

Family and Financial Organizer

for Estate and Elder Planning (Single Client)

Please bring this with you when we meet for your peace of mind consultation. This assists us in making the best use of our time together, to consider your goals and situation to design the right plan for you. All information provided is strictly confidential.

Also please bring in recent statements for your accounts and policies. We can make copies if you'd like, at no charge.

Important: At this point, please don't worry about total accuracy – just do the best you can for now! If you need any assistance in completing this Organizer, please call our office at (336) 378-1122 and we'll be glad to help.

We look forward to seeing you at:

The Elderlaw Firm
Dennis J. Toman, J.D., CELA
403 W. Fisher Avenue
Greensboro, NC 27401
Phone: (336) 378-1122
Email: Clients@ElderlawFirm.com



Personal Information

Your Name: _____
(the name you want us to use on your legal documents)

Your preferred first name: _____ (what do friends and family call you?)

Date of Birth: ____/____/____ Email Addresses: _____

Occupation/Employer (or retired from): _____

Home Address _____

Home Phone: _____ Cell Phone: _____ Other: _____

If you are widowed, what was your spouse's name and date of death? _____

Is your health good/fair/poor? Describe any current problems: _____

Have you had any major surgeries over the past 10 years? Please describe: _____

Are you receiving home care or assisted living care? _____ If so, where? _____

Children (Oldest to Youngest)

Circle whether
this is your
child (C), or a
step-child (S)

Child's Name
To Use On documents

Nickname
(e.g., Bob, Sue)

Date of
Birth

1. _____
Child's name to use on documents e.g., Bob, Sue, etc. C S
[C]hild or [S]tep-child DOB

Child's Address: _____

Marital: _____ Spouse's Name: _____ #Children: ___ # Step-Children: ___

2. _____
Child's name to use on documents e.g., Bob, Sue, etc. C S
[C]hild or [S]tep-child DOB

Child's Address: _____

Marital: _____ Spouse's Name: _____ #Children: ___ # Step-Children: ___

3. _____
Child's name to use on documents e.g., Bob, Sue, etc. C S
[C]hild or [S]tep-child DOB

Child's Address: _____

Marital: _____ Spouse's Name: _____ #Children: ___ # Step-Children: ___

4. _____
Child's name to use on documents e.g., Bob, Sue, etc. C S
[C]hild or [S]tep-child DOB

Child's Address: _____

Marital: _____ Spouse's Name: _____ #Children: ___ # Step-Children: ___

Please use extra pages as needed for other children.

Do any children or grandchildren receive government disability payments (SS Disability or SSI), or have special needs? ___ Yes ___ No

Please list names of any deceased children, and whether they left any descendants? _____

Do you have any grandchildren? _____ Do you have step-grandchildren? _____

Are You a Veteran? ___ If applicable, are you the surviving spouse of a veteran? _____

Dates of Service for me: _____ Dates of Service for my spouse: _____

* If you would like to discuss VA Pension or Aid and Attendance, please bring your Form DD-214 from VA showing service record.

Estate Planning Documents

Do you have in place Signed Power of Attorney? If yes: Financial Healthcare

If Yes, list your Agents: My Agents

Agents for Finances: _____

Agents for Health Care: _____

Do you have Will(s) in place? Yes No

Name of your Executors, in order: _____

Do you have Trust(s) in place? Yes No

If Yes: Revocable Irrevocable

Name of your Trustees, in order: _____

Who are your beneficiaries? (example, all children equally, or specific percentages, etc.)

Do you want to name different Agents/Executors/Trustees, or to change any of your beneficiaries?
If so, please explain more:

If a child predeceases you, how would you want that share to be distributed? (Please select one:)

- To or for that child's children, including adopted children
- To or for that child's children, including adopted children, and also that child's step-child(ren) i.e., include your step-grandchildren
- To your other children who survive you
- Other (please describe): _____

If you have made any single gift(s) of more than \$1,000 during the past five years, please list amounts and approximate dates: _____

Income Per Month

Monthly Social Security _____

Monthly Pension _____ From: _____

Monthly Salary/Work _____ From: _____

Gross Rent Received _____

(Do not list Amounts of Interest, Dividends, or Required Minimum Distributions)

Assets

Do you own a home? ___ Yes ___ No. Home Value _____

Mortgage &/or Home Equity Line of Credit Balance(s) _____

Other real property ___ Yes ___ No. If yes, type of property (farm/acres, rental, timeshare etc.), the address & county, and approximate value:

Property 1: Type: _____ Address/County _____

Home Value _____ Mortgage/HELOC Balance _____

Property 2: Type: _____ Address/County _____

Home Value _____ Mortgage/HELOC Balance _____

Property 3: Type: _____ Address/County _____

Home Value _____ Mortgage/HELOC Balance _____

Do you have a Veterans Mortgage Life Insurance policy? _____ Yes _____ No

In the Bank: About how much do you have in **Non-IRA** bank accounts, such as checking, savings and CD's?

Bank Accounts Total: \$ _____

Retirement Accounts: About how much do you have in IRA/401K/403B/Qualified Annuity?

IRA total \$ _____

Life Insurance: About how much do you have in Life Insurance?

Death Benefit Cash Value

Company: _____ \$ _____ \$ _____

Company: _____ \$ _____ \$ _____

Non-IRA Investments: Approximately how much do you have in Non-IRA accounts such as stocks, bonds, brokerage accounts and mutual funds?

Mutual Funds, etc. \$ _____

Non-Qualified Annuities: If you have Non-Qualified Annuities (annuities that are not taxed like IRAs, from which you don't have to take minimum distributions), approximately what is the current surrender value of those Non-Qualified Annuities?

Surrender Value \$ _____

Trust Beneficiary: Are you the beneficiary of any existing trust? Please explain and give trust account value:

Anticipated Inheritance or other Valuable Assets: Please describe any anticipated inheritance, or have money owed to you, or own a business or other assets that you want us to know about:

Long-Term Care Insurance: Do you have Long-Term Care Insurance in place?

___ Yes ___ No. *If yes, please bring policy for review.*

Highlighted Concerns and Goals: Are there any specific concerns you want to address in our meeting or anything else you feel needs to be brought to our attention? Also **please complete the attached Goals Listing** to consider these issues for our conference..

As you get ready for your initial consultation, you might ask,

“What should I bring to my initial consultation?”

Please plan to bring the following documents with you:

- Your “Goals and Concerns” after you’ve reviewed and completed them on the next page
- Your Wills, Trusts, Powers of Attorney and Living Wills if you want them reviewed. Remember that many people fail to have a “powerful” Power of Attorney and it is critical to review what you now have to determine whether it needs to be revised.
- Recent statements for your accounts, investments, and life insurance. We can make copies (no charge) as needed.
- This year’s Social Security benefit statement (showing gross SS, and deductions), and a recent pension check stub showing deductions.
- If you or your pre-deceased spouse (if applicable) have active duty military service during a war time (WWII, Korea, Vietnam, Persian Gulf), please bring your DD-214 Form from the VA.

And please remember! Just do the best you can on this Organizer, and for bringing the materials mentioned above. **Don’t worry** if you are missing some information, or if you can’t find all of the documents to bring to our meeting. Please feel free to call us if you have any questions or need some help.

We look forward to seeing you soon!



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Your Goals and Concerns-Please Review and Complete and Bring With You

Please rank your reasons you are considering planning, with your level of concern (**H** for high concern, **S** for some concern, **L** for low concern, and **N/A** for no concern or not applicable):

Level of Concern

- **Ducks in a Row.** Have my “ducks in a row” with updated documents to help in case of death or disability. _____
- **Elder Care Planning.** Protect assets from long-term care for myself/ourselves using a combination of strategies for legal documents, leveraging private resources, and public benefits eligibility. _____
- **Avoid or Reduce Probate.** Avoid probate and estate administration _____
- **Confidentiality.** Preserve my privacy in case of disability or death from business competitors, dishonest persons and curiosity seekers. _____
- **Disability.** Plan for a family member (child, grandchild or other potential beneficiary) who has a disability or special needs _____
- **Grandchildren.** Add grandchildren as direct beneficiaries and/or do trust planning for them. _____
- **Protect and Stretch IRAs for Children and/or Grandchildren.** Direct my inherited IRAs to grow tax-free and provided as a protected resource for many years after my death. _____
- **Gifts/Loans to Children.** Adjust inheritance distribution based on amounts previously gifted/loaned to children, so those unequal amounts are to be treated as advancements. _____
- **Problem Heirs.** Trust for a child or grandchild with any problems such as: drug addiction, alcoholism, criminal behavior, spendthrift, can’t hold job, and/or marital difficulty. _____
- **Problem Sons- or Daughters-in-Law..** Protect children’s inheritance from the possibility of failed marriage, by establishing a trust for my children designed to keep assets in my bloodline and to protect against a divorce or creditors. _____
- **Surviving Spouse Remarriage.** Protect children’s inheritance in the event the surviving spouse remarries. _____
- **Business Ownership.** Business succession/buy out arrangements. _____
- **Charities.** Provide for a charity in my plan. _____
- **Tax Considerations.** Discuss potential estate and income tax issues. _____
- **Beneficiary Designations.** Coordinate beneficiaries for insurance, annuities and life insurance. _____
- **Final Expenses.** Have your funeral/cremation funds in a separate account, which can be exempt from Medicaid and available for final expenses. _____
- **Natural Death.** Provide that your death shall not be unnecessarily delayed by artificial means or measures. _____
- **Other Concerns** (please use additional sheets as needed). _____

ATTACHMENT A: HELPFUL BUT OPTIONAL. The part is optional. Completing it can help provide additional details to discuss the design of your planning documents. Please use additional sheets if needed.

Accounts Located at	My Account	\$With Others (Give Names)
Checking _____	\$ _____	\$ _____
Checking _____	\$ _____	\$ _____
Checking _____	\$ _____	\$ _____
Savings/MM _____	\$ _____	\$ _____
Savings/MM _____	\$ _____	\$ _____
CD 1) _____	\$ _____	\$ _____
CD 2) _____	\$ _____	\$ _____
CD 3) _____	\$ _____	\$ _____
CD 4) _____	\$ _____	\$ _____
IRA _____	\$ _____	\$ _____
IRA _____	\$ _____	\$ _____
IRA _____	\$ _____	\$ _____
Qualified Annuity _____	\$ _____	\$ _____
Non-Qual Annuity _____	\$ _____	\$ _____
Non-Qual Annuity _____	\$ _____	\$ _____
Stocks _____	\$ _____	\$ _____
Brokerage _____	\$ _____	\$ _____
Savings Bonds _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Approx total accounts/investment assets: \$ _____

Vehicles(s): How many? Types? Values? _____

Life Insurance Co.	On Whose life	Face Value	Cash Value	Beneficiary(ies)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Prepaid Funeral/Cremation Info: _____