

FAMILY WEALTH INVENTORY & ASSESSMENT

(PLEASE COMPLETE IN INK)

If you have any questions or need help in completing any part of this form, please call my office at (530) 918-4343 and I will set up a phone conference to assist you.

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

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

STEP 1: BACKGROUND INFORMATION

The information you provide in this section provides me with information about you, your age, marital status, where you live, and how best to contact you.

Full 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# _____

Birthplace _____ Citizenship ☐ US ☐ Other _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ ☐ It is okay to communicate with me via my E-mail address.

If Married: Spouse's Name _____ Date _____ Place _____

Premarital or Marital Agreement ☐ Yes ☐ No

If Widowed: Date of Death _____ Name of Deceased _____

If Divorced: Date of Judgment _____ Name of Ex-Spouse _____

Are either of your parents still living? ☐ Yes ☐ No Are any of your grandparents still living? ☐ Yes ☐ No

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

Full Legal Name _____ DOB _____

Full Legal Name _____ DOB _____

Full Legal Name _____ DOB _____

Full Legal Name _____ DOB _____

Step 2: ASSET INFORMATION

“Owner” of Property

The way your property is titled is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
TITLE	
If property is held in Joint Tenancy	JT
If property is held as Tenants in Common	TIC
If property in your name alone	SP
If you cannot determine how the property is owned	?

REAL PROPERTY

Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Title	Market Value	Loan Balance

Total \$ _____ \$ _____

FURNITURE AND PERSONAL EFFECTS

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

Miscellaneous Furniture & Household Effects (Lump Sum)	Title	Market Value

Total \$ _____

AUTOMOBILES, BOATS, PLANES AND RVs

For each motor vehicle, boat, plane, RV, etc.

General Description	Title	Market Value	Loan Balance

Total \$ _____ \$ _____

BANK & SAVINGS ACCOUNTS

Type: Checking Account “C”, Savings Account “S”, Certificates of Deposit “CD”, Money Market “MM” (IRAs and 401(k)s listed below) NOTE: If Account is in your spouse’s name for the benefit of a minor, please specify minor’s name.

Name of Financial Institution	Type	Account Number	Title	Amount

Total \$ _____

INVESTMENT ACCOUNTS, BONDS, STOCKS, AND STOCK OPTIONS

List any and all investment accounts (IA), bonds (B), stocks (S) and stock options (SO) you have an interest in.

If including stock options, please indicate value of vested and unvested options separately.

If held in a brokerage account, lump them together under each account.

Name of Financial Institution	Type	Account Number	Title	Amount

Total \$ _____

LIFE INSURANCE POLICIES AND ANNUITIES

Types: Term (T), Whole Life (WL), Split Dollar (SD), Group Life (GL), Annuity (A).

	Insurance Company	Type	Face Amount (death benefit)	Whose Life is Insured
Policy 1				
Policy 2				
Policy 3				

Total \$ _____

	Who owns the policy	The Current Beneficiaries	Who pays the premium	Who Is The Life Insurance Agent
Policy 1				
Policy 2				
Policy 3				

RETIREMENT PLANS

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

Plan Name	Type	Current Value	Other Pertinent Information

Total \$ _____

BUSINESS INTERESTS

General and Limited Partnerships (GL), Sole Proprietorships (SP), Privately Owned Corporations (C), Oil Interests (O),
Farm and Ranch Interests (F&R)

Name of Business	Type of Interest	Who Holds The Interest	Your Ownership Interest	Estimated Value

Total \$ _____

MONEY OWED TO YOU

Mortgages or promissory notes payable to you, or other moneys owed to you

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance

Total \$ _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

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.**

Total Estimated Value \$ _____

OTHER ASSETS

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

Type	Value

Total \$ _____

Affirmation – Please read the following and sign below:

The undersigned understands that the Law Office of Jennifer Shelton will need to rely on the asset and debt information supplied by you to develop an estate plan. The undersigned also understands that inaccurate or incomplete information could negatively impact the designed estate plan. Consequently, if the Firm is retained, you will need to provide us with complete and accurate information prior to the signing of any estate planning documents.

Signed: _____ Date: _____

STEP 3: PEOPLE WHO ADVISE YOU

Your various advisors play a key role in the establishment of your estate plan. For example, your financial advisor and life insurance agent may need to be contacted to confirm/change beneficiary designations and titling of accounts.

Type of Advisor	Name	Telephone
Accountant/Tax Advisor		
Financial Advisor		
Life Insurance Agent		
Family Law Attorney		
Other Advisor		
Other Advisor		
Other Advisor		

STEP 4: POTENTIAL BENEFICIARIES

This section asks you to identify all potential beneficiaries of your estate. NOTE: Listing a person or particular organization in this section is not a firm indication of your decision to provide for an individual or make a bequest. Rather, it is simply a way of identifying potential beneficiaries for discussion purposes.

Potential Individual Beneficiaries – Primary Beneficiaries

Full Legal Name	DOB	% of Inheritance	Relationship	Special Needs? Y/N	Home Address and Phone Number

Potential Individual Beneficiaries – Alternate Beneficiaries

Full Legal Name	DOB	% of Inheritance	Relationship	Special Needs? Y/N	Home Address and Phone Number

Potential Charitable/Non-Profit Beneficiaries – church, college, social club, favorite philanthropy, etc.

Name of Charity or Non-Profit Organization	Address and Phone Number

STEP 5: NOMINATION OF POWERS

Identify all potential Trustees, Executors, Financial Agents, Health Care Agents, Long-Term Guardians, Short-Term Guardians, and Guardians for Pets

LONG-TERM GUARDIAN FOR MINOR CHILDREN: If you have children under the age of 18, list those persons who you would wish to raise and love them in the manner closest to the way you do.

		Client 1's Responses*	Client 2's Responses*
Long-Term Guardian	Initial Choice		
	Back Up #1		
	Back Up #2		
	Back Up #3		

*Please include name, relationship, address and phone number

SHORT-TERM GUARDIAN FOR MINOR CHILDREN: If you have children under the age of 18, list those persons able to be immediately available to them if you could not be found.

		Client 1's Responses*	Client 2's Responses*
Short-Term Guardian	Initial Choice		
	Back Up #1		
	Back Up #2		
	Back Up #3		

*Please include name, relationship, address and phone number

GUARDIAN FOR PETS: If you are interested in setting up a pet trust, please complete this section.

		Client 1's Responses*	Client 2's Responses*
Guardian For Pets	Initial Choice		
	Back Up #1		
	Back Up #2		
	Back Up #3		

*Please include name, relationship, address and phone number

FINANCIAL AGENTS: If you were incapacitated for any period of time, who would you want to make decisions for you with regard to your *financial* affairs?

		Name, relationship, address and phone number
Financial Agent	Initial Choice	
	Back Up #1	
	Back Up #2	

HEALTH CARE AGENTS: If you were incapacitated for any period of time, who would you want to make decisions for you with regard to your *health care*?

		Name, relationship, address and phone number
Health Care Agent	Initial Choice	
	Back Up #1	
	Back Up #2	

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? ☐ Yes ☐ No ☐ I Don't Know

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

☐ Yes ☐ No ☐ I Don't Know

TRUSTEE/EXECUTOR: Upon your death, who do you want to manage and distribute the assets you leave in your estate?

		Name, relationship, address and phone number
Trustee/ Executor	Initial Choice	
	Back Up #1	
	Back Up #2	