



MAINE
CENTER *for*
ELDER LAW_{LLC}

PLANNING WORKSHEET

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING A PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Please take your time and fill out the worksheet COMPLETELY.

- ◆ Use full legal names (including middle and/or maiden names) in all cases.
- ◆ Give complete contact information for all family members.
- ◆ If you plan to work under the authority of an existing Durable Power of Attorney, please provide a copy.

For efficiency in planning, please bring with you each of the following:

- ◆ Any existing Will and Codicils, Trusts, and other estate planning documents.
- ◆ Deeds for any real estate you own.
- ◆ Most recent statements from your bank and investment accounts.
- ◆ Most recent federal income tax return.
- ◆ Divorce decrees and property settlements with former spouses, if any.
- ◆ Prenuptial (“antenuptial”) agreements and post-nuptial agreements, if any.
- ◆ Agreements between you and any business entities and associates.
- ◆ Descriptive materials on any employee benefit plans (i.e., pension, profit sharing, IRA), including a copy of your retirement plan and your most recent statements of accrued benefits.

CLIENT(S) PERSONAL INFORMATION

FORM COMPLETED BY: _____ DATE: _____, _____

CLIENT #1

FULL LEGAL NAME _____
(name most often used to title property and accounts) First Middle Last

Also Known As _____ Wartime Veteran? _____
(other names used to title property and accounts)

Are you the **spouse, widow or widower** of a Wartime Veteran? _____ Do you currently receive any VA benefits? _____

Prefer to be called _____ Current Age _____ Birth date _____ SS# _____ US Citizen? _____

Place of birth/hometown: City _____ State _____ Country _____

CONTACT INFO

Physical Address _____ City _____ State _____ Zip _____

County of Residence _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Telephone _____ Cell _____

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

FORM OF ADDRESS, GENDER AND MARITAL STATUS

Form of Address Options: Mrs. Miss Ms. Mr. None Other _____

Legal Sex: Female Male Other (please describe) _____

Gender Identity: Woman Man Transgender Other (please describe) _____

Single Married: Date of Marriage _____ Divorced Widowed: Date of spouse's death _____

If you are a same-sex couple, have you had your current relationship legally recognized before? Yes No

If yes, in what state, and how recognized? Please explain: _____

Have you registered previous partnerships with Maine or another state or been legally married before? Yes No

Please explain: _____

EMPLOYMENT

Most Recent Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Business Telephone _____

If retired, former employer _____ Position _____

CLIENT(S) PERSONAL INFORMATION, CONTINUED

CLIENT #2

FULL LEGAL NAME _____

(name most often used to title property and accounts) First Middle Last

Also Known As _____ (other names used to title property and accounts) Wartime Veteran? _____

Are you the **spouse, widow or widower** of a Wartime Veteran? _____ Do you currently receive any VA benefits? _____

Prefer to be called _____ Current Age _____ Birth date _____ SS# _____ US Citizen? _____

Place of birth/hometown: City _____ State _____ Country _____

CONTACT INFO

Physical Address _____ City _____ State _____ Zip _____

County of Residence _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Telephone _____ Cell _____

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

FORM OF ADDRESS, GENDER AND MARITAL STATUS

Form of Address Options: Mrs. Miss Ms. Mr. None Other _____

Legal Sex: Female Male Other (please describe) _____

Gender Identity: Woman Man Transgender Other (please describe) _____

Single Married: Date of Marriage _____ Divorced Widowed: Date of spouse's death _____

If you are a same-sex couple, have you had your current relationship legally recognized before? Yes No

If yes, in what state, and how recognized? Please explain: _____

Have you registered previous partnerships with Maine or another state or been legally married before? Yes No

Please explain: _____

EMPLOYMENT

Most Recent Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Business Telephone _____

If retired, former employer _____ Position _____

CLIENT(S) CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. For "Parent or Relationship" section use "JT" if both spouses are the parents, "C1" if Client #1 is the parent, "C2" if Client #2 is the parent, "S" if a single parent.)

FULL LEGAL NAME	Birth date	Parent or Relationship
1. _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -5px;"> First Middle Last </div>	_____	_____
Physical Address _____	City _____	State _____ Zip _____
Mailing Address (if different): _____	City _____	State _____ Zip _____
Telephone: home _____	cell _____	email address: _____
Married? <input type="checkbox"/> yes <input type="checkbox"/> no If married, spouse's full legal name: _____		
Are there children? <input type="checkbox"/> yes <input type="checkbox"/> no If yes please list name(s) and date(s) of birth: _____		

Any disabled family members? <input type="checkbox"/> yes <input type="checkbox"/> no If yes please list name(s) and date(s) of birth: _____		

FULL LEGAL NAME	Birth date	Parent or Relationship
2. _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -5px;"> First Middle Last </div>	_____	_____
Physical Address _____	City _____	State _____ Zip _____
Mailing Address (if different): _____	City _____	State _____ Zip _____
Telephone: home _____	cell _____	email address: _____
Married? <input type="checkbox"/> yes <input type="checkbox"/> no If married, spouse's full legal name: _____		
Are there children? <input type="checkbox"/> yes <input type="checkbox"/> no If yes please list name(s) and date(s) of birth: _____		

Any disabled family members? <input type="checkbox"/> yes <input type="checkbox"/> no If yes please list name(s) and date(s) of birth: _____		

FULL LEGAL NAME	Birth date	Parent or Relationship
3. _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -5px;"> First Middle Last </div>	_____	_____
Physical Address _____	City _____	State _____ Zip _____
Mailing Address (if different): _____	City _____	State _____ Zip _____
Telephone: home _____	cell _____	email address: _____
Married? <input type="checkbox"/> yes <input type="checkbox"/> no If married, spouse's full legal name: _____		
Are there children? <input type="checkbox"/> yes <input type="checkbox"/> no If yes please list name(s) and date(s) of birth: _____		

Any disabled family members? <input type="checkbox"/> yes <input type="checkbox"/> no If yes please list name(s) and date(s) of birth: _____		

FULL LEGAL NAME

Birth date

Parent or Relationship

4. _____
First Middle Last

Physical Address _____ City _____ State _____ Zip _____

Mailing Address (if different): _____ City _____ State _____ Zip _____

Telephone: home _____ cell _____ email address: _____

Married? yes no If married, spouse's full legal name: _____

Are there children? yes no If yes please list name(s) and date(s) of birth: _____

Any disabled family members? yes no If yes please list name(s) and date(s) of birth: _____

FULL LEGAL NAME

Birth date

Parent or Relationship

5. _____
First Middle Last

Physical Address _____ City _____ State _____ Zip _____

Mailing Address (if different): _____ City _____ State _____ Zip _____

Telephone: home _____ cell _____ email address: _____

Married? yes no If married, spouse's full legal name: _____

Are there children? yes no If yes please list name(s) and date(s) of birth: _____

Any disabled family members? yes no If yes please list name(s) and date(s) of birth: _____

FULL LEGAL NAME

Birth date

Parent or Relationship

6. _____
First Middle Last

Physical Address _____ City _____ State _____ Zip _____

Mailing Address (if different): _____ City _____ State _____ Zip _____

Telephone: home _____ cell _____ email address: _____

Married? yes no If married, spouse's full legal name: _____

Are there children? yes no If yes please list name(s) and date(s) of birth: _____

Any disabled family members? yes no If yes please list name(s) and date(s) of birth: _____

If there are additional children, grandchildren or other loved ones who should be included in your planning, please name them here or add a separate sheet of paper: _____

YOUR CURRENT PROFESSIONAL ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

ASSET INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION* CHECKLIST

General Headings

This *Asset Information* checklist is designed to help you list all the assets you own and what they are worth. If you do not own assets under a particular heading, just leave that section blank. Under certain headings you may own more assets than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional assets.

Type

Immediately after the heading for each kind of asset is a brief explanation of what asset you should list under that heading.

“Owner” of Asset

How you own your assets is **extremely important** for purposes of properly designing and implementing your estate plan. Please indicate how each asset is titled. When doing so, please use the following abbreviations:

Owner of Assets	Use
If married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy <i>with spouse</i>	JTS
Joint Tenancy with someone <i>other than a spouse</i> , i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

BANK & SAVINGS ACCOUNTS

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

Name of Institution & Account Number	Type	Owner(s)	Beneficiary	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total _____

PATIENT ACCOUNTS

Amount held in patient or resident account at assisted living facility or nursing home.

Facility Name	Amount	
_____	_____	
_____	_____	
		Total _____

STOCKS AND BONDS

List 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	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total _____

RETIREMENT PLANS

Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K), etc. Describe type of plan, plan name, current value of plan, and whether taking payments. *Please report payments under Income (page 11)*

Plan Name	Type	Owner	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

ANNUITIES

List insurance company, type of annuity, date when issued, date annuitized, current value.

Name of Company, Account Number & Type	Owner	Date Issued	Date Annuitized	Current Value
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Total _____

BUSINESS INTERESTS

General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Name of Company & Description of Interests	Type	Whose Interest	Your Ownership	Est. Value
--	------	----------------	----------------	------------

Total _____

LIFE INSURANCE POLICIES

Provide name, address of insurance company, agent name and type of insurance (term, whole life, group life, etc.); **face amount (death benefit), cash surrender value**, whose life is insured, who owns the policy, death beneficiaries, who pays the premium.

Insurance Company Name & Type	Death Benefit	Life Insured	Beneficiaries	Surrender Value
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MORTUARY TRUST OR PREPAID FUNERAL PLAN, AND CEMETERY PLOT

Type of arrangement, amount of funds paid into the plan, date of plan, funeral home with whom arranged, cemetery where plot is located, etc.

Funeral Home	Type of Plan	Date of Plan	Funds Paid In	Total Cost
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Total _____

SAFE DEPOSIT BOXES

List Safe Deposit Boxes and the value of assets held in them.

Name of Institution and account number	Owner(s)	Value of Assets
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Total _____

REAL PROPERTY

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

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

FURNITURE AND PERSONAL EFFECTS

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)	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

AUTOMOBILES, BOATS, SNOWMOBILES, RVs, ETC.

For each motor vehicle, boat, RV, etc. that you own, list the following: description, how titled, market value and encumbrance (outstanding loans):

Type and Description	How Titled	Encumbrances	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

GIFTS MADE WITHIN THE PAST 60 MONTHS (5 YEARS) (QUESTION RELATIVE ONLY FOR MAINECARE PLANNING)

List any gifts (transfers for less than fair market value) made to any person, charity, etc., made within the past 60 months. List the amount/value of each gift, the recipient's name, and the date of the gift.

Recipient's Name	Date of Gift	Value of Gift
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

FINANCIAL ACCOUNTS CLOSED AND ASSETS SOLD OR OTHERWISE DISPOSED OF WITHIN THE PAST 60 MONTHS (5 YEARS)
(QUESTION RELATIVE ONLY FOR MAINECARE PLANNING)

List the institutions, account numbers, types of accounts, or description of other assets, plus the closing balance and where the funds or other assets were transferred.

Institution, Type of Account & Account Number or Type of Asset	Where Transferred (if applicable)	Closing Balance

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
			<i>Total</i>	_____

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.

Type (inheritance, judgment, gift)	Owner	Value
		<i>Total</i>

OTHER ASSETS

Any property or asset that you have that does not fit into any listed category above.

Type	Owner	Value
		<i>Total estimated value</i>

REGULAR INCOME

List all income sources (Social Security, pension, IRA distributions, annuity distributions, etc.), showing the Gross amount before any withholdings of taxes, insurance premiums, etc.

Income Source	Recipient	Frequency	Amount
<i>Total regular income (monthly)</i>			_____

MISCELLANEOUS INCOME

Miscellaneous or unpredictable income from sources such as a tenant staying in your home, irregular income, etc.

Income Source	Recipient	Frequency	Amount
<i>Total misc. income (monthly)</i>			_____

HEALTH INSURANCE & LONG-TERM CARE INSURANCE

List all health insurance and long-term care insurance you have and the amounts and frequency of any premiums that you pay (or are withheld from your income).

Insurance Company and Type of Insurance	Owner	Frequency	Premium

SUMMARY OF ASSETS

ASSETS	Amount			Total Value
	Client #1	Client #2	Joint	
Bank and Savings Accounts				
Patient or Resident Account in Facility				
Stocks and Bonds				
Annuities				
Retirement Plans				
Business Interests				
Life Insurance				
Mortuary Trusts/ Prepaid Funeral Plans				
Safe Deposit Boxes				
Real Property				
Furniture and Personal Effects				
Automobiles, Boats, RVs, Snowmobiles				
Money Owed to You				
Anticipated Inheritance, etc.				
Other Assets				
Total Assets				

_____ **Yes**, I would like to receive a client email newsletter from Maine Center for Elder Law, LLC.
 My email address is _____.

If you plan to work under the authority of an existing Durable Power of Attorney, please provide a copy.