



ESTATE PLANNING CLIENT FACT-FINDER

INSTRUCTIONS: Please complete the following form. If you are unsure what to put or whether a question applies to your situation, you may leave it blank. Please be sure to complete the summary of assets on the final pages of this form. It is important that we get a comprehensive overview of your financial circumstances so that we can work with you to prepare an estate plan that best meets your needs.

CLIENT(S) INFORMATION

Client Legal Name

Spouse Legal Name

Street Address

Street Address (if different)

City, County, State and ZIP

City, County, State and ZIP

Best Phone: Home Work Cell (circle one)

Best Phone: Home Work Cell (circle one)

Email

Email

Date of Birth Last Four of SSN

Date of Birth Last Four of SSN

Email Address

Email Address

Date of Marriage

Have you been previously married? Yes No

Have you been previously married? Yes No

Are you a United States Citizen? Yes No

Are you a United States Citizen? Yes No

As an adult, have you ever lived in AK, AZ, CA, ID, LA, NM, NV, WA, or WI? Yes No

As an adult, have you ever lived in AK, AZ, CA, ID, LA, NM, NV, WA, or WI? Yes No

Do you currently have a Will? Yes No

Do you currently have a Will? Yes No

If yes, please bring to our appointment.

If yes, please bring to our appointment.

Do you have a financial advisor? Yes No

Do you have a financial advisor? Yes No

Do you have any legal issues? Yes No

Do you have any legal issues? Yes No

If yes, please explain: _____

If yes, please explain: _____

I/we, the undersigned, represent(s) to Brackney Law Office, PLLC ("BLO") that the information contained in this fact-finder is accurate and complete, and that the undersigned understand(s) that BLO will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by BLO may not be appropriate.

Signature _____ Date _____

Signature _____ Date _____

FAMILY INFORMATION

Please list the legal names and birthdays of all of your and your spouse’s children (please note if children are not natural/adopted children of both spouses), and whether they have children of their own. Please also include the names of any *deceased* children and whether they had any children.

Child 1 Legal Name	Gender	Age	Number and ages of Child 1’s Children, if any
Child 2 Legal Name	Gender	Age	Number and ages of Child 2’s Children, if any
Child 3 Legal Name	Gender	Age	Number and ages of Child 3’s Children, if any
Child 4 Legal Name	Gender	Age	Number and ages of Child 4’s Children, if any
Child 5 Legal Name	Gender	Age	Number and ages of Child 5’s Children, if any
Child 6 Legal Name	Gender	Age	Number and ages of Child 6’s Children, if any

Please note if any special family circumstances are applicable:

Prenuptial or other marital agreement? _____
 Have you or your spouse ever filed a gift tax return? _____
 Do you own any property, real or otherwise, outside of Kentucky? _____
 Do you own or operate a family business? _____
 Are you the beneficiary of any existing trust? _____
 Do you have a long-term care policy? _____
 Do you want to disinherit anyone? _____
 Is anyone likely to contest your Will? _____
 Is anyone on governmental assistance? _____
 Does anyone have special needs, disabilities, or addictions? _____
 Will anyone need to enter a nursing home soon? _____
 Does anyone have creditor problems? _____
 Is divorce a concern for anyone? _____
 Continuing obligations from a prior divorce? _____
 Other Concerns: _____

ESTATE PLANNING INFORMATION

We will spend time during our first meeting reviewing and discussing your responses to the questions below. It is helpful, however, if you consider and answer these questions in preparation for our meeting.

A personal representative, or **executor**, is the person who manages your assets after your death, coordinates with the probate court, and distributes your estate according to your Will. Who would you like to be your executor? If married, it is common to list your spouse first. It is a good idea to list one or two successor representatives if your first choice is unable or unwilling to serve. You can also have co-executors, if that is desired.

A **trustee** is the person who will manage assets after your death for any minor children, grandchildren, or disabled beneficiaries of your estate, or, for your surviving spouse, as applicable. A trustee may also be appointed to manage your assets during your own lifetime in certain circumstances. Who should be your trustee? It is a good idea to list one or two successor trustees if your first choice is unable or unwilling to serve. You can also have co-trustees, if that is desired. The “last choice” may be a corporate trustee, like a bank.

A **guardian** is the person who will take care of your minor children, after your death. Who should be the guardian of your minor children? It is a good idea to list one or two successor guardians if your first choice is unable or unwilling to serve. You can also have co-guardians, if that is desired.

SELECTING FIDUCIARIES

POSITION	CLIENT	SPOUSE
Executor/Co-Executor:		
1 st Executor Successor(s):		
2 nd Executor Successor(s):		
Waive Executor Liability:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waive Bonding/Surety:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trustee or Co-Trustee(s):		
1 st Successor Trustee(s):		
2 nd Successor Trustee(s):		
Guardian or Co-Guardian(s):		
1 st Successor Guardian(s):		
2 nd Successor Guardian(s):		

SELECTING BENEFICIARIES - Please note any differences between spousal wishes.

The beneficiaries who are designated on your various investments, retirement accounts, and life insurance policies should be coordinated with your Wills. Contact your financial advisor and/or each of the companies with whom you have these accounts and request a Change of Beneficiary Form so that we can coordinate these accounts with your Estate Plan. Do you have retirement accounts, life insurance policies, annuities, or other accounts that need beneficiary designation forms directing that these assets should pass upon your death in harmony with you Will?

CLIENT		SPOUSE
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Would you like to make gifts of specific assets (art, jewelry, real property) under your Will? If so, please describe:

2. Please describe how you would like the rest of your estate distributed.

3. If any of the above beneficiaries are deceased, who would you want to be your contingent beneficiary or beneficiaries?

POWERS OF ATTORNEY INFORMATION

A **Power of Attorney, or POA**, authorizes someone to act on your behalf for financial and medical decisions during your lifetime. This can occur immediately (Durable POA) or can spring into effect upon a certain event, like incapacity (Springing POA). If you would like a POA, who would you like to act on your behalf (your “agent”)?

POSITION	CLIENT	SPOUSE
Agent or Co-Agents:	_____	_____
1 st Successor Agent(s):	_____	_____
Agent can make gifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTHCARE PLANNING INFORMATION

A **living will** is a document in which you specify in advance whether or for how long you would like life support and artificial nutrition and hydration continued under certain circumstances.

	CLIENT	SPOUSE
Do you want a living will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ donation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body to science?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

You can also designate a **healthcare surrogate** to make final medical decisions for you if you are unable to do so. A healthcare surrogate and your medical professionals should follow the directives you have left in your living will, but a healthcare surrogate can offer guidance and make a decision if your medical condition so requires. Your healthcare surrogate can be, but does not have to be, your next of kin.

POSITION	CLIENT	SPOUSE
Agent or Co-Agents:		
1 st Successor Agent(s):		

Should your healthcare surrogate have access to your medical records, including psychotherapy notes?

HIPAA Release?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychotherapy notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUMMARY OF ASSETS

Please list all of your assets on the following form. You may estimate the values, but it is important that this list is filled out completely, including an indication of the ownership of each asset.

Estate Planning Inventory List

Assets:	Value	Joint or Marital Property	Husband's Separate Property	Wife's Separate Property	Beneficiary 1	Beneficiary 2	Residual Estate
a. Home							
b. Other Real Estate							
1)							
2)							
3)							
4)							
c. Checking Accounts							
1)							
2)							
3)							
4)							
d. Savings Accounts & Certificates							
1)							
2)							
3)							
4)							
e. Credit Union Accounts							
1)							
2)							
3)							
4)							
f. Automobiles							
1)							

Estate Planning Inventory List

Assets:	Value	Joint or Marital Property	Husband's Separate Property	Wife's Separate Property	Beneficiary 1	Beneficiary 2	Residual Estate
2)							
3)							
4)							
g. Household Furnishings							
h. Savings Bonds							
1)							
2)							
3)							
4)							
i. Stocks							
1)							
2)							
3)							
4)							
j. Accounts Receivables							
1)							
2)							
3)							
4)							
k. Annuities							
1)							
2)							
3)							

Estate Planning Inventory List

Assets:	Value	Joint or Marital Property	Husband's Separate Property	Wife's Separate Property	Beneficiary 1	Beneficiary 2	Residual Estate
4)							
l. Interest in any Business							
1)							
2)							
3)							
4)							
m. Tools & Firearms							
1)							
2)							
3)							
4)							
n. Antiques							
1)							
2)							
3)							
4)							
o. Jewelry							
1)							
2)							
3)							
4)							
p. Other Household Contents/Collectibles							
1)							

Estate Planning Inventory List

Assets:	Value	Joint or Marital Property	Husband's Separate Property	Wife's Separate Property	Beneficiary 1	Beneficiary 2	Residual Estate
2)							
3)							
4)							
q. Life Insurance Policies							
1)							
2)							
3)							
4)							
r. Qualified Retirement							
1)							
2)							
3)							
4)							

Estate Planning Inventory List

Debts	Value	Joint or Marital Property	Husband's Separate Property	Wife's Separate Property	Beneficiary 1	Beneficiary 2	Residual Estate
a. Mortgage or Secured Lien on Car, etc.							
1)							
2)							
3)							
4)							
b. Unsecured Debts							
1)							
2)							
3)							
4)							
c. Medical Debts							
1)							
2)							
3)							
4)							
d. Other Debts (describe)							
kj							
2)							
3)							
4)							