ABOUT OUR FIRST MEETING

No Obligation for an Initial Meeting. Our customary practice is to meet with a prospective estate planning client (or if married, both spouses) with no obligation on your part to retain our firm for legal services. If we are not retained, you will not be billed for the consultation. You should set aside approximately two hours for the meeting.

Our Investment in You. We are willing to sacrificially set aside time for you so that we may confidentially discuss your unique circumstances to determine if we can help you. This is our investment in you. We make this investment hoping you will like what you see and retain us to help you plan your estate.

In Return. We expect that you will come to the meeting prepared, and if you are married, that both spouses will attend the meeting. If both spouses cannot attend, please let us know prior to the scheduled meeting. If you or your spouse needs special accommodations or is housebound, please let us know, and we will make an appropriate accommodation for you. We cannot express enough how vital it is that you take the time to **complete the attached Estate Planning Worksheet** and **return your completed questionnaire at least 2 days prior to our meeting**. If this is not feasible, please let us know so that we may make alternative arrangements.

Make the Investment. Most people will spend more time planning their next vacation than they will spend planning their estates and how to provide for their loved ones at death or upon disability. It may be human nature to avoid thinking these matters, but don't make that mistake. Please invest the time to complete the confidential Estate Planning Worksheet. Make the investment now for yourself and your loved ones.

What to Bring With You to Our First Meeting: If possible, please bring the following with you to our first meeting.

1. Copies of deeds to your real property.
2. Life insurance documentation, including your most recent statement, ownership and beneficiary information.
3. Most recent brokerage account/Mutual Fund statements.
4. Copies of all Buy-Sell Agreements, Partnership Agreements and other agreements related to your business interests.
5. Copies of all Prenuptial Agreements, Divorce Decrees or Court Orders obligating you to pay alimony or child support.
6. Copies of existing Wills, Powers of Attorney, Living Wills and Trusts.

Fees for Estate Planning: Price is dependent on the unique circumstances of each client, and the client's choice of planning features and options. Basic will-based plans for single persons or married couples without estate tax planning or trusts generally start at $500.00. Revocable trust based plans for single persons or married couples without estate tax planning or other complex matters generally start at $2000.00. Fees for estate plans for single persons or married couples that include estate tax planning or other complex matters generally start at $4000.00. All estate plans include ancillary planning documents such as powers of attorney and healthcare directives.

We look forward to working with you in an effort to help you achieve your goals, dreams and estate planning objectives, and to eliminate any concerns that you have about the estate planning process.

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ESTATE PLANNING WORKSHEET FOR INITIAL MEETING

Please return this worksheet prior to your appointment. All information provided is strictly confidential.

HELP US GET TO KNOW YOU

Please check each box below that describes your interests in meeting with us.

- ☐ Learning about estate planning, wills and/or trusts
- ☐ Providing for my spouse in the event of my disability or death
- ☐ Providing for my children in the event of my disability or death
- ☐ Protecting my/our assets from lawsuits and future judgment creditors
- ☐ Protecting my spouse's inheritance from lawsuits, creditors and failed remarriage
- ☐ Protecting my children's inheritance from divorces, lawsuits and creditors
- ☐ Protecting my grandchildren's inheritance from divorces, lawsuits and creditors
- ☐ Avoiding will contest or other disputes upon my death
- ☐ Reducing or eliminating the costs of probate
- ☐ Reducing or eliminating taxes upon my death
- ☐ Avoiding a court-supervised conservatorship ("living probate") in case of disability
- ☐ Preserving privacy in the event of my disability and at my death
- ☐ Planning for the transfer of a family business
- ☐ Providing for charities
- ☐ Planning for a beneficiary with disabilities or special needs
- ☐ Planning for nursing home or long term care
- ☐ Providing that my death shall not be unnecessarily prolonged by artificial means
- ☐ Designating an agent to make healthcare decisions for me in the event that I become incapacitated

You, and if married, **Your Spouse:**

Your full legal name	Name you want us to call you	U.S. Citizen? ☐ Yes ☐ No	
Social Security No.	Date of Birth	Your Health? ☐ Good ☐ Fair ☐ Poor	
Spouse's full legal name	Name you want us to call spouse	U.S. Citizen? ☐ Yes ☐ No	
Social Security No.	Date of Birth	Spouse's Health? ☐ Good ☐ Fair ☐ Poor	
Address, City, State Zip Code		County of Residence	Date of Marriage
Home Phone	Business Phone	Cell Phone	
Your current occupation, if retired, from what?	Spouse's current occupation, if retired, from what?		
Is it OK to communicate with you via e-mail? ☐ Yes ☐ No Preferred e-mail address:		Who referred us to you?	

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Your Children, if any

Full Legal Name	Whose child is this? ☐ husband ☐ Wife ☐ Both	Age	If child is married, spouse's name	If child has children, how many?
Full Legal Name	Whose child is this? ☐ husband ☐ Wife ☐ Both	Age	If child is married, spouse's name	If child has children, how many?
Full Legal Name	Whose child is this? ☐ husband ☐ Wife ☐ Both	Age	If child is married, spouse's name	If child has children, how many?
Full Legal Name	Whose child is this? ☐ husband ☐ Wife ☐ Both	Age	If child is married, spouse's name	If child has children, how many?
Full Legal Name	Whose child is this? ☐ husband ☐ Wife ☐ Both	Age	If child is married, spouse's name	If child has children, how many?

Your Advisors In case we need to consult with them

	Name	**Firm**	**Phone**
Accountant			
Financial Advisor			
Insurance Agent			
Attorney Other Than Us			
Other Advisor			

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IMPORTANT FAMILY QUESTIONS

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

_____

_____

_____

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PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION* CHECKLIST

General Headings

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. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Type

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

"Owner" of Property

How you own your property 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
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 with spouse	JS
Joint with someone other than spouse, i.e. child, parent, etc	JO
If you cannot determine how the property is owned	?

REAL PROPERTY

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

General Description and/or Address	Owner	Market Value	Loan Balance
	Total		

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FURNITURE AND PERSONAL EFFECTS

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	

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: 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 and account number	Type	Owner	Amount
		Total	

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

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STOCKS AND BONDS

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	Acct. Number	Owner	Amount

Total _____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole 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 _____

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MONEY OWED TO YOU

TYPE: 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

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	Owner	Value
	Total	

INCOME INFORMATION

TYPE: Please identify your sources of income (gross without deductions)

Source of Income:	Husband/Wife or Joint	Monthly Gross Amount Before Deductions
	Total	

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