this form. If so, mark "see extra sheets" and use **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Husband's name alone, with no other person	H
If married, Wife's name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

Real Property

TYPE: Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
	Total		

Furniture and Personal Effects

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	

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Bank Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below).*
Do not include IRAs or 401(k)s or other retirement-type vehicles here

Name of Institution and account number	Type	Owner	Amount
		Total	

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

IRAs and Other Retirement Plans or Accounts

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, beneficiary(ies) and any other pertinent information.

Total ________________

Securities Accounts (except IRA or other retirement accounts); Stocks and Bonds

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 ________________

Life Insurance; Annuities; Other Insurance

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. **Please also list any long term care or disability insurance.**

Total ________________

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, 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
			Total	

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	

SUMMARY OF VALUES FROM PRIOR PAGES

Assets	Amount* Husband	Wife	Total H&W
Real Property	____	____	____
Furniture and Personal Effects	____	____	____
Automobiles, Boats and RV's	____	____	____
Bank and Savings Accounts	____	____	____
Stocks and Bonds	____	` ____	____
Life Insurance and Annuities	____	____	____
Retirement Plans	____	____	____
Business Interests	____	____	____
Money owed to you	____	____	____
Anticipated Inheritance, Etc.	____	____	____
Other Assets	____	____	____
Total Assets:	____	____	____

* ***For Joint Property, enter 1/2 of total value in husband's column and 1/2 in wife's column.***

Annual Expenses*	Husband	Wife	Joint Total
Real Property Taxes	____	____	____
Income Taxes	____	____	____
Household Expenses	____	____	____
Other:______	____	____	____
Other:______	____	____	____
Other:______	____	____	____
Total Expenses:	____	____	____

Annual Income**	Husband	Wife	Joint Total
Wages/Salaries	____	____	____
Dividends	____	____	____
Interest	____	____	____
Trusts/Estates	____	____	____
Partnerships/LLCs	____	____	____
Director's/Consultant Fees	____	____	____
Rents	____	____	____
Other:______	____	____	____
Other:______	____	____	____
Other:______	____	____	____
Total Income:	____	____	____

****This data helps determine if there are adequate resources to replace net income lost at your death**