



SCHNURR LAW FIRM_{PLLC}

Thoughtful Planning from Generation to Generation

Wills • Trusts • Estates • Probate

CONFIDENTIAL FAMILY INVENTORY & ASSESSMENT FORM

Please return this Form to us at least three days prior to your Family Life & Legacy Planning Session so that we have enough time to understand the specifics of your situation before our meeting.

**DON'T WORRY ABOUT TOTAL ACCURACY-
JUST DO THE BEST YOU CAN**

(713) 662-2889 • Fax (713) 662-0044
emschnurr@schnurrlaw.com
www.schnurrlaw.com

BASIC 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 _____

Birth Date _____ Age _____ How Were You Referred to Us _____

Home Address _____ City, State, Zip _____

Home Phone _____ County of Residence _____

Employer _____ Position _____ Work Phone _____

Cell Phone _____ US Citizen? Yes No

E-mail Address _____ Yes it is okay to communicate with me by E-mail
 ___ Never Married ___ Married ___ Widowed ___ Divorced: If yes, date _____

Are either of your parents still living? ___ Yes ___ No Are either of your grandparents still living? ___ Yes ___ No

Client 2 Information, if married

Full Legal Name _____

Birth Date _____ Age _____

Home Address _____ City, State, Zip _____

Home Phone _____ County of Residence _____

Employer _____ Position _____ Work Phone _____

Cell Phone _____ US Citizen? Yes No

E-mail Address _____ Yes it is okay to communicate with me by E-mail
 ___ Never Married ___ Married ___ Widowed ___ Divorced: If yes, date _____

Are either of your parents still living? ___ Yes ___ No Are either of your grandparents still living? ___ Yes ___ No

If married, Date of Marriage _____

Existing Pre- or Postnuptial Agreement? Yes No Date _____

Pets Do you have any pets? Yes No If yes, what type? _____

STEP**2****CHILDREN, GRANDCHILDREN & 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 “B” 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/Phone Number	Birth Date	Relationship to Client(s)
1. <u>NAME:</u> _____ <u>Address & Phone:</u> _____	_____	_____

2. <u>NAME:</u> _____ <u>Address & Phone:</u> _____	_____	_____
----------------------------------------------------------------	-------	-------

3. <u>NAME:</u> _____ <u>Address & Phone:</u> _____	_____	_____
----------------------------------------------------------------	-------	-------

4. <u>NAME:</u> _____ <u>Address & Phone:</u> _____	_____	_____
----------------------------------------------------------------	-------	-------

5. <u>NAME:</u> _____ <u>Address & Phone:</u> _____	_____	_____
----------------------------------------------------------------	-------	-------

**PLEASE COPY AND ATTACH ADDITIONAL PAGES FOR OTHER 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

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

APPOINTMENTS-PEOPLE YOU TRUST 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 upon death, incapacity or disability. A brief explanation of the roles these trusted individuals will play is shown below.

IF YOU WERE INCAPACITATED FOR ANY PERIOD OF TIME, WHO WOULD YOU CHOOSE TO MAKE HEALTH CARE DECISIONS FOR YOU? THIS PERSON WOULD MAKE MEDICAL DECISIONS ON YOUR BEHALF, IF YOU WERE UNABLE TO DO SO YOURSELF.

Health Care Agents	Client 1 Response	Client 2 Response
	Initial Choice: Address: Phone:	Initial Choice: Address: Phone:
	Back Up #1: Address: Phone:	Back Up #1: Address: Phone:
	Back Up #2: Address: Phone:	Back Up #2: Address: Phone:

PLEASE LIST THE INDIVIDUALS YOU WOULD LIKE TO HAVE ACCESS TO YOUR PROTECTED MEDICAL INFORMATION IN ADDITION TO THOSE NAMED ABOVE. YOU MAY LIST AS MANY OR FEW NAMES HERE AS YOU WISH. ATTACH ADDITIONAL SHEET IF YOU HAVE MORE THAN THREE NAMES.

HIPAA Authorizations		Client 1 Response	Client 2 Response
	Name:		
	Name:		
	Name:		

IF YOU WERE INCAPACITATED FOR ANY PERIOD OF TIME, WHO WOULD YOU CHOOSE TO HANDLE YOUR FINANCIAL AFFAIRS? THIS PERSON WOULD TAKE CARE OF YOUR DAY-TO-DAY FINANCIAL, LEGAL & PROPERTY MATTERS. THIS POWER CAN BE EFFECTIVE IMMEDIATELY UPON SIGNING THE DOCUMENT OR ONLY UPON INCAPACITY; YOUR CHOICE.

Financial Agents/ Disability Trustee		Client 1 Response	Client 2 Response
	Initial Choice		
	Back Up #1		
	Back Up #2		

APPOINTMENTS-PEOPLE YOU TRUST TO ASSIST YOU (CONTINUED)

UPON YOUR DEATH, WHO WOULD YOU CHOOSE TO ADMINISTER & DISTRIBUTE YOUR ESTATE? THIS PERSON WOULD HOLD A POSITION OF THE HIGHEST TRUST & RESPONSIBILITY WITH RESPECT TO YOUR ESTATE & WOULD BE RESPONSIBLE FOR THE COMPLETE SETTLEMENT OF YOUR ESTATE.

Personal Representative (Executor or Trustee)		Client 1 Response	Client 2 Response
	Initial Choice		
	Back Up #1		
	Back Up #2		

IF YOU HAVE MINOR CHILDREN OR CHILDREN WITH SPECIAL NEEDS, WHO WOULD YOU CHOOSE TO SERVE AS GUARDIANS FOR YOUR CHILDREN? THE GUARDIAN OF THE PERSON WOULD BE RESPONSIBLE FOR THE DAY-TO-DAY CARE OF THE CHILDREN & THE GUARDIAN OF THE ESTATE FOR THE FINANCES.

Guardians for Minors of Person		Client 1 Response	Client 2 Response
	Initial Choice		
	Back Up #1		
	Back Up #2		

Guardians for Minors of Estate		Client 1 Response	Client 2 Response
	Initial Choice		
	Back Up #1		
	Back Up #2		

IF EVER THE NEED ARISES FOR YOU TO HAVE A GUARDIAN, WHO WOULD YOU CHOOSE TO SERVE AS YOUR GUARDIAN? THE GUARDIAN OF THE PERSON WOULD BE RESPONSIBLE FOR YOUR DAY-TO-DAY CARE & THE GUARDIAN OF ESTATE FOR YOUR FINANCES.

Guardians of the Person (Should You Later Need One)		Client 1 Response	Client 2 Response
	Initial Choice		
	Back Up #1		
	Back Up #2		

Guardians of the Estate (Should You Later Need One)		Client 1 Response	Client 2 Response
	Initial Choice		
	Back Up #1		
	Back Up #2		

STEP**4****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.

PLEASE ATTACH ADDITIONAL SHEETS TO CONTINUE A LIST IN EACH CATEGORY OF ASSET, IF NECESSARY.

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.

A. Bank & 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				

B. Stocks, Bonds or Investment Accounts: List any and all stocks and bonds you own. If held in a brokerage account, lump them together and list the brokerage account totals here. *Do not include IRAs, retirement plans or 401(k)s here.*

Stock, Bond, Mutual Fund or Other Investment Account	Owner	Market Value	Account #
1			
2			
3			
4			

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

Custodial Institution	Owner	Market Value	Type of Plan	Account #	Beneficiary
1					
2					
3					
4					

D. Real Estate:

Address (include City, State & County)	Owner	Market Value	Purchase Price	Mortgage Balance
1				
2				
3				

ASSET ASSESSMENT (CONTINUED)

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

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

F. Life Insurance Policies & 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	Beneficiary
1						
2						
3						
4						

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

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

H. Other Property: List other property that you have that does not fit into any other category listed above. This may include non- deeded timeshare contracts, monies owed to you, judgments, oil, gas or mineral interests, etc.

Description	Owner	Market Value
1		
2		
3		
4		

STEP**5****SUMMARY OF VALUES**

Please add the market value for each category of Step 5-Asset Management, and list the total values for each category on this summary page.

Assets	Amount		
	Client 1	Client 2	Total Market Value
A. Bank & Savings Accounts			
B. Stocks, Bonds or Investment Accounts			
C. Retirement Accounts			
D. Real Estate			
E. Personal Property			
F. Life Insurance Policies & Annuities			
G. Business Interests			
H. Other Property			
I. Anticipated Inheritances, if any			
Total Assets:	\$	\$	\$

IMPORTANT FAMILY QUESTIONS

Providing this information will assist us in evaluating your overall plan.

<i>Check "yes" or "no" to all that apply</i>	Yes	No
Do you or your spouse, if you are married, have a will, trust or other estate planning documents? <i>Please furnish copies of these documents.</i>		
Are you or your spouse, if you are married, making payments pursuant to a divorce or property settlement agreement or order? <i>Please furnish copies of these documents.</i>		
If married, have you and your spouse signed a pre- or post-marital agreement? <i>Please furnish a copy.</i>		
Do you or your spouse, if you are married, own a business? If so, please list and describe.		
Do you or your spouse, if you are married, own a long-term care (nursing home) insurance policy?		
If you are married, do you own any property that is not community property?		
Have you or your spouse, if you are married, ever filed gift tax returns? <i>Please furnish copies of these returns.</i>		
Do you or your spouse, if you are married, support any charitable organizations now that you wish to make provisions for at the time of your or your spouse's death?		
Are you or your spouse, if you are married, currently the beneficiary of anyone else's trust? <i>If so, please list and describe.</i>		
Do you and/or your spouse, if you are married, currently have a Personal Liability Umbrella Policy? If so, what is the coverage amount?		
Based on your assets, is that amount of umbrella coverage still appropriate or should a larger amount be considered?		
If you have pets, are you concerned about their care & well being should you become incapacitated or die?		
If you have pets, would you like to learn about planning options to assure that your pets will be protected & cared for after your incapacity or death?		

STEP**7****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.

	Level of Concern (if any)			
	None	Low	Med.	High
Tax Concerns				
Risk of the IRS “inheriting” a large portion of the estate when we die.....				
Family Concerns				
Risk that assets left to your spouse might not pass to your intended beneficiaries as a result of your spouse remarrying.....				
Risk of a child or other beneficiary losing his/her inheritance to creditors, lawsuits, to a divorcing spouse or to mismanagement of the money.....				
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 person.....				
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits.....				
Risk that you could lose personal or business assets to a lawsuit.....				
Disability Concerns				
Risk of loss of control over your assets in the event of your disability.....				
Risk of unwanted efforts made to save your life if you feel that it’s best to cease such efforts & die peacefully without pain.....				
Post-Death Concerns				
Risk of unnecessary costs and delays associated with the estate passing through probate.....				
Risk of having to sell assets in a “fire sale” in order to create the liquidity needed to pay taxes and expenses.....				
Risk of private matters being made public in probate.....				

PLEASE LIST OTHER CONCERNS YOU HAVE WHICH ARE NOT MENTIONED ABOVE, ON STEP 10- ADDITIONAL INFORMATION & NOTES SCHEDULE ON THE BACK OF THIS QUESTIONNAIRE.

STEP**8****ADVISORS**

List the names and phone numbers of your personal advisors.

	Client 1 Response	Client 2 Response
Accountant		
Financial Advisor		
Insurance Agent		
Attorney		

STEP**9****WHO GETS WHAT**

This section will provide us with information about how you would like your estate distributed after your death. If husband and wife have different responses, please indicate who the bequest is from next to each response. Please attach additional sheets if needed.

Specific Bequest: If you would like to make a specific gift to a particular person such as a piece of jewelry to a particular child, or a gift to a charity or non-profit organization, please identify.

General Bequest: Briefly describe how you would like your estate distributed after the above specific bequests, if any, are distributed.
