

FAMILY WEALTH PLANNING WORKSHEET

Law Offices of David G. Ledbetter, PLC
Family Wealth Preservation, Enhancement, and Transfer Planning

Using this worksheet will assist us in designing an family wealth 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 email, mail, or fax.

PERSONAL INFORMATION

Client 1's Name _____
(name most often used to title property and accounts)

Prefer to be called _____ Birth date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Cell phone _____

Employer _____ Position _____ Business Phone _____

Business Address _____ City _____ State _____ Zip _____

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

Married: Date of Marriage _____ Divorced Widowed Single

Client 2's Legal Name _____
(name most often used to title property and accounts)

Prefer to be called _____ Birth date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Cell phone _____

Employer _____ Position _____ Business Phone _____

Business Address _____ City _____ State _____ Zip _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if Client 1 is the parent, "W" if Client 2 is the parent, "S" if a single parent.)

Name	Birth date	Parent or Relationship
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____

ADVISORS

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

YOUR CONCERNS

Please rate the following as to how important they are to you:
(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description	Level of Concern	
	Client 1	Client 2
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.		
Planning for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Avoiding probate or reducing administration costs at time of your death.		
Avoiding a conservatorship (“living probate”) in case of a disability.		
Conveying values, spiritual or otherwise, to family		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Planning for a child with disabilities or special needs.		
Protecting children’s inheritance from the possibility of failed marriages.		
Protecting children’s inheritance in the event of a surviving spouse’s remarriage.		
Providing that your death shall not be unnecessarily prolonged artificially.		

Other Concerns (Please list below):

SUMMARY OF ASSETS

ASSETS	Amount*		
	Client 1	Client 2	Total Value
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:			

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