



# PERSONAL AND FINANCIAL ORGANIZER FOR COMPLETION PRIOR TO YOUR CONSULTATION APPOINTMENT

Your Legal Name				You	You	ı Spouse
				100	100	- Spouse
Spouse's Legal Name		- Social Security #				
		Date of Birth				
Street Address		U.S. Citizen	Yes	No	Yes	No
City State	Zip	Currently have Will or Trust? If so, give year &	Yes Yr.	No	Yes Yr.	No
Your Email Address You	our Spouse's Email	state in which prepared.	State:		State:	
Your Employer		Expect to receive money or other assets from (circle		t neritance wsuit		ft heritance wsuit
Address		all that apply)	Oti	her	Ot	her
Your Occupation W	ork Phone	If so, approximately How much?	\$		\$	
Spouse's Employer		-				
Address		-				
Spouse's Occupation W	ork Phone	-				
Martial Status: Married	Single Divorced	Widowed				



# 2. ABOUT YOUR CHILDREN

a.			Natural	Legally Adopted	Foster
	Legal Name	Date of Birth			
			Married	Needs Special Care	Dependent
	Goes By	Soc. Sec. #			
			Related To:		
	Street Address	Phone #			
			You Only	Spouse Only	Both
	City/State/Zip				
b.			Natural	Legally Adopted	Foster
	Legal Name	Date of Birth		, , ,	1
			Married	Needs Special Care	Dependent
	Goes By	Soc. Sec. #			
			Related To:		
	Street Address	Phone #			
			You Only	Spouse Only	Both
	City/State/Zip				
с.			Natural	Legally Adopted	Foster
	Legal Name	Date of Birth			
			Married	Needs Special Care	Dependent
	Goes By	Soc. Sec. #			
			Related To:		
	Street Address	Phone #			
			You Only	Spouse Only	Both
	City/State/Zip				
d.			Natural	Legally Adopted	Foster
	Legal Name	Date of Birth			
		~ ~ ~	Married	Needs Special Care	Dependent
	Goes By	Soc. Sec. #			
	~	77	Related To:		
	Street Address	Phone #			
			You Only	Spouse Only	Both
	City/State/Zip				

If you have more than four children, please attach their names and related information.





#### 3. FINANCIAL INFORMATION

a.	Do	you	own	a	home	or	any	other	real	estate?
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Description & Location	Titled in whose name	Purchase Price	Current Value	(-) Mortgage	(=) Equity

Total	val	lue=

b. Do you own any other titled property such as a car, boat, etc.?

Description & Location	Titled in whose name	Current Value	(-) Loan	(=) Equity

Total value=

c. Do you have any checking accounts?

Name of Institution	Account Number	Titled in whose name	Approx. Balance

Total value=

d. Do you have any interest bearing accounts (savings, money market) and/or CDs?

Name of Institution	Account Number	Titled in whose name	Approx. Balance

Total value=



e. Do you own any stocks, bonds or mutual funds (including company stock)?

Description	Account Number	Titled in whose name	Purchase Price	Current Value
	Description	Description Account Number	Description Account Number Titled in whose name	

Total v	alme=

f. Do you have any profit sharing, IRAs or 401(k)?

Description/Location	Beneficiary	Value

Total value=

g. Do you or your spouse own a business or have any partnership interests?

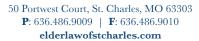
Description	Type of Ownership	Purchase Price	Current Value

Total value=

h. Do you have any life insurance policies, long term care policies and/or annuities?

Name of Company	Policy Owner	1st Beneficiary	2nd Beneficiary	Death Benefit	Cash Value

Total value=





i. Does anyone owe you money?
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tal value=  to you have any special items of value such as coin collections, antiques, jewelry, etc.?    Description	
Description  Approx. Value  tal value=  What is the approximate total value of all your remaining ersonal property – whatever you own that has not been neluded above? (clothes, furniture, ect.) ast estimate	
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Description Approx. Value	
tal value=	
Has anyone in your home sold or given any money, vehicles, property or any other resources within the last five years?	
Description Approx. Value	

Total value=



50 Portwest Court, St. Charles, MO 63303 P: 636.486.9009 | F: 636.486.9010 elderlawofstcharles.com

n. Total value of everything you (and your spouse) ov o. Total amount you (and your spouse) owe (total of l p. Subtract line n from line o	· ·	NET ESTATE = \$
q. Do you have a safe deposit box?		
Location		Titled in whose name
4. INCOME INFORMATION		
Source (Soc. Security, IRA, etc)	Husband / Wife	Monthly Amount
5. TRUST DECISIONS: YOUR LIVING TRUS  a. Trustee(s) – Manages your trust now; usually you		orate Trustee.
#1 Choice: Name	Phone	
Address		
#2 Choice: Name	Phone	
Address#3 Choice: Name		
Address		
<b>b. Sucessor Trustee(s)</b> – Steps in at your incapacit	y or death. Can be adult children,	trusted friend, and/or a Corporate Trustee.
#1 Choice: Name	Phone	
Address		
#2 Choice: Name		
Address		
#3 Choice: Name	Phone	

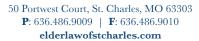


c. Guardian For Minor Children	- Responsible adult who will raise your minor children	if something happens to you.
#1 Choice: Name	Phone	
Address		
#2 Choice: Name	Phone	
Address		
#3 Choice: Name	Phone	
Address		
d. Trustees For Minor Children	<ul> <li>Manages inheritance. Can be same person as Guard Corporate Trustee.</li> </ul>	ian, another adult and/or a
#1 Choice: Name	Phone	
Address		
#2 Choice: Name	Phone	
Address		
#3 Choice: Name	Phone	
Address		
6. BENEFICIARIES  a. Special Gifts To Organization Do you want to make a gift (cash or	ns or a specific item) to a charity, foundation, religious or fi	raternal organization?
Name of Organizatio	on Address	Description of Gift

# b. Special Gifts To Individuals

Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Organization	Address	Description of Gift





# c. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.

Name of Person/Organization		Address	Amount/Percentage
1 (u 02 1 025021 025 u 2 u		11441055	
d. Inheriting Instructions			
Do you want your Beneficiaries to receive their	r inheritance in	installments, at certain ages	, or all at once?
e. Do you provide for someone who requir			
Do any of your dependents (aging parents, dis Is there someone else you want to provide for	abled child) req who is not relate	uire special care? Are they ed to you (significant other,	special friend, pet)?
Do any of your dependents (aging parents, dis	abled child) req	quire special care? Are they	
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Do any of your dependents (aging parents, dis Is there someone else you want to provide for  Name  f. Alternate Beneficiaries	abled child) req	uire special care? Are they ed to you (significant other,  Relationship	special friend, pet)?  Explanation
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# 7. SPECIAL INSTRUCTIONS AT INCAPACITY

	pay for your or your spouse's care, are there certain ones you prefer to be sold first? Are ted? Are there certain assets you prefer not be sold unless absolutely necessary?
<b>b. Medical Care:</b> Do you prefer (or want to avoid) a cert life support, etc.?	ain hospital/nursing home? Do you have strong feelings about blood transfusions,
You	Your Spouse
c. <b>Health Care Decision Makers:</b> Please list below who you would like to	o make medical decisions for you if you can not do so:
List your choices below:	
You:	Your Spouse:
#1 Choice:	#1 Choice:
Name	Name
Address	Address
Phone	Phone
#2 Choice:	#2 Choice:
Name	Name
Address	Address
Phone	
#3 Choice:	#3 Choice:
Name	Name
Address	
Phone	



QUESTIONS TO ASK YOUR ATTORNEY ABOUT YOUR LIVING TRUST					