

# LEGACY PLANNING DESIGN WORKSHEET

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Sommers Law Group, LLC  
Estate Planning, Wealth Preservation, Estate  
Administration and Probate

## CONFIDENTIAL

**PLEASE COMPLETE AND RETURN TO OUR OFFICE VIA  
EMAIL, MAIL, FAX OR HAND DELIVERY  
AT LEAST TWO DAYS BEFORE YOUR INITIAL  
CONSULTATION**

**ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

Please provide information that is as complete and accurate as possible. If you are unsure about exact information, please tell me and give me the best possible assessment. When more exact information is required, you will need to be more precise. Some of these questions may require additional room, so please feel free to elaborate on any question either on the back side of this checklist or on separate paper.

We realize that the questionnaire may seem fairly intrusive. Keep in mind, however, that the more complete the information, the better it will equip both you and me throughout the planning process. Your information will be kept confidential by my office unless you authorize or request its release to others.

**THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY – IT DOES NOT PURPORT TO GIVE  
LEGAL ADVICE – ITS SOLE PURPOSE IS FOR USE AT  
THE SOMMERS LAW GROUP, LLC**

# PERSONAL INFORMATION

## Client Information:

Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

## Spouse Information:

Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

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

**Who can we thank for referring you to our office?** \_\_\_\_\_

## ADULT/MINOR CHILDREN

*Please list children in the way they would sign their names on a legal document*

Name	Special Needs? (Medical/Educational/Financial)	Birth date	Parent (circle)
_____	_____	_____	Husband/Wife/Joint
_____	_____	_____	Husband/Wife/Joint
_____	_____	_____	Husband/Wife/Joint
_____	_____	_____	Husband/Wife/Joint
_____	_____	_____	Husband/Wife/Joint

**DESIGN INFORMATION**

**PERSONS TO ACT FOR YOU:**

**GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be guardian.

	Client Responses (insert names)	Spouse Responses (insert names)
Initial Choice		
Backup #1		
Backup #2		
Backup #3		
Backup #4		

**FINANCIAL HELPERS IF INCAPACITATED:** Who would you choose to handle your financial affairs when you can't?

	Client Responses (insert names)	Spouse Responses (insert names)
Initial Choice		
Backup #1		
Backup #2		
Backup #3		
Backup #4		

**FINANCIAL HELPERS IF DECEASED:** Who would you choose to handle your financial affairs when you pass?

	Client Responses (insert names)	Spouse Responses (insert names)
Initial Choice		
Backup #1		
Backup #2		
Backup #3		
Backup #4		

**HEALTH CARE HELPERS:** Who would you choose to handle your medical decisions when you can't?

	Client Responses (insert names and phone #)	Spouse Responses (insert names and phone #)
Initial Choice		
Backup #1		
Backup #2		
Backup #3		
Backup #4		

**Do you want to provide that your organs and tissues should be made available for transplant or research purposes?**

**Client:** Transplant -- Research – Both -- None

**Spouse:** Transplant -- Research – Both -- None

**PERSONAL ESTATE PLANNING OBJECTIVES:** State to whom you want your assets to go upon your death. If you are married, I will automatically assume your primary beneficiary is your spouse first. If this is not the case, please be sure to raise this issue with me when we meet.

	<b>Client Responses (Name/Percent)</b>	<b>Spouse Responses (Name/Percent)</b>
1 <sup>st</sup> Beneficiary/Percent of Estate		
2 <sup>nd</sup> Beneficiary/Percent of Estate		
3 <sup>rd</sup> Beneficiary/Percent of Estate		

**REMOTE CONTINGENT BENEFICIARY:** Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

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**OTHER ITEMS TO INCLUDE OR DISCUSS:** Obviously your estate plan should address all your hopes, fears and wishes please list any other items you want included or want to discuss:

**DO YOU OWN FIREARMS?** \_\_\_\_\_

**IF YOU OWN FIREARMS, HAVE YOU CONSIDERED:**

Who would take custody of the firearms upon your incapacity or death?

Who will inherit the firearms?

Do you know the background and “criminal history” of all trustees, personal representatives and beneficiaries of your estate?

Do you have potential beneficiaries that live in a State other than Colorado?

## PROPERTY INFORMATION

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank.

Assets	Client		Spouse		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e. checking, savings, CD, Money Market)						
Investment Accounts (i.e. brokerage accounts)						
Bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Company Stock Options						
Personal Effects (i.e. jewelry, household items, art, vehicles, RVs etc)						
Retirement Plans (401k, IRAs, etc.)						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Corp. Business Interests (S-Corp or LLC)						
Sole Proprietorship Interests						
Oil, Gas and Mineral Interests						
Monies Owed to You (promissory notes)						
Personal Residence						
Other Colorado Real Property						
Other Out-of-State Property						
Other Assets						
Anticipated Inheritance, Gift, or Judgment						
<b>TOTAL ASSET VALUE</b>						
<b>Liabilities</b>						
Loans Payable						
Accounts Payable						
Real Estate Mortgages						
<b>TOTAL LIABILITIES (\$\$)</b>						
<b>NET ESTATE</b>						

**COMBINED NET ESTATE** = \_\_\_\_\_  
**(Client Net + Spouse Net + Joint Net)**

## YOUR CONCERNS

In addition to understanding your goals and objectives, it is also important that I know what your concerns are. Please rate the following as to how important they are to you:

<b>Description</b>	<b><u>Level of Concern</u></b>			
	<b>None</b>	<b>Low</b>	<b>Med.</b>	<b>High</b>
<b>Disability Concerns:</b>				
Risk of loss of control over your assets in event of your disability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unwanted efforts made to save your life if you feel that it's Best to cease such efforts and die peaceably and without pain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of costly and unnecessary guardianship (court action) for your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of costly and unnecessary conservatorship (court action) for management of your assets .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that your loved ones won't be able to talk to your medical provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that your medical powers of attorney won't work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that your current plan doesn't comply with HIPAA.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that someone you do not know may be in charge of determining whether or not you are incapacitated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that emergency personnel won't know who to call in the event of an emergency .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that your medical directives won't be available when you need them most .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family Concerns:</b>				
Risk that your affairs are not currently in order.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that your current plan isn't sufficient in case of death or disability ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a predator taking advantage of your spouse after your death.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of heirs being disinherited if your spouse remarries.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of children/heir losing inheritance to creditors, lawsuits or a divorcing spouse or to mismanagement of the money .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance passing to a minor (child or grandchild) might be misspent or stolen by the person in charge of their money .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of causing a child on government benefits to become ineligible, because of their inheritance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of the family business in the event of your disability or death.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risks for a child with disabilities or special needs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of heir's inheritance from the possible failure of marriage .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that your family's assets could be lost to a co-owner's creditors in order to satisfy the debt of the co-owner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a person who receives little or no inheritance bringing litigation against the estate and other heirs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Concerns:</b>				
Risk of unnecessary costs and delays associated with probate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of heirs having to sell assets in order to create the liquidity Needed to pay taxes and expenses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of private matters being made public .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please list): _____				

## IMPORTANT FAMILY QUESTIONS

There are important factors that many people do not realize have an effect on their estate plans. The following will help me to ensure that you have the proper estate plan for your specific needs and individual situation. It is important that you complete this section.

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

### ADDITIONAL RELEVANT INFORMATION

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