



RIVETTE LEGACY PLANNING

Planning for life. Preserving the family story.

Estate Planning Worksheet

*Please provide as much of the following information as possible. The information you provide will help the attorney spot specific estate planning issues that need to be discussed as part of the initial consultation and will assist the attorney in designing an estate plan that meets your needs. **The information you provide is confidential.***

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE AT LEAST 48 HOURS PRIOR TO YOUR APPOINTMENT VIA POSTAL MAIL OR E-MAIL. IF YOUR WORKSHEET IS NOT RECEIVED IN ADVANCE, WE WILL NEED TO RESCHEDULE YOUR APPOINTMENT.

A. GENERAL INFORMATION

1. Your Full Legal Name _____
 Last 4 digits of Social Security # _____ Date of Birth _____
2. Spouse's Full Legal Name _____
 Last 4 digits of Social Security # _____ Date of Birth _____
3. Home Address (Street, City, State, Zip) _____
 County of Residence _____ Home Phone # _____
 Your Mobile Number _____ Spouse's Mobile # _____
4. Email address _____
 Spouse's Email address _____
5. Place of Employment _____
 Spouse's Place of Employment _____
6. Your Citizenship Status _____ Spouse's Citizenship Status _____
 _____ U.S. Citizen _____ U.S. Citizen
 _____ Non-Citizen Resident _____ Non-Citizen Resident
 _____ Other _____ Other
7. How long have you and your spouse been residents of North Carolina? _____
8. Have you or your spouse ever resided in a community property state (*i.e.*, Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin)? _____

B. MARRIAGE INFORMATION (*If you answer YES to Question 2, please bring a copy to your consultation*)

1. Date of Marriage _____
2. Pre-Nuptial or Post-Nuptial Agreement? Yes _____ No _____
3. Have you been married before? Husband _____ Wife _____
4. Did any prior marriage end in divorce? Yes _____ No _____
 (*if yes, please provide court order or settlement agreement for property division and/or support obligations*)

C. FAMILY INFORMATION

1. Children Common to the Marriage (*including any child adopted by you prior to his or her 18th birthday*):
 - a) Full Legal Name _____
 Date of Birth _____ Phone Number (if different from yours) _____
 Address (if different from yours) _____
 - b) Full Legal Name _____
 Date of Birth _____ Phone Number (if different from yours) _____
 Address (if different from yours) _____

c) Full Legal Name _____
 Date of Birth _____ Phone Number (if different from yours) _____
 Address (if different from yours) _____

d) Full Legal Name _____
 Date of Birth _____ Phone Number (if different from yours) _____
 Address (if different from yours) _____

2. Children Not Common to the Marriage

a) Full Legal Name _____ Whose Child (H or W)? _____
 Date of Birth _____ Phone Number (if different from yours) _____
 Address (if different from yours) _____

b) Full Legal Name _____ Whose Child (H or W)? _____
 Date of Birth _____ Phone Number (if different from yours) _____
 Address (if different from yours) _____

c) Full Legal Name _____ Whose Child (H or W)? _____
 Date of Birth _____ Phone Number (if different from yours) _____
 Address (if different from yours) _____

d) Full Legal Name _____ Whose Child (H or W)? _____
 Date of Birth _____ Phone Number (if different from yours) _____
 Address (if different from yours) _____

3. Other Persons You Want Included in the Estate Plan (Grandchild, Niece/Nephew, Sibling, Parent, Friend, etc.)

a) Full Legal Name _____
 Relationship to You _____ Date of Birth _____

b) Full Legal Name _____
 Relationship to You _____ Date of Birth _____

c) Full Legal Name _____
 Relationship to You _____ Date of Birth _____

d) Full Legal Name _____
 Relationship to You _____ Date of Birth _____

4. If there are special matters to be addressed for you or any person named in this section (health issues, drug or alcohol dependency, money-management concerns existing special needs trust, etc.), identify the person and briefly describe the situation. _____

D. INFORMATION REGARDING EXISTING ESTATE PLAN (IF ANY)

If you answer YES to Questions 1-5 below, please bring a copy of these documents to your consultation.

- | | | | | |
|--|-------|-------|----|-------|
| 1. Do you have a current will? | Yes | _____ | No | _____ |
| 2. Do you have a current trust? | Yes | _____ | No | _____ |
| 3. Do you have a General or Durable Power of Attorney? | Yes | _____ | No | _____ |
| If you answered YES, has it been recorded anywhere? | Yes | _____ | No | _____ |
| 4. Do you have a Health Care Power of Attorney? | Yes | _____ | No | _____ |
| 5. Do you have a Living Will (Advance Health Care Directive)? | Yes | _____ | No | _____ |
| 6. If YES to any of Questions 1-5, in what year & in what state was the document done? | _____ | | | |
| 7. Do you hold a safe deposit box? | Yes | _____ | No | _____ |

If so, at what location of what bank? _____

E. ESTATE PLANNING INFORMATION *(Attach a separate sheet of paper if more space is needed)*

1. Depending upon the design of your estate plan, you may be asked to name a Personal Representative (aka Executor), Trustee, Guardian of your kids, Agent under the Durable Power of Attorney, and Health Care Agent for the Health Care Power of Attorney. While you do not need to name those persons now, the space below has been provided for your use as you consider who might be an appropriate choice for each role (as well as alternates should your first choice be unable or unwilling to perform the responsibilities associated with each position). You should also consider whether there are any circumstances when you would not want a particular person to act on your behalf (e.g., separation, divorce, moving across country, etc.).

2. Do you or your spouse own real estate other than your primary residence? _____ If yes, please describe the property (e.g., beach house, lot, timeshare, etc.) and provide its location (county and state): _____

3. Do you own an interest in a company (including an LLC)? Yes _____ No _____

If yes, please answer these additional questions:

- | | | | | |
|---|-----|-------|----|-------|
| a) Is that company taxed as an S-Corp? | Yes | _____ | No | _____ |
| b) Does the company hold any trademarks, patents, copyrights? | Yes | _____ | No | _____ |
| c) Does the company have any on-going licensing agreements? | Yes | _____ | No | _____ |
| d) Are you and/or your spouse the sole owner of the company? | Yes | _____ | No | _____ |

4. Do you own unique assets, such as antiques, fine jewelry, or works of art, which may require special handling or valuation? *(If yes, please attach a list and description of the items. If you have recent appraisals for any of the items listed, please bring them with you to your consultation.)* _____

5. If you have used or are currently using Assisted Reproductive Technology services (such as IVF), do you have biological material stored (e.g., eggs, sperm, embryos)? Yes _____ No _____

6. Do you have any pets or animals in your care? Yes _____ No _____

If YES, do you have a plan for what happens to your pet after your death? Yes _____ No _____

7. Do you own any type of firearm or accessory (ex: suppressor)? Yes _____ No _____

8. Are you currently receiving distributions from a family trust? Yes _____ No _____

9. Do you anticipate receiving a sizeable inheritance within the next 5 years? Yes _____ No _____

10. Do you serve as Custodian or Trustee of the assets of others? Yes _____ No _____

11. At my death, I want to make the following specific gifts (e.g., jewelry, furniture, art, cash, heirlooms, etc.):

Item Description

Name of Recipient

12. At my death, I want to make the following gifts to charity:

Name of Charity

Amount of Bequest

13. Aside from the specific gifts and charitable gifts identified above, what do you want to do with the rest of your tangible personal property (aka your "stuff")? Here are common scenarios (or come up with your own):

_____ I give all my tangible personal property to my spouse, and if my spouse predeceases me, to my surviving children.

_____ I give all my tangible personal property to my surviving children.

_____ I direct that my tangible personal property be sold and add the proceeds added to my estate.

Other: _____

14. In the event of a family catastrophe (i.e., no spouse, kids, grandkids, or other descendants survive you), where would you like your assets to go (common options include extended family members or charity)?

15. Professional Contact Information

a) Financial Advisor's Name	_____
Company Name	_____
Phone Number or Email Address	_____
b) Accountant's Name	_____
Company Name	_____
Phone Number or Email Address	_____

Estate planning is an important and highly personal matter. To be successful, estate planning requires that you disclose information to the firm about your finances that you may consider to be private. PRIVETTE LEGACY PLANNING urges you to make a complete disclosure of your financial matters as a failure to do so would make it impossible for the firm to give you proper advice. PRIVETTE LEGACY PLANNING cannot be held responsible for undesired consequences caused by your failure to disclose pertinent information, and the firm reserves the right to cancel your consultation should you choose not to complete the following Asset Chart. **All information you provide is confidential and will not be shared with anyone outside of the law firm.**

ASSET CHART

Please note the Fair Market Value of each asset identified below. If you have multiple assets for a category, please break them down individually (for example, if you have two joint checking accounts, list the two accounts separately under the "joint" column rather than combining the balance of the two accounts into one sum).

NOTE: Although the value listed does not have to be to the penny, it should at least be in the ballpark. The attorney will use the information provided below to determine topics to be discussed as part of your consultation.

<u>DESCRIPTION OF ASSET</u>	<u>IN WHOSE NAME IS THE ASSET CURRENTLY TITLED/HELD?</u>		
	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. Checking Accounts (list each account)	\$	\$	\$
2. Savings Accounts (list each separately)	\$	\$	\$
3. Money Market Accounts (list separately)	\$	\$	\$
4. Certificates of Deposit (list each CD)	\$	\$	\$
5. Treasury Bills / Notes / U.S. Savings Bonds	\$	\$	\$
6. Individual Stock Certificates and Bonds (list each company and value)	\$	\$	\$

<u>DESCRIPTION OF ASSET</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
7. Brokerage Accounts			
a. Account Balance	\$	\$	\$
b. <Margin Account Balance, if any>	< >	< >	< >
c. Beneficiary or TOD designation			
8. IRAs, 401 (k)s, and other retirement plan			
a. Account Balance	\$	\$	
b. <Loan Amounts, if any>	< >	< >	
c. Beneficiary or TOD designation			
d. Note if ROTH or Traditional plan			
9. Annuities	\$	\$	\$
Is this a qualified annuity?			
Is this a non-qualified annuity?			
10. Pension Plans	\$	\$	
11. Health Savings Accounts	\$	\$	
a. Beneficiary Designation			
12. Life Insurance Policies			
a. Policy Death Benefit	\$	\$	\$
b. Cash Surrender Value	\$	\$	\$
c. Type of Policy (Term, Whole, etc.)			
d. Beneficiary Designation			
13. Long-Term Care Insurance (<i>list only if there is a death benefit payout</i>)	\$	\$	\$
14. 529 Accounts for children/grandchildren (<i>list under the column of the person who serves as custodian of the account</i>)	\$	\$	
15. Tangible Personal Property (furniture, electronics, personal belongings)	\$	\$	\$
16. Household Items of Special Value (art, antiques, jewelry, collectibles, etc.) – APPRAISED VALUE	\$	\$	\$

DESCRIPTION OF ASSET	Husband	Wife	Joint
17. Real Estate – Personal Residence			
a. Value	\$	\$	\$
b. <Mortgage Balance, if any>	< >	< >	< >
c. <Home Equity Loan Balance, if any>	< >	< >	< >
18. Other Real Estate			
a. Value	\$	\$	\$
b. <Mortgage Balance>	< >	< >	< >
c. <Home Equity Loan Balance, if any>	< >	< >	< >
d. Is this used as rental property? Y or N			
19. Motor Vehicles (e.g., Cars, Boats, etc.)	\$	\$	\$
a. Value			
b. <Loan Balance, if any>	< >	< >	< >
20. Business Interests (including family biz or other closely-held biz not publicly traded)			
a. Type of company (LLC, C-Corp, Partnership, etc.)?			
b. Your ownership percentage	____%	____%	____%
c. Value of your ownership %?	\$	\$	\$
d. If you do not own 100%, who are other shareholders/members?			

e. <Notes Payable>	< >	< >	< >
21. Digital Assets (virtual currency, Bitcoin, vlogs, other digital material)	\$	\$	\$
22. Other Assets – <i>please specify</i> (examples: interest in family trust, promissory notes or other outstanding debts payable to you, judgments awarded to you that have not yet been paid, timeshares not listed previously, transferrable airline miles, credit card points w/cash value, etc.)	\$	\$	\$
TOTAL OF EACH COLUMN	\$	\$	\$
GRAND TOTAL OF ASSETS	\$		

INITIAL CONSULTATION AGREEMENT

By signing below, we agree to pay \$350.00 for our two-hour consultation. We understand that payment is required at the end of the consultation and that the fee is owed whether or not we retain PRIVETTE LEGACY PLANNING to handle our estate planning needs. If we do retain PRIVETTE LEGACY PLANNING, however, we understand the consultation fee will be applied toward the total cost of our estate plan if we retain the law firm's services within 14 days of our consultation.

By signing below, we affirm that we have completed this Worksheet accurately and faithfully and have provided as much information and materials as is known to us. We acknowledge that it is our responsibility to return the completed Worksheet to PRIVETTE LEGACY PLANNING **at least 48 hours prior to our consultation.** If we are unable to return this document within the required timeframe, then we understand our appointment will be rescheduled.

By signing below, we also affirm our understanding that no attorney-client relationship is created by the consultation. We have not yet hired PRIVETTE LEGACY PLANNING, and PRIVETTE LEGACY PLANNING has not yet agreed to handle our matter. We understand any attorney-client relationship that arises will be formalized in an Engagement Agreement.

Spouse #1 Signature

Date

Spouse #2 Signature

Date