FAMILY WEALTH
INVENTORY & ASSESSMENT

We must have this Worksheet returned to us at least three days prior to our meeting
This will ensure we have enough time to understand the specifics of your situation before our meeting. If you need assistance completing the information, call our office (949.260.1400) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

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PERSONAL INFORMATION

Client's Signature Name_____
(name most often used to title property and accounts)

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

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

Home Address _____ City _____ State _____ Zip _____
Home Telephone _____ Cell Phone Number_____ Business Telephone _____

Occupation _____ Employer _____
E-mail Address _____ ❑ It is okay to communicate with me via E-mail.

❑ Married: Date of Marriage _____ Existing Pre-Nuptial Agreement? Yes No
❑ Divorced ❑ Widowed ❑ Single

If Applicable:

Partner's Signature Name _____
(name most often used to title property and accounts)

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

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

Home Address _____ City _____ State _____ Zip _____
Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____
E-mail Address _____ ❑ It is okay to communicate with me via E-mail.

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

(Use full legal name. For stepparents, note "H" if only husband is the biological parent, note "W" if only wife is the biological parent.)

Name	Birth date	Parent or Relationship

Continue on back of page, if necessary

ADVISORS

	Name	Telephone
Accountant		
Financial Advisor		
Life Insurance Agent		

Referred to Morgan Law Group By: _____

YOUR PLANNING OBJECTIVES

Protect Your Children or other Beneficiaries….

- From predators who can access inheritance amounts and target young or vulnerable beneficiaries ..... ☐
- From claims of divorced spouses to have half of your child or beneficiary's inheritance ..... ☐
- From malpractice claims, for beneficiaries in the professions ..... ☐
- From other creditor claims (such as car accident plaintiffs) ..... ☐
- From the stress and delays of the average 16-month process of probate ..... ☐
- From financial immaturity resulting in a quick loss of the entire inheritance ..... ☐
- From sharing assets with heirs you would rather disinherit ..... ☐
- *For parents only:* from relatives who would be poor, abusive or even dangerous guardians ..... ☐
- *For parents only:* From acquaintances and relatives who should not be allowed to be alone with your children ..... ☐
- *For special needs beneficiaries only*: from neglect in the government care system ..... ☐

Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive) ..... ☐
- By minimizing or eliminating estate taxes upon your death (up to 45% of your assets and life insurance benefits) ..... ☐
- By reducing estate administration costs through probate avoidance ..... ☐
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services ..... ☐
- Ensure that your family has enough life insurance to provide a reasonable lifestyle no matter what ..... ☐

Protect Yourself and Your Spouse

- From malpractice or creditor claims ..... ☐
- From conservatorship proceedings (aka "living probate") if you or your partner become incapacitated ..... ☐
- From probate delays and stress upon your death or the death of your partner ..... ☐
- From hospital policies requiring life-sustaining procedures when you would rather not endure them ..... ☐
- From healthcare decisions made by people other than those you trust most ..... ☐

Ensure a Quality of Life

- Benefit a charitable organization or activity ..... ☐
- Provide that your death will not be unnecessarily prolonged by artificial means ..... ☐
- *For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiary ..... ☐
- *For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale ..... ☐

IMPORTANT FAMILY QUESTIONS

	CLIENT		PARTNER	
Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents*	☐ Yes	☐ No	☐ Yes	☐ No
Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*	☐ Yes	☐ No	☐ Yes	☐ No
If married, have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*	☐ Yes	☐ No	☐ Yes	☐ No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below*	☐ Yes	☐ No	☐ Yes	☐ No
Does any beneficiary have any potential problems with drug or alcohol abuse?	☐ Yes	☐ No	☐ Yes	☐ No
Are you concerned with any potential beneficiary's ability to handle/manage money?	☐ Yes	☐ No	☐ Yes	☐ No
Are you concerned with your children's ability to get along with one another?	☐ Yes	☐ No	☐ Yes	☐ No
Do you own a long-term care (nursing home) insurance policy?	☐ Yes	☐ No	☐ Yes	☐ No
Do you own any property that is not community property?	☐ Yes	☐ No	☐ Yes	☐ No
Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*	☐ Yes	☐ No	☐ Yes	☐ No
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.*	☐ Yes	☐ No	☐ Yes	☐ No
Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.*	☐ Yes	☐ No	☐ Yes	☐ No

ASSET INFORMATION

The values listed are for discussion purposes only. You may use the back of this paper to continue a list in each category of asset.

To identify the Owner of an asset, use "JTS" for joint ownership with spouse; "JTO" for joint ownership with non-spouse; "H" for Husband as sole owner; "W" for Wife as sole owner; or "T" if owned by a revocable trust that you have created.

Bank and Savings Accounts. To identify type of account, use "CA" for checking account; "SA" for savings account; "CD" for certificate of deposit; "MM" for money market account. *Do not include IRAs or 401(k)s here*.

Financial Institution	Owner	Market Value	Type of Account
1.			
2.			
3.			
4.			
5.			
6.			

Stocks, Bonds or Investment Accounts. List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *Do not include IRAs or 401(k)*s.

Stock, Bond or Investment Acct	Owner	Market Value	Type of Plan
1.			
2.			
3.			
4.			
5.			
6.			

Retirement Accounts. To identify type of account, use "P" for pension; "PS" for profit sharing; IRA, Roth IRA, SEP, or 401(k).

Custodial Institution	Owner	Market Value	Type of Plan
1.			
2.			
3.			
4.			
5.			

Real Estate. List any interest in real estate including your family residence, vacation home, timeshare or vacant land. Please list manner in which held: Joint Tenant, Community Property, Separate Property, Tenants in Common.

	Owner	Market Value	Debt
1. Personal Residence			
2.			
3.			
4.			
5.			
6.			

Personal Property. List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property; give a lump sum value for other, miscellaneous items.

Description	Owner	Market Value	Debt
1. Misc. Furniture & Household Effects			
2.			
3.			
4.			

Life Insurance Policies and Annuities. List the issuing company. To identify type of contract, use "T" for term insurance, "CV" for insurance policies having a cash value, "A" for annuities.

Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit
1.					
2.					
3.					
4.					
5.					

Business Interests. List . Partnerships, Corporations, Sole Proprietorships. Describe the interest and your ownership interest and the estimated value of the interests.

Description	Owner	Market Value

Money Owed to You, Anticipated Inheritance, Lawsuit Judgment, or Other Property. List other property that you have that does not fit into any other listed category. This may include monies owed to you in the future, an expected inheritance or gift that you expect to receive, boats or RV's, an intellectual property interest, or monies you anticipate receiving through a lawsuit judgment.

Description	Owner	Value
1.		
2.		

INCOME INFORMATION

Please list your income information in the appropriate section below.

INCOME:	Client	Community/Joint	Partner
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

ASSETS:

SUMMARY OF VALUES

	Amount*		
ASSETS	**Client**	**Partner**	**Total Value**
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Retirement Plans	_____	_____	_____
Real Property	_____	_____	_____
Personal Property	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Business Interests	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

* ***Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.***

PLAN OF DISTRIBUTION

Briefly describe your wishes for the plan of distribution for your assets. We will discuss this in more detail in our meeting.

- ☐ All to spouse; then among children, and if a child didn't survive, the deceased child's share to the deceased child's children.
- ☐ All to spouse, then equally among surviving children.
- ☐ All to spouse, then:

_____

_____

- ☐ As follows:

_____

_____

ADDITIONAL INFORMATION OR ANYTHING ELSE YOU WANT TO TELL ME

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PEOPLE TO ASSIST YOU

One of the most important aspects of any estate plan is the "appointment" of various persons to assist you and your family in times of need- particularly when death or disability strikes. These appointed "helpers" are called different names depending on the type of help they are giving.

If you were unable to make healthcare decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

		Client's Responses	**Partner's Responses**
Health Care Decision Makers	First Choice		
	Second Choice		

After your death, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

		Client's Responses	**Partner's Responses**
Financial Decision Makers	First Choice		
	Second Choice		

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would:

		Client / Partner Responses
Guardians	First Choice	
	Second Choice	