



# BECK ESTATE PLANNING & ELDER LAW, LLC

Putting the Pieces Together – Providing Peace of Mind

## PERSONAL AND FINANCIAL ORGANIZER

### GENERAL INFORMATION

Cell Phone: \_\_\_\_\_

Spouse's Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Married  Single  Divorced  Widowed\*

D.O.D. \_\_\_\_\_

\*please provide all information for both spouses

\_\_\_\_\_  
Your Legal Name

\_\_\_\_\_  
Spouse's Legal Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Your Email Address

\_\_\_\_\_  
Spouse's Email Address

\_\_\_\_\_  
Your Employer

\_\_\_\_\_  
Your Occupation Work Phone

\_\_\_\_\_  
Spouse's Employer

\_\_\_\_\_  
Spouse's Occupation Work Phone

	You	Your Spouse
Social Security #		
Date of Birth		
U.S. Citizen	Yes No	Yes No
Currently have Will or Trust? If so, give year & state in which prepared.	Yes No Yr. _____ State _____	Yes No Yr. _____ State _____
Expect to receive money or other assets from (circle all that apply)	Gift Inheritance Lawsuit Other	Gift Inheritance Lawsuit Other
If so, approximately How much?	\$	\$

Who referred you to our office? \_\_\_\_\_

Have you or your spouse ever served in the U.S. Military? Yes  No

If yes, specify date of entry into service? \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Do you have existing legal documents? **Power of Attorney** **Trust** **Last Will and Testament**

**ABOUT YOUR CHILDREN – MUST COMPLETE ACCURATELY**

1. \_\_\_\_\_  
Legal Name Date of Birth  Single  Legally Adopted  
\_\_\_\_\_  Married  Special Needs  
Street Address Phone #  
\_\_\_\_\_ Related To:  
City/State Zip  You Only  Spouse Only  Both  
\_\_\_\_\_ Email Address

2. \_\_\_\_\_  
Legal Name Date of Birth  Single  Legally Adopted  
\_\_\_\_\_  Married  Special Needs  
Street Address Phone #  
\_\_\_\_\_ Related To:  
City/State/Zip  You Only  Spouse Only  Both  
\_\_\_\_\_ Email Address

3. \_\_\_\_\_  
Legal Name Date of Birth  Single  Legally Adopted  
\_\_\_\_\_  Married  Special Needs  
Street Address Phone #  
\_\_\_\_\_ Related To:  
City/State/Zip  You Only  Spouse Only  Both  
\_\_\_\_\_ Email Address

4. \_\_\_\_\_  
Legal Name Date of Birth  Single  Legally Adopted  
\_\_\_\_\_  Married  Special Needs  
Street Address Phone #  
\_\_\_\_\_ Related To:  
City/State/Zip  You Only  Spouse Only  Both  
\_\_\_\_\_ Email Address

5. \_\_\_\_\_  
Legal Name Date of Birth  Single  Legally Adopted  
\_\_\_\_\_  Married  Special Needs  
Street Address Phone #  
\_\_\_\_\_ Related To:  
City/State/Zip  You Only  Spouse Only  Both  
\_\_\_\_\_ Email Address

6. \_\_\_\_\_  
Legal Name Date of Birth  Single  Legally Adopted  
\_\_\_\_\_  Married  Special Needs  
Street Address Phone #  
\_\_\_\_\_ Related To:  
City/State/Zip  You Only  Spouse Only  Both  
\_\_\_\_\_ Email Address

**Do you have any deceased children? Yes No** \_\_\_\_\_  
Name(s)

**FINANCIAL INFORMATION**

Do you have a financial advisor? \_\_\_\_\_

1. Do you own a **home** or any **other real estate (land or time share)**?

Address/City/State/County	Titled in whose name	Purchase Price	Current Value	(-) Mortgage	(=) Equity

Total value=

**\*Please provide us with a copy of the deed(s) to your real estate**

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

Description: Year/Make/Model	Titled in whose name	Current Value	(-) Loan	Mileage

Total value=

3. Do you have any **bank accounts, interest bearing** and/or **CDs**? (US Bank, Bank of America, etc.)

Name of Institution	Account Number (last 4 digits)	Titled in whose name	Type of acct.	Approx. Balance

Total value=

4. Do you own any **investment accounts, annuities, stocks, bonds or mutual funds** (including company stock)?  
(Edward Jones, Fidelity, etc.)

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

Total Value=

5. Do you have any **profit sharing, IRAs, or retirement plans?** (401K)

Description/Location	Owner	Beneficiary	Current Value

Total Value=

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

Description & Location	Type of Ownership	Purchase Price	Current Value

Total Value=

7. Do you have any **life insurance policies?**

Name of Company	Policy Owner	Insured	1st Beneficiary	Cash Surr. Val.	Death Benefit

Total Value=

8. Do you have any **funeral contracts** and/or **cemetery lots**?

Name of Insured	Funeral Home	Policy/Contract #	Revocable/Irrevocable

9. Do you have any **long-term care insurance, health insurance, prescription drug (Part D), etc.?**

Name of Company	Insured	Premium

Total Value=

10. Does anyone **owe** you money? If **yes**, is there a **written agreement**? Status of **repayment**?

Description	Written Agreement (Y/N)	Status of Repayment

Total Value=

11. Do you have any **special items of value** such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value

Total Value=

12. What is the approximate total value of all your remaining **personal property** – whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate..... \$ \_\_\_\_\_



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**TRUST DECISIONS:** The attorney will determine which type of trust best suits your needs after meeting with you.

1. **Trustee(s)** – Manages your trust: usually you (and your spouse) and/or a Corporate Trustee.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**If someone other than yourself or your spouse:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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2. **Successor Trustee(s)** – Steps in at your incapacity or death. Can be adult children, trusted friend, and/or a Corporate Trustee.

#1 Choice: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#2 Choice: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#3 Choice: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. **Guardian for Minor Child(ren)** – Responsible adult who will raise your minor children if something happens to you.

#1 Choice: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#2 Choice: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

4. **Trustee(s) for Minor Child(ren)** – Manages inheritance. Can be same person as Guardian, another adult.

#1 Choice: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#2 Choice: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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## **BENEFICIARIES**

1. **Special Gifts to Organizations** – Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Address	Description of Gift

2. **Special Gifts to Individuals** – Do you want to give any specific item(s) to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Address	Description of Gift

3. **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	Description of Gift



4. **Inheriting Instructions** – Do you want your Beneficiaries to receive their inheritance in installments, at certain ages, or all at once?

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5. **Do you provide for someone who requires special care?**  
 Do any of your dependents (aging parents, disabled child) require special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet)?

Name	Age	Relationship	Explanation

6. **Alternate Beneficiaries** – Who do you want to receive your estate if you (and your spouse) out-live the Beneficiaries you've named above?

Name of Person/Organization	Address	Amount/Percentage

7. **Disinheriting** – Are there any relatives that you specifically do **not** want to receive anything from your estate?

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**SPECIAL INSTRUCTIONS AT INCAPACITY**

**Keeping/Selling Assets:**

If it becomes necessary to sell assets to pay for your or your spouse's care, are there certain ones you prefer to be sold first? Are there potential buyers you want contacted? Are there certain assets you prefer not be sold unless absolutely necessary?

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**MEDICAL AND HEALTH CARE**

1. **Durable Power of Attorney for Health Care:** This document lets you choose the person you want to make any health care decisions (including life support) for you if you are unable to make them for yourself, keeping these personal decisions out of the courts. You can choose anyone you trust: your spouse, friend or other relative, etc.

List your choices below:

**You**

Primary Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**Your Spouse**

Primary Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

First Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

First Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

2. **Gifts/Organ Donation:** Please take some time to think about gifting and organ donation. Do you want to make any gifts and/or organ donations? You can choose for medical/research, another person, let your agent decide or no donations at all. \_\_\_\_\_

3. **Medical Care:**

Do you prefer (or want to avoid) a certain hospital/nursing home?

You \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Spouse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have a **religious preference**? If so, which one? \_\_\_\_\_

**You:**  Yes  No

**Your Spouse:**  Yes  No

5. Are You/Your Spouse able to sign new documents?

**You:**  Yes  No

**Your Spouse:**  Yes  No

