

FAMILY WEALTH INVENTORY & ASSESSMENT

(PLEASE COMPLETE IN INK)

*We must **have this Inventory and Assessment returned to us at least three days prior to your Family Wealth Planning Session** so we have enough time to understand the specifics of your family wealth before our meeting.*

If you need assistance completing the information,
call our office (916-380-7105) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

Effective estate planning requires that all relevant information concerning your personal, family and financial situation be assembled. This form has been prepared to aid you in organizing that information. If insufficient space is provided for any information, please include it on a separate sheet. We will use the information contained in this form to analyze your estate planning needs and design estate planning solutions and documents that are responsive to those needs.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

As with any communication between a lawyer and a client, the information reported here will be held in the strictest confidence and will not be released to anyone without your consent.

PERSONAL INFORMATION

Partner 1

Partner 2

Full Name:

Other Names Used:

Home Address:

Street _____

Street _____

City, State _____ Zip _____

City, State _____ Zip _____

Social Security Number:

E-mail address:

Can we communicate with you by e-mail?

Yes

No

Yes

No

Home Phone:

Cell Phone:

Occupation/Business:

Business Address:

Street _____

Street _____

City, State _____ Zip _____

City, State _____ Zip _____

Business Phone:

Date of Birth:

U.S. Citizen?

Yes

No

Yes

No

Marital Status:

_____ Single

Married

First Marriage? _____

_____ Divorced

_____ Widowed

Date of Marriage: _____

_____ Cohabitation: Domestic Partnership Registration Filed: _____

How did you hear about us?

CHILDREN AND/OR OTHER FAMILY MEMBERS WHO DEPEND ON YOU

Use full legal name. Note, "Bio" for the biological parent, note "Adopt" if the child has been legally adopted by either or both of you and please indicate adoption status.

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY WEALTH ADVISORS

Professional	Name	Telephone
Accountant/CPA	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____

YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

Preserve and Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death (up to 55% of your assets and life insurance benefits)
- By reducing estate administration costs through probate avoidance
- By avoiding or limiting MediCal claims on your assets should you require long-term care
- By ensuring that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- By ensuring that your family has enough life insurance to provide a comfortable lifestyle no matter what

- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as partners, creditors or the government

Protect Yourself and Your Partner ...

- From malpractice or other creditor claims
- From conservatorship proceedings (aka “living probate”) if you or your partner become incapacitated
- From probate delays and stress upon your death or the death of your partner
- From hospital policies requiring life sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

Protect Your Children or other Beneficiaries

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced partners to take half of your child or beneficiary’s inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditors’ claims (such as car accident plaintiffs)
- From the stress and delays of the average 16-month process of probate
- From the financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- From litigation claims by disinherited heirs
- For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care
- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- For special needs beneficiary only:* from neglect in the government care system

Take Charge of Your Life ...

- Get your financial life organized
- Have clarity about your life purpose, goals and dreams
- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- Have a plan to leave the world a better place
- Leave behind specific intellectual, spiritual, and human assets in addition to your financial assets.
- For parents only:* By specifying the values, insights, stories and experiences you want passed on to your children and how you want the money you leave behind used for your children.
- For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

IMPORTANT FAMILY QUESTIONS

Partner 1

Partner 2

Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents.*

Yes No

Yes No

Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy.*

Yes No

Yes No

If married have you and your partner signed a pre- or post-marriage contract? *Please furnish a copy.*

Yes No

Yes No

Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below.*

Yes No

Yes No

Do you own a business?

Yes No

Yes No

Do you own a long-term care (nursing home) insurance policy?

Yes No

Yes No

Do you own any property that is not community property? *If yes, please attach a list.*

Yes No

Yes No

Have you (or your partner) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*

Yes No

Yes No

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*

Yes No

Yes No

Are you (or your partner) currently the beneficiary of anyone else's trust? *If so, please explain below.*

Yes No

Yes No

If you or a family member caused an accident and the accident and the damages went beyond what your insurance company would cover, how would that affect your life? (attach additional sheets)

Do you currently have a personal liability umbrella policy? If yes, please attach declaration page.

FAMILY VALUES

Rate the following values in order of their importance to you from “Most Important” to “Least Important.”
Feel free to leave blank any item you do not wish to rank.

	Most Important	Important	Neutral	Least Important
Cultural values such as art, music, travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic values such as financial responsibility, frugality, and savings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational values such as study, self-improvement, academic achievements, lifelong learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional values such as compassion, kindness, generosity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical values such as honesty, fairness, justice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material values such as possessions, social standing, rank and title.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal values such as modesty, loyalty, independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philanthropic values such as volunteer work, donations (time and money).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical values such as health, relaxation, exercise, appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public values such as citizenship, community involvement, public service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational values such as sports, leisure time, hobbies, and vacations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship values such as family, friends, colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual values such as faith, belief in God, inner peace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work values such as effort, competence, professional recognition and success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below. Attach additional pages, if necessary.

INCOME:	Partner 1	Community/Joint	Partner 2
Earned Monthly Income from Labor:			
Monthly Social Security Income			
Monthly Pension Income:			
Other Monthly Income:			

ASSETS:

REAL PROPERTY

Address or General Description	Owner	Market Value	Equity
Total			

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous less valuable items.*).

Type or Description:	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)		
		Total

BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

Institution Name and Account Number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

Note: If Account is in your name (or your partner's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*indicate type below*)

Stocks, Bonds or Investment Accounts	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, universal life, variable universal life, split dollar, group life, annuity.

ADDITIONAL INFORMATION: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K).

ADDITIONAL INFORMATION: Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests.

ADDITIONAL INFORMATION: Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Maturity Date	Owed To:	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description:

Total Estimated Value: _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type or Description:	Owner	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

SUMMARY OF VALUES

ASSETS	Amount*		
	Partner 1	Partner 2	Total Value
Real Property			
Furniture and Personal Effects			
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 Financial Assets			

* For joint property, enter 1/2 of the value in partner 1's column, and 1/2 of the value in partner 2's column.

INTELLECTUAL ASSETS

Partner 1	Partner 2
_____ High School	_____ High School
_____ College	_____ College
_____ Graduate Degree: _____	_____ Graduate Degree: _____
_____ On the Job MBA (biz owner)	_____ On the Job MBA (biz owner)

SPIRITUAL ASSETS

Partner 1	Partner 2
<input type="checkbox"/> I have faith in myself only	<input type="checkbox"/> I have faith in myself only
<input type="checkbox"/> I have faith in something bigger than myself	<input type="checkbox"/> I have faith in something bigger than myself

ESTATE DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

LONG-TERM GUARDIAN FOR MINOR CHILDREN

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would for the long-term. Most people name two or three individuals or couples to serve as alternate guardian in the order named. If you are married, we strongly encourage you to agree on these choices rather than name different individuals as guardians in your separate wills. You should select people whom you feel will care for your children in a manner as close as you would if you could, and have the time and ability to care for minor children.

Name, Address and Phone Number

Relationship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SHORT-TERM GUARDIAN FOR MINOR CHILDREN

If you have any children under the age of 18, list in order of preference who would be able to be immediately available to them (within 20 minutes) if you could not be located.

Name, Address and Phone Number

Relationship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GUARDIAN FOR PETS

Name, Address and Phone Number

Relationship

EXECUTOR

The Executor is the person named in your will to administer your estate after your death. Most clients name a primary Executor, and two or more alternate Executors. You should select people with integrity whom you trust implicitly, and who are organized, detail-oriented and appear to be responsible in their own affairs. If you are married and you and your partner have selected the same individuals in the same order, please complete the first section only.

Name, Address and Phone Number

Relationship

DURABLE POWER OF ATTORNEY

A Durable Power of Attorney is a legal document, prepared and executed according to state law, in which you name an agent—called an “Attorney-in-Fact”—to make financial decisions for you and manage your property if you are disabled or unavailable. An “Attorney-in-Fact” the person named in your durable power of attorney to handle your financial affairs in the event of your incapacity. Most clients name a primary agent, and two or more alternate agents. You should select people with integrity whom you trust implicitly and believe are responsible in their own affairs. If you are married and you and your partner have selected the same individuals in the same order, please complete the first section only.

Partner 1’s Attorney-In-Fact:

Name, Address and Phone Number

Relationship

Partner 2's Attorney-In-Fact:

Name, Address and Phone Number

Relationship

HEALTH CARE DIRECTIVE

A Health Care Directive is a legal document, prepared and executed according to state law, in which you name an agent to make medical decisions for you if you are unable to make them for yourself. The Health Care Agent is the person named in your health care directive to make medical decisions for you in the event of your incapacity. Most people name a primary agent, and two or more alternate agents. You should select people whom you believe are capable of making difficult medical decisions and authorizing medical treatments for you even in emotionally charged situations. If you are married and you and your partner have selected the same individuals in the same order, please complete the first section only.

Partner 1's Health Care Agent:

Name, Address and Phone Number

Relationship

Partner 2's Health Care Agent:

Name, Address and Phone Number

Relationship

DISPOSITION OF ESTATE

What are your general desires as to the disposition of your estate?

SPECIFIC GIFTS THAT YOU WOULD LIKE TO MAKE IN YOUR WILL OR TRUST

Amount of Gift	Description	Name of Recipient	Relationship or Address
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

PREVIOUS GIFTS

(Do not include gifts to charity or gifts of less than \$12,000.)

Name of Recipient	Amount of Gift	Date of gift	Gift Tax Return Filed?	
<hr/>	<hr/>	<hr/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/>	<hr/>	<hr/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/>	<hr/>	<hr/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/>	<hr/>	<hr/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CHARITABLE INTERESTS

Identify charities in which you are currently interested or which may benefit your estate.
