



FAMILY WEALTH INVENTORY AND ASSESMENT

(PLEASE COMPLETE IN INK IF HANDWRITING)

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Thank you for requesting a Family Wealth Planning Session! To make the most of our time together, **we must have this Family Wealth Inventory and Assessment completed and returned to our office by mail, fax, or email before we can schedule your Family Wealth Planning Session.** This will ensure we have enough time to understand the specifics of your situation and Family Wealth before our meeting.

If you are married or life partners, please complete sections for Client 1 and Clients 2. If single, please complete sections for Client 1 only.

If you have any questions or need help in completing any part of this worksheet, **please call our office at 336-373-9877** and we will assist you.

Don't worry about total accuracy. Just do the best you can.



PERSONAL FAMILY LAWYER®

BECAUSE YOUR FAMILY IS WORTH IT

your lawyer for life

WE LOOK FORWARD TO MEETING WITH YOU SOON!

Because Your Family is Worth It



Background Information

The information you provide in this section provides us with information about you, your family specifics, and your advisors.

Client 1 Information

Full Legal Name _____
Also Known As _____
Prefer to be called _____ Birth Date _____ SSN _____
Birthplace _____ Citizenship U.S. Other _____
Home Address _____ City _____ State _____ Zip _____
Cell Phone _____ Home Phone _____ Work Phone _____
Email Address _____ It is okay to contact me via E-Mail _____
Employer _____ Position _____
If Married: Date _____ Place _____ Premarital or Marital Agreement? Yes No
If Widowed: Date of Death _____ Name of Deceased _____
If Divorced: Date of Judgment _____ Name of Ex-Spouse _____
Are either of your parents still living? Yes No. Are any of your grandparents still living? Yes No

Client 2 Information

Full Legal Name _____
Also Known As _____
Prefer to be called _____ Birth Date _____ SSN _____
Birthplace _____ Citizenship U.S. Other _____
Home Address _____ City _____ State _____ Zip _____
Cell Phone _____ Home Phone _____ Work Phone _____
Email Address _____ It is okay to contact me via E-Mail _____
Employer _____ Position _____
If Married: Date _____ Place _____ Premarital or Marital Agreement? Yes No
If Widowed: Date of Death _____ Name of Deceased _____
If Divorced: Date of Judgment _____ Name of Ex-Spouse _____
Are either of your parents still living? Yes No. Are any of your grandparents still living? Yes No

Children's Information - Please indicate if you are joint parents (JT) or individual (CL1) or (CL2)

Full Legal Name _____	DOB _____	JT	CL1	CL2
Full Legal Name _____	DOB _____	JT	CL1	CL2
Full Legal Name _____	DOB _____	JT	CL1	CL2
Full Legal Name _____	DOB _____	JT	CL1	CL2

How did you hear about us? _____

If referred, by whom? _____



Background Information

The information you provide in this section provides us with information about you, your family specifics, and your advisors.

Children's Information (continued)

Are all of your children in good health? Yes No

Are any of your children mentally or physically disabled? Yes No

If yes, which child? _____

Are any of your children receiving SSI or other form of government entitlement? Yes No

If yes, which child? _____

Do any of your family members have significant problems with:

Health? Yes No Additional Info: _____

Drugs? Yes No Additional Info: _____

Addiction? Yes No Additional Info: _____

Alcoholism? Yes No Additional Info: _____

Finances? Yes No Additional Info: _____

Grandchildren's Information

Full Legal Name _____ DOB _____ Parent _____

Full Legal Name _____ DOB _____ Parent _____

Full Legal Name _____ DOB _____ Parent _____

Full Legal Name _____ DOB _____ Parent _____

Are any of your grandchildren mentally or physically disabled? Yes No

If yes, which grandchild? _____

If yes, are there any trusts currently in existence intended to benefit him or her? Yes No

Name of Trust: _____

Important Family Questions

Do you wish to treat all of your children equally?

Yes No Additional Info: _____

Do you have any frozen eggs, sperm, or embryos that might be used in the future?

Yes No Additional Info: _____

Do you want to leave a specific amount of money or percentage of your estate to your grandchildren?

Yes No Additional Info: _____

Do you want to leave a specific amount of money or percentage of your estate to charity?

Yes No Additional Info: _____

Are you currently the Trustee or Executor of, or receiving income from a Trust or Estate?

Yes No Additional Info: _____



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Existing Legal Documents Request

For any existing documents you have below, **please submit a copy with this Worksheet** prior to our first meeting. In some instances, it is necessary for us to review other documents before we can give you proper planning recommendations.

1. Do you have any **Existing Planning Documents**, including wills, trusts, powers of attorney, health care directives, etc.?
Yes No
2. Is there a **Divorce Decree or Property Settlement Agreement** for divorce under which continued obligations exist (child or spousal support, maintain life insurance policy, etc.)?
Yes No
3. Do you have any **Long-Term Care Policies**?
Yes No

Planning Objectives

What are your goals and/or primary concerns for your Estate Plan?

What is the most important thing you want to talk about at your Family Wealth Planning Session?

Family Wealth Planning Session Limited Engagement Agreement

Please read the following and sign below

I understand that I need to submit this form to schedule my complimentary Family Wealth Planning Session.

I acknowledge that the Family Wealth Planning Session is for the limited purpose of educating me of my estate planning options.

Once my appointment is scheduled, I agree that if I need to cancel then I **must** let Susan Hunt Law know at least **three (3) business days** before my appointment. I agree and acknowledge that if I cancel less than three (3) business days before my appointment, there will be a **\$350.00 non-refundable fee to reschedule**, and the fee may be applied to my final invoice if I engage Susan Hunt Law for a Will Plan or Trust Plan.

By signing below, I agree and acknowledge that Susan Hunt Law will only serve as a resource on estate planning during my Family Wealth Planning Session. If I engage Susan Hunt Law for the creation of any estate planning documents, then a new engagement agreement must be executed.

Client 1: _____ **Date:** _____

Client 2: _____ **Date:** _____



Background Information

The information you provide in this section provides us with information about you, your family specifics, and your advisors.

List of Advisors

Your various advisors play a key role in the establishment of your estate plan. For example, your financial advisor and life insurance agent may need to be contacted to confirm/change beneficiary designations and titling of accounts.

Type of Advisor	Name & Company	Contact Information
Financial Advisor	Name: _____ Company: _____	Phone: _____ Email: _____ Address: _____
Accountant/Tax Advisor	Name: _____ Company: _____	Phone: _____ Email: _____ Address: _____
Life Insurance Agent	Name: _____ Company: _____	Phone: _____ Email: _____ Address: _____
Homeowner's Insurance Agent	Name: _____ Company: _____	Phone: _____ Email: _____ Address: _____
Other Advisor: _____	Name: _____ Company: _____	Phone: _____ Email: _____ Address: _____
Other Advisor: _____	Name: _____ Company: _____	Phone: _____ Email: _____ Address: _____

Affirmation

Please read the following and sign below

I understand that Susan Hunt Law will need to rely on all of the information I supply in this form (including family, asset, and debt information) to properly provide guidance and develop an estate plan tailored to my situation. I also understand that inaccurate or incomplete information could impact the guidance received and estate plan design conversation. Consequently, if Susan Hunt Law is retained, I further understand I will need to provide complete and accurate information prior to the signing of any estate planning documents.

Client 1: _____ **Date:** _____

Client 2: _____ **Date:** _____



Asset Assessment

Determining the ownership, value and title of your assets is essential to your estate plan. Ownership is important for tax and transfer matters, and the value is needed to determine potential tax liability.

INSTRUCTIONS FOR COMPLETING THE *ASSET ASSESSMENT* SECTION

General Headings

This *Asset Assessment* section is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, **use extra sheets of paper to list your additional property.**

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

Title to Property

The way your property is titled is important for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

JT = Joint Ownership

Indv - Individual (**please include owner's name**)

**WHEN COMPLETING THIS SECTION OF THE WORKSHEET,
WE ARE ONLY ASKING FOR APPROXIMATE VALUES.
YOU DO NOT NEED TO GIVE US EXACT NUMBERS AND
PROVIDING ACCOUNT NUMBERS IS OPTIONAL**

MONTHLY INCOME

Client 1

Earned: _____

Social Security: _____

Pension: _____

Interest or Royalty: _____

Rental: _____

Disability: _____

Other: _____

Client 2

Earned: _____

Social Security: _____

Pension: _____

Interest or Royalty: _____

Rental: _____

Disability: _____

Other: _____



Asset Assessment

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****If Title Is Owned Individually, Please Include The Owner's Name****

REAL PROPERTY

List any interest in real estate including your Family Residence, Vacation Home, Time Share, Vacant Land, etc.

Type	Address	Title (Joint or Individual)	Market Value	Loan Balance

Total _____

AUTOMOBILES, BOATS AND RVS

List each motor vehicle, boat, RV, etc.

Type (Year, Make, Model)	Title (Joint or Individual)	Market Value	Loan Balance

Total _____

BANK & SAVINGS ACCOUNTS

List Checking Accounts, Savings Accounts, Certificates of Deposits, MoneyMarket Accounts, etc. (*Brokerage, Investment, and Retirement Accounts should be listed in the later sections.*)

Type	Name of Financial Institution	Title (Joint or Individual)	Amount	Account Number

Total _____



Asset Assessment

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****If Title Is Owned Individually, Please Include The Owner's Name****

INVESTMENT ACCOUNTS, BONDS, STOCKS AND STOCK OPTIONS

List any and all investment accounts, bonds, stocks and stock options you have an interest in. If including stock options, please indicate value of vested and unvested options separately.

Type	Name of Financial Institution	Title (Joint or Individual)	Amount	Account Number

Total _____

LIFE INSURANCE POLICES AND ANNUITIES

List each life insurance policy, including Term, Whole Life, Split Dollar, Group Life, Annuity, etc

Type	Name of Financial Institution	Insured/Owner	Beneficiary	Amount	Account Number

Total _____

RETIREMENT PLANS

List each 401(k), 403(b), Traditional IRA, Roth IRA, SEP, Pension, Profit Sharing, etc.

Type	Name of Financial Institution	Owner	Beneficiary	Amount	Account Number

Total _____



Asset Assessment

Determining the ownership, value and title of your assets is essential to your estate plan. Ownership is important for tax and transfer matters, and the value is needed to determine potential tax liability.

****If Title Is Owned Individually, Please Include The Owner's Name****

BUSINESS INTERESTS

List General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests, etc.

Business	Who Holds The Interest	% of Interest Held	Value
Name: _____ Type: _____			
Name: _____ Type: _____			
Name: _____ Type: _____			

Total _____

FURNITURE AND PERSONAL EFFECTS

List major personal effects such as jewelry, collections, antiques, furs, etc.

Description	Title (Joint or Individual)	Market Value
Miscellaneous Furniture and Household Effects (Lump Sum)		

Total _____

MONEY OWED TO YOU

List mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance

Total _____



Asset Assessment

Determining the ownership, value and title of your assets is essential to your estate plan. Ownership is important for tax and transfer matters, and the value is needed to determine potential tax liability.

****If Title Is Owned Individually, Please Include The Owner's Name****

OTHER ASSETS

List any property you have that does not fit into any listed category, such as Custodial and Education Accounts (529, Education Savings Accounts, UTMA); Foreign Assets, Copyrights, Trademarks, Cryptocurrency, and Safe Deposit Boxes.

Type	Name of Financial Institution	Owner	Additional Information	Amount

Total _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

List gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Total estimated value _____

UNSECURED DEBT

List any student loans, credit cards, personal lines of credit, or other unsecured debt. **Describe in appropriate detail.**

Total estimated value _____



Potential Beneficiaries

This section asks you to identify all potential beneficiaries of your estate. NOTE: Listing a person or particular organization in this section is not a firm indication your decision to provide for an individual or make a bequest. Rather, it is simply a way of identifying potential beneficiaries for discussion purposes.

Potential Beneficiaries – Individuals

Full Legal Name	DOB	Relationship	Special Needs? Y/N	Contact Information
				Phone: _____ Email: _____ Address: _____
				Phone: _____ Email: _____ Address: _____
				Phone: _____ Email: _____ Address: _____
				Phone: _____ Email: _____ Address: _____
				Phone: _____ Email: _____ Address: _____

Potential Beneficiaries – Charity/Non-Profit (church, college, social club, favorite philanthropy, etc.)

Name	Type	Contact Information
		Phone: _____ Email: _____ Address: _____
		Phone: _____ Email: _____ Address: _____
		Phone: _____ Email: _____ Address: _____



Nomination of Powers

Identify all potential Financial Agents, Health Care Agents, Trustees/Executors, Long-Term Guardians, Short-Term Guardians, and Pet Guardians.

FINANCIAL AGENTS: If you were incapacitated for any period of time, who would you want to make decisions for you with regard to your *financial* affairs?

	Client 1's Responses*	Client 2's Responses*
Initial Choice	Name: _____ Phone: _____ Email: _____	Name: _____ Phone: _____ Email: _____
Back Up #1	Name: _____ Phone: _____ Email: _____	Name: _____ Phone: _____ Email: _____
Back Up #2	Name: _____ Phone: _____ Email: _____	Name: _____ Phone: _____ Email: _____

HEALTH CARE AGENTS: If you were incapacitated for any period of time, who would you want to make decisions for you with regard to your *health care*?

	Client 1's Responses*	Client 2's Responses*
Initial Choice	Name: _____ Phone: _____ Email: _____	Name: _____ Phone: _____ Email: _____
Back Up #1	Name: _____ Phone: _____ Email: _____	Name: _____ Phone: _____ Email: _____
Back Up #2	Name: _____ Phone: _____ Email: _____	Name: _____ Phone: _____ Email: _____

TRUSTEE/EXECUTOR: Upon your death, who do you want to manage and distribute the assets you leave in your estate?

	Client 1's Responses*	Client 2's Responses*
Initial Choice	Name: _____ Phone: _____ Email: _____	Name: _____ Phone: _____ Email: _____
Back Up #1	Name: _____ Phone: _____ Email: _____	Name: _____ Phone: _____ Email: _____
Back Up #2	Name: _____ Phone: _____ Email: _____	Name: _____ Phone: _____ Email: _____



Nomination of Powers

Identify all potential Financial Agents, Health Care Agents, Trustees/Executors, Long-Term Guardians, Short-Term Guardians, and Pet Guardians.

SHORT-TERM GUARDIAN FOR MINOR CHILDREN: If you have children under the age of 18, list those persons able to be immediately available to them if you could not be found.

	Short-Term Guardians
Initial Choice	Name: _____ Phone: _____ Email: _____
Back Up #1	Name: _____ Phone: _____ Email: _____
Back Up #2	Name: _____ Phone: _____ Email: _____

LONG-TERM GUARDIAN FOR MINOR CHILDREN: If you have children under the age of 18, list those persons who you would wish to raise and love them in the manner closest to the way you do.

	Long-Term Guardians
Initial Choice	Name: _____ Phone: _____ Email: _____
Back Up #1	Name: _____ Phone: _____ Email: _____
Back Up #2	Name: _____ Phone: _____ Email: _____

PET GUARDIAN: If you have pets and are interested in including a provision about who will care for them or a pet trust.

	Pet Guardians
Initial Choice	Name: _____ Phone: _____ Email: _____
Back Up #1	Name: _____ Phone: _____ Email: _____
Back Up #2	Name: _____ Phone: _____ Email: _____