

# MY ESTATE *and* LEGACY PLANNER

▪ MY FAMILY

▪ MY ESTATE

▪ MY LEGACY



Lesser Lutrey & McGlynn LLP  
ATTORNEYS AT LAW

*Life • Legacy • Law*

# PLANNING YOUR ESTATE *and* LEGACY

▪ MY FAMILY

▪ MY ESTATE

▪ MY LEGACY

Estate and legacy planning is not merely the preparation of a Will or a Trust, it is an examination of who you are and what you stand for. It is the means by which you achieve some of your most cherished goals. It is the culmination of your life's work.

Planning and protecting your estate is our passion. We understand that the steps we take today determine the legacy you leave for tomorrow.

Help us make your legacy everything it can be by considering the following questions. Then, call to speak with one of our qualified estate planning attorneys.



David M. Lutrey  
Managing Partner

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## ■ MY FAMILY

**You:**

\_\_\_\_\_  
Your Name Date

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Residence Telephone Cell Phone(s)

\_\_\_\_\_  
e-mail address(es)

**Business:**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Business Telephone

**Additional  
Address 1:**

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Residence Telephone

**Additional  
Address 2:**

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Residence Telephone

■ MY FAMILY (CONTINUED)

Check which of the following you have:

- |   |  |
|---|--|
| <input type="checkbox"/> Will                             | <input type="checkbox"/> Power of Attorney for health care |
| <input type="checkbox"/> Revocable living trust           | <input type="checkbox"/> Power of Attorney for property    |
| <input type="checkbox"/> Irrevocable life insurance trust | <input type="checkbox"/> Living will                       |
| <input type="checkbox"/> Irrevocable gift trust           | <input type="checkbox"/> Family limited liability entity   |
| <input type="checkbox"/> Other trust                      |  |

Please describe: \_\_\_\_\_

If yes, please provide a copy of each document.

May we have your permission to contact you by e-mail/or US mail in the event of a change in tax law or other circumstances necessitating update or discussion of your plan or other arrangements?

- YES  NO

FAMILY PROFILE

	NAME	BIRTH DATE	CITIZENSHIP(S)	OCCUPATION	HEALTH CONDITION
Husband					
Wife					

Additional Children and Dependents:

Are additional children planned?  YES  NO

Are there additional relatives or persons who may become dependent on you/your family?  YES  NO

Previous Marital Settlement Agreement(s)/ Judgment(s) for Dissolution of Marriage:

YES  NO  
(If yes, copies required)

Premarital Agreement(s) From Current Marriage:

YES  NO  
(If yes, copies required)

FAMILY PROFILE (continued)

Use a separate sheet for additional children or dependents

	NAME	BIRTH DATE	CITIZENSHIP	OCCUPATION	HEALTH CONDITION
<b>Child 1</b>					
<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Other <input type="checkbox"/> Special Needs <input type="checkbox"/> If from Previous Marriage, Parent or Guardian Name: _____ <input type="checkbox"/> Marriage or Creditor Issues					
If married, spouse's name _____ Grandchildren's names and birthdates _____ _____					
<b>Child 2</b>					
<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Other <input type="checkbox"/> Special Needs <input type="checkbox"/> If from Previous Marriage, Parent or Guardian Name: _____ <input type="checkbox"/> Marriage or Creditor Issues					
If married, spouse's name _____ Grandchildren's names and birthdates _____ _____					
<b>Child 3</b>					
<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Other <input type="checkbox"/> Special Needs <input type="checkbox"/> If from Previous Marriage, Parent or Guardian Name: _____ <input type="checkbox"/> Marriage or Creditor Issues					
If married, spouse's name _____ Grandchildren's names and birthdates _____ _____					
<b>Child 4</b>					
<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Other <input type="checkbox"/> Special Needs <input type="checkbox"/> If from Previous Marriage, Parent or Guardian Name: _____ <input type="checkbox"/> Marriage or Creditor Issues					
If married, spouse's name _____ Grandchildren's names and birthdates _____ _____					
<b>Non-Child Dependent 1</b>					
<input type="checkbox"/> Special Needs <input type="checkbox"/> Marriage or Creditor Issues <input type="checkbox"/> Relationship: _____					
<b>Non-Child Dependent 2</b>					
<input type="checkbox"/> Special Needs <input type="checkbox"/> Marriage or Creditor Issues <input type="checkbox"/> Relationship: _____					

IF ANY CHILDREN OR DEPENDENTS HAVE SPECIAL NEEDS, PLEASE DESCRIBE HERE:

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FINANCIAL SERVICES PROVIDERS

NAME

COMPANY

PHONE

DO YOU WANT/NEED A REFERRAL?

PLEASE PROVIDE INFORMATION FOR  
YOUR FINANCIAL SERVICE PROVIDERS

*Accountant*

YES  NO

*Financial Advisor*

YES  NO

*Representative*

YES  NO

*Insurance Agent*

YES  NO

*Personal Banker*

YES  NO

*Trust Officer*

YES  NO

*Attorney*

YES  NO

*Other*

YES  NO

**INCOME**

SOURCE	AMOUNT PER YEAR	USE
		<input type="checkbox"/> Current Maintenance <input type="checkbox"/> Saved <input type="checkbox"/> Gifted to: _____
		<input type="checkbox"/> Current Maintenance <input type="checkbox"/> Saved <input type="checkbox"/> Gifted to: _____
		<input type="checkbox"/> Current Maintenance <input type="checkbox"/> Saved <input type="checkbox"/> Gifted to: _____
		<input type="checkbox"/> Current Maintenance <input type="checkbox"/> Saved <input type="checkbox"/> Gifted to: _____
		<b>TOTAL</b>
		<b>\$</b>

**ASSETS - CASH AND BANK BALANCES**

	OWNERSHIP H, W, J*	INSTITUTION	BENEFICIARY (IF ANY)	APPROXIMATE BALANCE
<i>Cash</i>				
<i>Checking Accounts</i>				
<i>Savings Accounts</i>				
<i>Money Markets</i>				
				<b>TOTAL</b>
				<b>\$</b>

\*Husband (H); Wife (W); Jointly Owned (J)

**INVESTMENT MANAGEMENT ACCOUNTS**

COMPANY	FINANCIAL REPRESENTATIVE	ACCOUNT NUMBER	APPROXIMATE BALANCE
TOTAL			\$

**ASSETS - BONDS NOT HELD IN AN INVESTMENT MANAGEMENT ACCOUNT (PLEASE COMPLETE FOR EACH LOT)**

DESCRIPTION	OWNERSHIP H, W, J*	NUMBER OF UNITS	FACE VALUE	BENEFICIARY	RETAIL ACCOUNT NUMBER/INSTITUTION**	CURRENT VALUE
TOTAL						\$

**ASSETS - STOCKS NOT HELD IN AN INVESTMENT MANAGEMENT ACCOUNT (PLEASE COMPLETE OR ATTACH LIST)**

DESCRIPTION	OWNERSHIP H, W, J*	NUMBER OF SHARES	BENEFICIARY	CURRENT VALUE
TOTAL				\$

\*Husband (H); Wife (W); Jointly Owned (J); \*\*Account numbers optional

ASSETS - EMPLOYEE BENEFITS

TYPE	AMOUNT VESTED	BENEFICIARY	APPROX. ACCOUNT BALANCE
Corporate Pension			
Corporate Profit Sharing			
Corporate Savings Plan			
IRA			
Keogh Plan			
Qualified Plans			
			TOTAL \$

ASSETS - ANNUITIES

NAME OF COMPANY	POLICY TYPE	INSURED	CASH VALUE	BENEFICIARY	DEATH BENEFIT
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
TOTAL ANNUITIES					\$

STOCK OPTIONS

Number of Shares	Now _____	Later _____	Conditions _____
	Option Price \$ _____	Current Value \$ _____	
			TOTAL \$

CHARITABLE TRUSTS OR FOUNDATIONS

PLEASE DESCRIBE


LIFE INSURANCE

NAME OF COMPANY	POLICY TYPE	INSURED	CASH VALUE	BENEFICIARY	DEATH BENEFIT
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
<b>TOTAL LIFE INSURANCE</b>					\$

ASSETS - REAL ESTATE

*Use a separate sheet for additional properties*

DESCRIPTION	PROPERTY #1	PROPERTY #2	PROPERTY #3	PROPERTY #4	PROPERTY #5
<i>Address (Include County)</i>					
<i>Use (Residence, Investment)</i>					
<i>Owner</i>					
<i>Joint Owner</i>					
<i>How Acquired</i>					
<i>Cost Basis (Purchase Price)</i>					
<i>Current Mortgage</i>					
<i>Additional Mortgage(s)</i>					
<i>Equity Loan(s)</i>					
<i>Other Encumbrances</i>					
<i>Approximate Current Value</i>					
<b>TOTAL</b>					\$

CLOSELY HELD BUSINESS INTERESTS

Use a separate sheet for additional companies

COMPANY #1

COMPANY #2

Company Name		
Type of Entity		
If S Corp		
Shares Owned		
Overall % of Ownership		
Owned in Trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Succession Plan/ Buy-Sell Agreement	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, attach copy)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, attach copy)</i>
Names of Other Owners/Partners and Their % of Ownership		
Value of Business (Approximate)	\$ _____	\$ _____
		TOTAL \$ _____

INHERITANCES

Do you or your spouse have an expectation of inheritance?  YES  NO

If yes, from whom? \_\_\_\_\_ When? \_\_\_\_\_ Amount \_\_\_\_\_ Nature of Asset(s) \_\_\_\_\_

In Trust \_\_\_\_\_ Terms \_\_\_\_\_

Power of Appointment	Do you or any family members have a Power of Appointment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe: _____
Beneficiaries of Trust	Are any family members beneficiaries of a trust? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list and describe: _____ _____

TOTAL \$ \_\_\_\_\_



**UMBRELLA LIABILITY INSURANCE**

NAME OF COMPANY	POLICY TYPE	INSURED	POLICY LIMIT	BENEFICIARY	CASH VALUE

**PAST GIFTS**

*Please list all gifts you have made to other people during your lifetime exceeding the annual exclusion amount, noting the recipient(s), amount(s), and date(s) of gift(s)*  
*Attach gift tax returns (if any)*


**OTHER LIABILITIES**

*Describe high-risk professions of any adults in family*

*If creditor concerns, please describe*

*Please list any previous gifts with amounts and date of gift*

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## ■ MY LEGACY

It is natural to focus on benefitting your children or grandchildren with your estate, but we know that there are often instances where there is a desire to make bequests to other individuals, organizations and charities. Just to get you thinking, here are some options to consider

*Parent*

*Friend*

*Local/ National Charity*

*Sibling*

*Business Partner or Employee*

*Local Civic/Community Organization*

*Distant Relative*

*Professional Association*

And here are some additional considerations about the legacy you leave.

### IS THERE FAMILY MONEY OR OTHER ASSETS TO BE KEPT SEPARATE FROM ASSETS OF THE MARRIAGE?

### WHO WOULD YOU LIKE TO BENEFIT MOST FROM YOUR ESTATE?

### HOW?

ALL AT ONCE

HELD FOR LIFE

RIGHT TO WITHDRAW

OVER TIME

PROVIDE INCENTIVES

POWER TO GIVE AWAY

SPECIFIC USES

### WHO SHOULD BE IN CHARGE OF YOUR ASSETS WHEN YOU CAN'T DO IT YOURSELF?

### IS THERE ANYONE ELSE (OR OTHER ENTITY) WHOM YOU WOULD LIKE TO BENEFIT?



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