



Fletcher Tilton ^{PC}

Attorneys at law

SINGLE CLIENT WORKSHEET

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-
- 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.

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PERSONAL INFORMATION

Your 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 _____ 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.

Divorced Widowed Single Referred by (name) or attended seminar on (date) _____

CHILDREN AND OTHER FAMILY MEMBERS OR BENEFICIARIES

Use full legal name:

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 _____

Physician _____

Other (Specify Role) _____

Other (Specify Role) _____

YOUR CONCERNS

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

Description

Level of Concern

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

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.

Reduce 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.

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 1-7, explain on lines below, referencing item #. For 8-11, provide documents	Yes	No
1. Are you receiving Social Security, disability, or other governmental benefits? <i>Specify &/or explain below</i> _____		
2. Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If yes, please explain below.</i>		
3. Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If yes, please explain below.</i>		
4. Are you currently the beneficiary of anyone else's trust? <i>If yes, please explain below.</i>		
5. Do any of your children have special educational, medical, or physical needs? <i>If yes, please explain below.</i>		
6. Do any of your children receive governmental support or benefits? <i>If yes, please explain below.</i>		
7. Do you provide significant financial support to parents or adult children or others? <i>If yes, please explain below.</i>		
8. Have you completed previous will, trust, or estate planning? <i>If yes, please furnish copies of these documents</i>		
9. Are you making payments pursuant to a divorce or property settlement order? <i>If yes, please furnish a copy</i>		
10. Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
11. Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		

Explanation for "yes-checked" Items 1 thru 7 (or Additional Concerns You Deem Relevant)

PROPERTY INFORMATION (PAGES 5 THROUGH 7)

Instructions for Completing the Property Information checklist:

General Headings

This *Property Information* checklist is to help you list all the property you own and what it is worth. You probably won't own property under all the headings; if not, just leave those blank. Under certain headings you may own more property than can be listed on this checklist. 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 using the following abbreviations:

Owner of Property	Use
If own property in your name only	I
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, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

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)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

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

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, 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*		Total Value
	Yours	Other(s)'	
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 property owned with other(s), put your percentage in client's column and other(s)' percentage in other(s)' column.*

Annual Expenses**

Real Property Taxes	_____
Income Taxes	_____
Household Expenses	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

Total Expenses:

Annual Income**

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**