

# RIEMER LAW PLLC

201 N. Rowe St.  
Ludington, MI 49431  
231-480-1101

## Confidential Legacy Planning Data

Attached is an estate planning worksheet that includes some personal financial questions. All information provided on this form will be held in complete confidence. I will use it for the sole purpose of analyzing your estate planning needs and developing your estate plan. I suggest that you complete this worksheet prior to your initial appointment with me. The financial worksheet will be included in your final estate plan.

### Client Information:

Name:	Date:
Also known as:	Social Security #
Maiden Name:	
Street Address:	
City, State, Zip:	County:
E-Mail:	Phone:
Date of Birth:	Place of Birth:
Citizenship:	Year Michigan Resident est.:
Occupation:	Veteran:
Former Spouse:	Court of Divorce:

### Spouse:

Name:	Date:
Also known as:	Social Security #
Maiden Name:	
Street Address:	
City, State, Zip:	County:
E-Mail:	Phone:
Date of Birth:	Place of Birth:
Citizenship:	Year Michigan Resident est.:
Occupation:	Veteran:
Former Spouse:	Court of Divorce:

**Children:**

Name:	D.O.B.:
Street Address:	Marital Status:
City, State, ZIP:	Spouse Name:
Phone:	
Name:	D.O.B.:
Street Address:	Marital Status:
City, State, ZIP:	Spouse Name:
Phone:	
Name:	D.O.B.:
Street Address:	Marital Status:
City, State, ZIP:	Spouse Name:
Phone:	
Name:	D.O.B.:
Street Address:	Marital Status:
City, State, ZIP:	Spouse Name:
Phone:	
Name:	D.O.B.:
Street Address:	Marital Status:
City, State, ZIP:	Spouse Name:
Phone:	

**Deceased Children:**

Name:	Name:
Name:	Name:

**Living Grandchildren:**

Name:	Parents:	D.O.B.

If there are no living children or grandchildren, list all parents, siblings, and issue of any deceased siblings on a sperate sheet.



## APPOINTMENTS

1. **PERSONAL REPRESENTATIVE.** Your will should name a personal representative to probate your estate. A personal representative is also sometimes referred to as an executor or administrator. Many people name their spouse as the primary personal representative, with a child, relative, or friend as alternate.

Client	Relationship to you	Address (city, state):
Primary:		
Alt.:		

Spouse	Relationship to you	Address (city, state):
Primary:		
Alt.:		

2. **FINANCIAL POWER OF ATTORNEY.** If you are unable to make financial decisions for yourself, this person will have the authority to make these decisions for you.

Client	Relationship to you	Address (city, state):
Primary:		
Alt.:		

Spouse	Relationship to you	Address (city, state):
Primary:		
Alt.:		

3. **HEALTH CARE AGENT.** If you are unable to make medical decisions for yourself, this person will have authority to make these decisions for you.

Client	Relationship to you	Address (city, state):
Primary:		
Alt.:		

Spouse	Relationship to you	Address (city, state):
Primary:		
Alt.:		

4. **HIPPA (Health Insurance Portability and Accountability Act) Authorization:** In addition to the agents named above, please list all other individuals you wish to allow your healthcare providers to supply information regarding your condition, status, treatment, and other healthcare related information.

Name:	Relationship:	Phone:


5. **SUCCESSOR TRUSTEE.** If you choose to establish a trust you should name a successor trustee. The successor trustee will be responsible for managing assets if you are unable, or in the case of a joint trust, if neither you nor your spouse are able, to manage assets due to incompetence. The successor trustee will distribute assets to beneficiaries after death, or after the death of both spouses with a joint trust.

Name:	Relationship to you	Address (city, state):
Primary:		
Alt.:		

**COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR BENEFICIARIES OR BENEFICIARIES WITH DISABILITIES**

1. **GUARDIAN.** If you have minor children or a beneficiary with special needs, you should appoint a guardian, and a successor guardian. The guardian is responsible for the day-to-day care of the child or special needs

Name:	Relationship to you	Address (city, state), Phone:
Alt.:		

2. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they will be capable of managing assets on their own. A trustee can keep beneficiaries' money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or it can be a different person or an institution. Name an alternate trustee as well.

Name:	Relationship to you	Address (city, state), Phone:
Alt.:		

**AGE OF DISTRIBUTION.** If you appoint a trustee to manage assets for beneficiaries, then you need to decide when the beneficiaries will be mature enough to manage assets on their own. The most common age picked by my clients seems to be 25, but you should pick an age with which you are comfortable. You may use any age or combination of ages that you choose.

**Final Disposition:**

Do you wish to be buried or cremated?

Instruction for cremains or place of burial \_\_\_\_\_

Where are pre-need arrangements made at? \_\_\_\_\_

Funeral Representative:

Name:	Phone:	Address:

**Living Will:**

If I should have an incurable or irreversible condition that will result either in death within a relatively short period of time or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, it is my desire that my life not be prolonged by the administration of life-sustaining procedures. If I am unable to participate in my health care decisions, I direct my attending physician to withhold or withdraw life-sustaining procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.

If I am in the condition(s) described above I feel especially strongly about the following forms of treatment:

*(initial all those that apply)*

- \_\_\_\_\_ I do not want cardiopulmonary resuscitation (CPR).
- \_\_\_\_\_ I do not want mechanical respiration.
- \_\_\_\_\_ I do not want tube feeding.
- \_\_\_\_\_ I do not want tube hydration.
- \_\_\_\_\_ I do not want antibiotics.
- \_\_\_\_\_ I **do** want maximum pain relief, even if it may hasten my death.

Additional, specific directions (if any):

\_\_\_\_\_

\_\_\_\_\_

Do you wish to be an organ donor?

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## Financial Worksheet

All information provided on this form will be held in complete confidence. I will use it for the sole purpose of analyzing your estate planning needs and developing your estate plan. It is at your discretion to include values; you should update this worksheet as financials change.

### ASSETS-Real Estate:

Owned by Husband, wife, or joint	Address or legal description	Estimated Value

### ASSETS-Cash/Bank Accounts/Cash Equivalents:

Owned by Husband, wife, or joint	Type/Institution/Address	Estimated Value

### ASSETS-Stocks/Bonds/Mutual Funds (not retirement plan, see next page):

Owned by Husband, wife, or joint	Type/Institution/Address	Estimated Value

## Financial Worksheet, continued

### ASSETS: Business/Partnership Interests:

Owned by Husband, wife, or joint	Briefly Describe	Estimated Value

### OTHER ASSETS:

Owned by Husband, wife, or joint	Briefly Describe	Estimated Value

### ASSETS-Life insurance

Owned by Husband, wife, or joint	Type/Institution/Address	Estimated Value

### ASSETS-Retirement Plan Benefits

Owned by Husband, wife, or joint	Type/Institution/Address	Estimated Value



## Financial Worksheet, continued

### LIABILITIES:

Owned by Husband, wife, or joint	Type/Institution/Address	Estimated Value

### ADVISORS:

<b>Accountant Name:</b>	<b>Phone:</b>
<b>Address:</b>	

<b>Insurance Agent Name:</b>	<b>Phone:</b>
<b>Address:</b>	

<b>Financial Advisor Name:</b>	<b>Phone:</b>
<b>Address:</b>	

<b>Stockbroker Name:</b>	<b>Phone:</b>
<b>Address:</b>	

<b>Attorney Name:</b>	<b>Phone:</b>
<b>Address:</b>	

### SAFE DEPOSIT BOX:

<b>Location:</b>	<b>Box #-</b>	
<b>Leased in the name of:</b>		
<b>Authorized Signers:</b>		

**Notes & Miscellaneous:**