

# CLIENT ORGANIZER



THE  
**FAMILY**  
ESTATE & LEGACY  
PROGRAM<sup>®</sup>



SHEPPARD LAW FIRM  
ATTORNEYS AT LAW

CLIENT NAME \_\_\_\_\_

**239.334.1141**  
**sheppardlawfirm.com**



# CLIENT ORGANIZER

CONGRATULATIONS on taking a wise first step in developing a plan to manage your legal and financial affairs to best protect you and your family. This Client Organizer is important to complete so that our initial meeting with you is most productive. Please complete this organizer as fully as possible so that you will gain the most advice that you can during our upcoming conference.

Please forward this organizer to us at least one week prior to your meeting date so that we can be adequately prepared to accomplish as much as possible during our initial conference. If you prefer, you may mail or drop these items off at our office location (9100 College Pointe Ct., Fort Myers, FL 33919) in a sealed envelope marked "CONFIDENTIAL".



## PERSONAL INFORMATION

Client's Legal Name \_\_\_\_\_

(name most often used to title property and accounts)

Also Known As/Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
(other names to title property and accounts or preferred name) U.S. Citizen? Yes or No

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus/Cell Phone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer/Retired \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_  
☐ okay to communicate via email?

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Divorced ☐ Widowed ☐ Single



## PHYSICAL AND MENTAL ISSUES

Have you been diagnosed with any physical ailment that affects your life expectancy?

*If yes, please explain:*

☐ Yes ☐ No

Are you currently taking medication that might impair your mental faculties or abilities?

*If yes, please explain:*

☐ Yes ☐ No

Have you been diagnosed with dementia, Alzheimer's disease or other mental illness?

*If yes, please explain:*

☐ Yes ☐ No

## IMPORTANT FAMILY QUESTIONS

**1.** Are you receiving social security, disability or other governmental benefits?

*If yes, please explain:*

☐ Yes ☐ No

**2.** Are you making payments to a divorce or property settlement order?

*Please describe and provide a copy.*

☐ Yes ☐ No

**3.** Have you signed a nuptial agreement?

*Please provide copy*

☐ Yes ☐ No

**4.** Have you ever been widowed?

*If a federal or state death/estate tax return filed please provide a copy.*

☐ Yes ☐ No

**5.** Have you ever filed federal or state gift tax returns?

*Please provide copies.*

☐ Yes ☐ No



## IMPORTANT FAMILY QUESTIONS Continued

- 6.** Have you completed previous will, trust or estate planning?

*Please provide copies if not with this office.*

☐ Yes ☐ No

- 7.** Do you currently support any charities that you would like to include in your estate documents?

*If yes, please describe:*

☐ Yes ☐ No

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- 8.** Are there any charitable beneficiaries you would like to include in your documents?

*If yes, please describe:*

☐ Yes ☐ No

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- 9.** If married, have you lived (while married to your current spouse) in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin?

☐ Yes ☐ No

- 10.** Are you named as a beneficiary in anyone else's estate planning documents?

*If yes, please describe:*

☐ Yes ☐ No

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- 11.** Do any children or grandchildren have special educational, medical or physical needs?

☐ Yes ☐ No

- 12.** Do any children or grandchildren receive governmental support or benefits?

☐ Yes ☐ No

- 13.** Do you provide primary or other major financial support to adult children or others?

*If yes, please describe:*

☐ Yes ☐ No

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# CHILDREN | GRANDCHILDREN | OTHER BENEFICIARIES | FAMILY MEMBERS

Use Full Legal Name. Use **"A"** if Client is single parent, **"GC"** for Grandchild or otherwise indicate if other beneficiary or family member.

Use additional sheets if necessary.

**1.** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent / Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
 Health or Other Concerns \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**2.** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent / Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
 Health or Other Concerns \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**3.** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent / Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
 Health or Other Concerns \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**4.** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent / Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
 Health or Other Concerns \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**5.** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent / Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
 Health or Other Concerns \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**6.** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent / Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
 Health or Other Concerns \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



## ADVISORS

Personal Attorney _____	Phone _____
Financial Advisor _____	Phone _____
CPA _____	Phone _____
Life Insurance Advisor _____	Phone _____

## FINANCIAL AND ASSET SUMMARY

This Organizer is designed to help you list all of the assets and property that you own and to approximate its fair market value.

If you do not own property or assets under a particular heading, please leave that section blank.  
If a section is insufficient for you to list all of your holdings, attach extra sheets to this Organizer.

**It is extremely important that you complete this Organizer as thoroughly and as accurately as you can. Our advice will be based upon the information that you provide us.**

### OWNERS/BENEFICIARIES AND ACCOUNT NUMBERS

How you own your assets is extremely important for purposes of properly designing and implementing your Family Estate & Legacy Program plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

OWNER OF PROPERTY	USE
Joint Tenant (i.e. child, parent)	JTO
If you cannot determine how the property is owned	?

**So that we may accurately communicate with your financial advisors/institutions to properly “fund” any trust that you create, please attach copies of the following:**

- Bank and Brokerage Statements
- Deeds and Property Records
- Certificates of Partnership or Closely Held Business Interests
- Life Insurance and Annuity Statements and Beneficiary Designations
- Retirement Account Statements and Beneficiary Designations



REAL PROPERTY

List any interest in real estate including your family residence, vacation home, commercial property, vacant land, time share, etc.

GENERAL DESCRIPTION	OWNER	FAIR MARKET VALUE	LOAN BALANCE
TOTALS			

FURNITURE AND PERSONAL EFFECTS

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

GENERAL DESCRIPTION	OWNER	FAIR MARKET VALUE	LOAN BALANCE
TOTALS			

AUTOMOBILES, BOATS AND RV'S

For every vehicle please list the description, how titled, market value and outstanding encumbrance.

GENERAL DESCRIPTION	OWNER	FAIR MARKET VALUE	LOAN BALANCE
TOTALS			



## CASH ACCOUNTS (BANK, SAVINGS, CD & MONEY MARKET)

List each bank and savings account, including the institution and account number. For “type” use the following abbreviations: Checking Account “**CA**”: Savings Account “**SA**”: Certificates of Deposit “**CD**”: Money Market “**MM**”. Do NOT include IRA’s, 401(k) or Retirement Accounts.

NAME OF INSTITUTION	ACCOUNT #	TYPE	OWNER	BALANCE
TOTAL				

## STOCKS, BONDS & BROKERAGE ACCOUNTS

List any and all stocks, bonds & brokerage accounts you own. Lump all of the assets in each brokerage account into one line item. Only list individual stocks and bonds that you actually hold in certificate form. Do NOT include IRAs, 401(k) or Retirement Accounts.

INVESTMENT	TYPE	ACCOUNT #	OWNER	BALANCE
TOTAL				

## IRA, 401(K) AND OTHER RETIREMENT ACCOUNTS

This is where you list your IRA, 401(k), SEP, HR10, Pension and Retirement Plan Accounts. Lump account balances together. Give both the Owner and the named Primary Beneficiary of each Account. Provide any pertinent information that may not be asked.

RETIREMENT ACCT. INSTITUTION	TYPE	ACCOUNT #	OWNER	BENEFICIARY	BALANCE
TOTAL					



## LIFE INSURANCE POLICIES & ANNUITIES

List all life insurance, indicate whether whole life, split dollar, group life or annuity. List the insurance company, type of policy, owner of the policy, beneficiary of the policy, who pays premiums, cash value and death benefit.

INSTITUTION	WHO'S LIFE INSURED	TYPE	ACCOUNT #	OWNER	BENEFICIARY	CASH VALUE	DEATH BENEFIT
TOTAL							

## CLOSELY HELD BUSINESS INTERESTS

Type: General and Limited Partnerships, LLCs, S Corporations, Sole Proprietorships, Privately owned companies, oil interests, land trusts, gas and oil interests. **Additional Information:** Give a description of the interests, who has the interest, other owners and estimated values.

NAME OF THE BUSINESS	STATE ORGANIZED	TYPE	OWNERSHIP %	FAIR MARKET VALUE
TOTAL				

## MONEY OWED TO YOU

List any mortgages or promissory notes where someone owes you money.

NAME OF DEBTOR	DATE OF NOTE	MATURITY DATE	OWED TO	CURRENT BALANCE
TOTALS				



Type: Gift 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.

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List any other assets that do not fit into any other listed category.

[illegible]

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# FINANCIAL AND ASSET SUMMARY

Total the net equity of all assets held by Client and Spouse.

ASSETS	Client
Real Property	_____
Furniture and Personalty	_____
Autos, Boats, RVs	_____
Cash, Savings, CDs	_____
IRA and 401(k)	_____
Retirement Accounts	_____
Brokerage Accounts	_____
Insurance and Annuities	_____
Closely Held Businesses	_____
Money Owed to You	_____
Inheritance, Gifts, etc.	_____
Other Assets	_____
TOTAL ASSETS	_____

*Please provide us copies of bank and brokerage statements, as well as deeds. We use those to accurately communicate with your financial advisors/institutions to properly “fund” any trust that you create.*

## NOTES



# PLANNING CONCERNS & ANXIETIES

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that prompted them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

## TAX CONCERNS

### LEVEL OF CONCERN (IF ANY)

NONE LOW MEDIUM HIGH

1. *Estate Taxes.* I've heard that estate taxes can be as high as 50% of the value of my assets. I'd like to know how to reduce or eliminate an estate tax liability I might have.
2. *Capital Gains Taxes.* I have an asset that I'm thinking about selling and I'd like to know how I might reduce or eliminate any capital gains taxes that I might owe.
3. *Income Taxes.* We have assets such as IRA, 401(k) and ESOP accounts that still have significant income tax liability.

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## FAMILY CONCERNS

4. *Comprehensive Plan.* I desire to get my affairs in order and create a comprehensive plan for my family to manage my affairs in case of my death or disability.
5. *Spousal Protection if I Pass First.* I would like to know that if I were to die first, my Spouse is protected and that my assets are available to my Spouse but that upon my Spouse's death, my assets pass to our children or other beneficiaries. I would not, for example, want my assets to pass to my Spouse's next Client or to any other individual who might influence my Spouse.
6. *Disinheriting Beneficiaries.* I would like to know how I can disinherit a beneficiary and/or any children he or she may have.
7. *Custodian of Minor Children.* I'm concerned that, if I and my Spouse were to die, our children will be placed in the custody of someone other than whom we select.
8. *Fiscal Immaturity.* I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them due to their mismanagement of the money.

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## PLANNING CONCERNS & ANXIETIES Continued

### LEVEL OF CONCERN (IF ANY)

NONE LOW MEDIUM HIGH

9. *Children-In-Law.* I'm concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance we might leave to our children.
10. *Failed Marriages.* I'm concerned about what might happen to a beneficiary's inheritance if he or she ever gets a divorce from his or her current or future spouse.
11. *Grandchildren's Education.* I'm concerned that my children might not provide for my grandchildren's education which is very important to me.
12. *Special Needs Beneficiary.* I have an individual whom I'd like to benefit in my estate planning who has "special needs" and who is currently receiving or may in the future receive governmental benefits but who might lose eligibility if they inherit assets.
13. *Family Disputes.* I am concerned about my beneficiaries commencing lawsuits (i.e., will contest) against each other because they feel that they've received less than they should have received.
14. *Hard-to-Divide Assets.* My assets are comprised significantly of one or more assets that are not easily divisible (such as an operating business) and I'm concerned that disputes will arise relating to how the assets might be divided.

☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐

### DISABILITY CONCERNS

15. *Planning for Parents.* I'm concerned that my parents or my Spouse's parents will need financial assistance if we were to die prematurely.
16. *Avoid Terri Schiavo Situation.* I would like to provide that my death shall not be unnecessarily prolonged by artificial means or measures.
17. *HIPAA.* My current planning does not reflect the HIPAA privacy rules and I'm concerned that if something happened to me, health care personnel might not disclose information about me to my loved ones.

☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐

### CREDITOR CONCERNS

18. *Beneficiaries' Creditors.* I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them to their creditors, lawsuits, or divorcing spouses.
19. *Creditors of Jointly Owned Property.* I have property owned as joint tenants with someone other than my Spouse and I'm concerned that a creditor of that other person could take the entire property.

☐ ☐ ☐ ☐
☐ ☐ ☐ ☐



# PLANNING CONCERNS & ANXIETIES Continued

## POST-DEATH CONCERNS

### LEVEL OF CONCERN (IF ANY)

NONE LOW MEDIUM HIGH

- 20. *Avoid Probate.*** I'm concerned about the unnecessary delays and costs that my estate will incur if my assets pass via a probate proceeding.
- 21. *Fire Sale.*** I'm concerned about my assets having to be sold in a "fire sale" to pay estate taxes or to pay debts that I owe.
- 22. *Privacy.*** I'm concerned that personal matters involving family or finance will become public knowledge available to my business competitors, predators, dishonest persons and curiosity seekers.

☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐

## BUSINESS CONCERNS

- 23. *Validity of Corporate Shield.*** I own a corporation or limited liability company and I'm concerned that my personal assets may still be exposed to liabilities of the company because I've not held company meetings annually, kept minutes from those meetings, elected officers, etc.
- 24. *Business Succession Plan #1.*** I have a company and I'm concerned that the company might falter if I were to die unexpectedly because I don't currently have a business succession plan.
- 25. *Business Succession Plan #2.*** I have a company and I'm concerned that I may pay too much tax when I ultimately sell or transfer ownership.
- 26. *Out-of-Date Buy-Sell Agreement.*** I have a buy-sell agreement with the other owners of the company in which I'm involved but I have no idea if it's up-to-date or if the company will have to funds to buy out my interest if I were to die.

☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐

## GIVING CONCERNS

- 27. *Charitable Planning.*** I would like to know my options for naming a charity both during my lifetime and at my death.
- 28.** I would like to learn the most tax advantageous way to give to my preferred charitable causes.

☐ ☐ ☐ ☐
☐ YES ☐ NO



## NOTES





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