

# Family and Financial Organizer

for Estate and Elder Planning (Married Client)

Please bring this with you when we meet for your peace of mind consultation. This assists us in making the best use of our time together, to consider your goals and situation to design the right plan for you. All information provided is strictly confidential.

Also please bring in recent statements for your accounts and policies. We can make copies if you'd like, at no charge.

**Important:** At this point, please don't worry about total accuracy – just do the best you can for now! If you need any assistance in completing this Organizer, please call our office at (336) 3781122 and we'll be glad to help.

We look forward to seeing you at:

The Elderlaw Firm  
403 W. Fisher Avenue  
Greensboro, NC 27401  
Phone: (336) 378-1122  
Email: Clients@ElderlawFirm.com



## Personal Information

Husband's Name: \_\_\_\_\_ Legal AKA if any: \_\_\_\_\_  
(the name you want us to use on your legal documents)

Your preferred first name: \_\_\_\_\_ (what do friends and family call you?)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation/Employer (or retired from): \_\_\_\_\_

Wife's Name: \_\_\_\_\_ Legal AKA if any: \_\_\_\_\_  
(the name you want us to use on your legal documents)

Wife's preferred first name: \_\_\_\_\_ (what do friends and family call you?)

Wife's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Occupation/Employer (or retired from): \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: Husb: \_\_\_\_\_ Wife: \_\_\_\_\_

Email Addresses: Husb: \_\_\_\_\_ Wife: \_\_\_\_\_

Is your/your spouse's health good/fair/poor? Describe any current problems: \_\_\_\_\_

Have you had any major surgeries over the past 10 years? Please describe:

\_\_\_\_\_ Are you receiving home care or assisted living care? \_\_\_\_\_

If so, where? \_\_\_\_\_

**Children (Oldest to Youngest)**

Circle whether this  
is child of both  
of you (B), or of  
Husb (H)/Wife (W) Date of  
Birth

Child's Name  
To Use On documents

Nickname  
(e.g., Bob, Sue)

B H W \_\_\_\_\_  
Child of: Both/Husb/Wife

1. \_\_\_\_\_  
Child's name to use on documents e.g., Bob, Sue, etc.

Child's Address: \_\_\_\_\_

Marital: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ #Children:\_\_\_ # Step-Children:\_\_\_

2. \_\_\_\_\_ B H W \_\_\_\_\_  
Child's name to use on documents e.g., Bob, Sue, etc. Child of: Both/Husb/Wife

Child's Address: \_\_\_\_\_

Marital: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ #Children:\_\_\_ # Step-Children:\_\_\_

3. \_\_\_\_\_ B H W \_\_\_\_\_  
Child's name to use on documents e.g., Bob, Sue, etc. Child of: Both/Husb/Wife

Child's Address: \_\_\_\_\_

Marital: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ #Children:\_\_\_ # Step-Children:\_\_\_

4. \_\_\_\_\_ B H W \_\_\_\_\_  
Child's name to use on documents e.g., Bob, Sue, etc. Child of: Both/Husb/Wife

Child's Address: \_\_\_\_\_

Marital: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ #Children:\_\_\_ # Step-Children:\_\_\_

Please use extra pages as needed for other children.

Do any children or grandchildren receive government disability payments (SS Disability or SSI),, or have special needs? \_\_\_ Yes \_\_\_ No

Please list names of any deceased children, and whether they left any descendants?

Do you have any grandchildren? \_\_\_\_\_ Do you have step-grandchildren?

Are You a Veteran?\* Husband \_\_\_ Yes \_\_\_ No Dates of Service: \_\_\_\_\_

Wife \_\_\_ Yes \_\_\_ No Dates of Service: \_\_\_\_\_

\* If you served during wartime, please bring your Form DD-214 from VA showing service record.



If a child predeceases you, how would you want that share to be distributed? (Please select one:)

- To or for that child's children, including adopted children
- To or for that child's children, including adopted children, and also that child's stepchild(ren) i.e., include your step-grandchildren
- To your other children who survive you
- Other (please describe):

If you have made any single gift(s) of more than \$1,000 during the past five years, please list amounts and approximate dates: \_\_\_\_\_

### Income Per Month

	Husband	Wife
Monthly Social Security	_____	_____
Monthly Pension	_____	_____
Survivorship %*	_____	_____
*Please state how much of this pension continues for the surviving spouse		
Monthly Salary/Work	_____	_____
Gross Rent Received	_____	_____
(Do not list Amounts of Interest, Dividends, or Required Minimum Distributions)		

### Assets

Do you own a home?  Yes  No. If yes, approximate value: \$ \_\_\_\_\_

Other real property  Yes  No. If yes, type of property (farm/acres, rental, timeshare etc.), the address & county, and approximate value:

Property 1: \_\_\_\_\_

Property 2: \_\_\_\_\_

Property 3: \_\_\_\_\_

**Please indicate whether any properties are co-owned, with whom. Also list any mortgages.**

**In the Bank:** About how much do you have in Non-IRA bank accounts, such as checking, savings and CD's?

Combine Amounts in Either or Both Names: \$ \_\_\_\_\_

**Retirement Accounts:** About how much do you have in IRA/401K/403B/Qualified Annuity?

Husband            \$ \_\_\_\_\_

Wife                \$ \_\_\_\_\_

**Life Insurance:** About how much do you have in Life Insurance?

Death Benefit

Cash Value

Husband    \$ \_\_\_\_\_                    \$ \_\_\_\_\_

Wife            \$ \_\_\_\_\_                    \$ \_\_\_\_\_

**Non-IRA Investments:** Approximately how much do you have in Non-IRA accounts such as stocks, bonds, brokerage accounts and mutual funds?

Husband            \$ \_\_\_\_\_

Wife                \$ \_\_\_\_\_

**Non-Qualified Annuities:** If you have Non-Qualified Annuities (annuities that are not taxed like IRAs, from which you don't have to take minimum distributions), approximately what is the current surrender value of those Non-Qualified Annuities?

Husband            \$ \_\_\_\_\_

Wife                \$ \_\_\_\_\_

**Anticipated Inheritance or other Valuable Assets:** Please describe any anticipated inheritance, or have money owed to you, or own a business or other assets that you want us to know about:

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**Long-Term Care Insurance:** Do you have Long-Term Care Insurance in place?

Yes             No. *If yes, please bring policy for review.*

**Highlighted Concerns and Goals:** Are there any specific concerns you want to address in our meeting or anything else you feel needs to be brought to our attention? Also **please complete the attached Goals Listing** to consider these issues for our conference..

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*As you get ready for your initial consultation, you might ask,*

### **“What should I bring to my initial consultation?”**

Please plan to bring the following documents with you:

- Your “Goals and Concerns” after you’ve reviewed and completed them on the next page
- Your Wills, Trusts, Powers of Attorney and Living Wills if you want them reviewed. Remember that many people fail to have a “powerful” Power of Attorney and it is critical to review what you now have to determine whether it needs to be revised.
- Recent statements for your accounts, investments, and life insurance. We can make copies (no charge) as needed.
- This year’s Social Security benefit statement (showing gross SS, and deductions), and a recent pension check stub showing deductions.
- If you have active duty military service during a war time (WWII, Korea, Vietnam, Persian Gulf), please bring your DD-214 Form from the VA.
- Your prenuptial agreement (if any)

**And please remember!** Just do the best you can on this Organizer, and for bringing the materials mentioned above. **Don’t worry** if you are missing some information, or if you can’t find all of the documents to bring to our meeting. Please feel free to call us if you have any questions or need some help.

**We look forward to seeing you soon!**



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Greensboro, NC 27401  
Phone: (336) 378-1122 [www.ElderlawFirm.com](http://www.ElderlawFirm.com)  
Email: [Clients@ElderlawFirm.com](mailto:Clients@ElderlawFirm.com)

**Your Goals and Concerns-Please Review and Complete and Bring With You**

Please rank your reasons you are considering planning, with your level of concern (**H** for high concern, **S** for some concern, **L** for low concern, and **N/A** for no concern or not applicable):

	Level of Concern	
	Husb	Wife
• <b>Ducks in a Row.</b> Have our “ducks in a row” with updated documents to help in case of death or disability.		
• <b>Elder Care Planning.</b> Protect assets from long-term care for myself/ourselves using a combination of strategies for legal documents, leveraging private resources, and public benefits eligibility.		
• <b>Avoid or Reduce Probate.</b> Avoid probate and estate administration		
• <b>Confidentiality.</b> Preserve my privacy in case of disability or death from business competitors, dishonest persons and curiosity seekers.		
• <b>Disability.</b> Plan for a family member (spouse, child, grandchild or other potential beneficiary) who has a disability or special needs		
• <b>Grandchildren.</b> Add grandchildren as direct beneficiaries and/or do trust planning for them.		
• <b>Protect and Stretch IRAs for Children and/or Grandchildren.</b> Direct our inherited IRAs to grow tax-free and provided as a protected resource for many years, after we’re gone.		
• <b>Gifts/Loans to Children.</b> Adjust inheritance distribution based on amounts previously gifted/loaned to children, so those unequal amounts are to be treated as advancements.		
• <b>Blended Family.</b> Provide an inheritance for children from prior marriage, rather than making a complete outright distribution to surviving spouse.		
• <b>Problem Heirs.</b> Trust for a child or grandchild with any problems such as: drug addiction, alcoholism, criminal behavior, spendthrift, can’t hold job, and/or marital difficulty.		
• <b>Problem Sons- or Daughters-in-Law.</b> Protect children’s inheritance from the possibility of failed marriage, by establishing a trust for my children designed to keep assets in my bloodline and to protect against a divorce or creditors.		
• <b>Surviving Spouse Remarriage.</b> Protect children’s inheritance in the event the surviving spouse remarries.		
• <b>Business Ownership.</b> Business succession/buy out arrangements.		
• <b>Charities.</b> Provide for a charity in my plan.		
• <b>Tax Considerations.</b> Discuss potential estate and income tax issues.		
• <b>Beneficiary Designations.</b> Coordinate beneficiaries for insurance, annuities and life insurance.		
• <b>Final Expenses.</b> Have your funeral/cremation funds in a separate account, that can be exempt from Medicaid and available for final expenses.		
• <b>Natural Death.</b> Provide that your death shall not be unnecessarily delayed by artificial means or measures.		
• <b>Other Concerns</b> (please use additional sheets as needed).		

**ATTACHMENT A: HELPFUL BUT OPTIONAL.** The part is optional. Completing it can help provide additional details to discuss the design of your planning documents. Please use additional sheets if needed.

Accounts Located at	Husb \$	Wife \$	Jt \$	Other Name
Checking _____	\$ _____	\$ _____	\$ _____	\$ _____
Checking _____	\$ _____	\$ _____	\$ _____	\$ _____
Checking _____	\$ _____	\$ _____	\$ _____	\$ _____
Savings/MM _____	\$ _____	\$ _____	\$ _____	\$ _____
Savings/MM _____	\$ _____	\$ _____	\$ _____	\$ _____
CD 1) _____	\$ _____	\$ _____	\$ _____	\$ _____
CD 2) _____	\$ _____	\$ _____	\$ _____	\$ _____
CD 3) _____	\$ _____	\$ _____	\$ _____	\$ _____
CD 4) _____	\$ _____	\$ _____	\$ _____	\$ _____
IRA _____	\$ _____	\$ _____	\$ _____	\$ _____
IRA _____	\$ _____	\$ _____	\$ _____	\$ _____
IRA _____	\$ _____	\$ _____	\$ _____	\$ _____
Qualified Annuity _____	\$ _____	\$ _____	\$ _____	\$ _____
Non-Qual Annuity _____	\$ _____	\$ _____	\$ _____	\$ _____
Non-Qual Annuity _____	\$ _____	\$ _____	\$ _____	\$ _____
Stocks _____	\$ _____	\$ _____	\$ _____	\$ _____
Brokerage _____	\$ _____	\$ _____	\$ _____	\$ _____
Savings Bonds _____	\$ _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____	\$ _____

**Approx total accounts/investment assets: \$ \_\_\_\_\_**

**Vehicles(s):** How many? Types? Values? \_\_\_\_\_

Life Insurance Co.	On Whose life	Face Value	Cash Value	Beneficiary(ies)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

**Prepaid Funeral/Cremation Info:** \_\_\_\_\_