

Confidential Estate Planning Personal Information Booklet

Law Offices of
JAMES K. BURAU, LTD.
Attorneys & Counselors at Law

Licensed in Nevada and California

916 SOUTHWOOD BOULEVARD, SUITE 1A
INCLINE VILLAGE, NEVADA 89451

Telephone: (775) 831-4556

Fax: (775) 831-6275

www.jamesburau.com

Privacy Policy Notice

In the course of providing our clients with advice related to financial and business matters, which may on occasion include income tax, estate tax, and/or gift tax advice, we may receive significant personal and business financial information from our clients. If you are a client of our firm, you should know that all information we receive from you is held in confidence, and is not released to people outside the firm, except as agreed to by you, or as allowed under applicable law. By retaining us for a particular matter, you do authorize us to disclose information necessary to handle that matter, without breaching the attorney-client privilege; including, for example, information essential for (1) filing or defending a lawsuit on your behalf; (2) handling one or more transactions; or (3) performing estate planning or estate administration for you and/or assisting in the implementation thereof, in consultation with an accountant, financial institution or financial advisor if required.

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in certain respects, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards. At no time is your name sold or disclosed to a third party for financial gain or disclosed without your knowledge, and then only in conjunction with a matter for which we have been retained.

Please Tell Us As Much As You Can About You

CLIENT No. 1		CLIENT No. 2	
Full Legal Name:		Full Legal Name:	
Name used to sign documents:		Name used to sign documents:	
Prefer to be called:		Prefer to be called:	
Date of Birth:	Age:	Date of Birth:	Age:
SSN:		SSN:	
Other Names Known As:		Other Names Known As:	
Are you a U.S. Citizen?	YES or NO	Are you a U.S. Citizen?	YES or NO
Residence Address:		Residence Address:	
Mailing Address:		Mailing Address:	
Email:		Email:	
Home Ph:		Home Ph:	
Cell Ph:		Cell Ph:	
Occupation:		Occupation:	
Employer:		Employer:	
Business Address:		Business Address:	
Business Ph:		Business Ph:	
Are you a Business Owner?		Are you a Business Owner?	
Are you taking distributions from your retirement plan?		Are you taking distributions from your retirement plan?	

Date of marriage:
City/State of marriage:

Your Most Important Estate Planning Concerns

What is it that you hope to accomplish through your estate plan? A clear understanding of what motivates you to prepare or revise your estate plan helps us focus on the issues that are most important to you.

Please rank **only your top 5 most important** estate planning concerns below, with #1 being the most important; check any other boxes to indicate issues that you would like to make sure we discuss in more detail; and leave blank those that are not very important to you.

Client No. 1 Objectives

Client No. 2 Objectives

Rank	<input checked="" type="checkbox"/>		Rank	<input checked="" type="checkbox"/>
		Simplify the administration of your estate (avoid probate and guardianship)		
		Avoid private matters being made public unnecessarily		
		Avoid selling assets in a "fire sale" in order to pay estate taxes and expenses		
		Minimize income taxes to the extent possible		
		Minimize or eliminate capital gain taxes on the sale of certain assets		
		Minimize or eliminate estate taxes as much as possible		
		Maximize control and flexibility in the administration of your financial affairs		
		Ensure sufficient assets for you now and in retirement		
		Provide for you if you become disabled or incapacitated		
		Prevent assets from being consumed if you/spouse require long-term care		
		Ensure that only the efforts you desire are used to save or prolong your life		
		Have your assets continue to benefit the survivor after one dies		
		Protect assets in case your spouse remarries after you die		
		Provide for your parents if they need financial assistance		
		Protect your estate from passing unequally due to the nature of the assets		
		Ensure that the people you select become guardians of your children		
		Transfer the largest possible inheritance to your loved ones after you die		
		Provide funds for the education of your children or grandchildren		
		Structure your child/grandchild's inheritance so it instills values and responsibility		
		Ensure your child/grandchild remains eligible for governmental benefits		
		Protect your child/grandchild's inheritance from mismanagement		
		Protect your child/grandchild's inheritance from loss resulting from frivolous lawsuits		
		Protect your child/grandchild's inheritance from claims of future spouses		
		Protect your investment assets from loss resulting from frivolous lawsuits		
		Reduce the risk that your family or others will contest your estate plan		
		Avoid unnecessary business expenses/failure from lack of a business succession plan		
		Accomplish specific philanthropic or charitable giving objectives		

Please identify any other significant planning objectives you have that are not listed above:

Have you previously completed a will, trust, or other estate planning?	
If so, were you satisfied with the experience?	
Are you and your partner Registered Domestic Partners?	
Do you and your spouse/partner have a pre-marital or cohabitation agreement?	
Are you or your spouse/partner receiving disability benefits?	
Do you or your spouse/partner have any serious health problems?	
Do you or your spouse/partner have any property that you consider to be <u>separate</u> property	
Have you or your spouse/partner ever filed a federal gift tax return?	
Are you or your spouse/partner making annual exclusion gifts (<\$15,000) to anyone?	
Do either of you have any outstanding obligations owed to a child or former spouse?	
Do you have others (besides children/grandchildren) that you wish to provide for?	
Do you have a family pet that you wish to provide for?	
Do you have any deceased children with children of their own that you wish to provide for?	
Do any of your beneficiaries receive governmental benefits because of a disability?	
Do any of your beneficiaries have special educational, medical, physical or emotional needs?	
Do you keep valuables in a safe or safe deposit box?	

If you answered YES to any of the above questions please elaborate here or on a separate sheet:

What is your monthly after-tax income from all sources? \$	How much do you need to maintain your current lifestyle? \$		
If you could allocate your estate in any manner among your heirs, charities, and the IRS, how would you?	% Heirs	% Charity	% IRS
If you could leave your children/beneficiaries any amount of money, what specific dollar amount per child/beneficiary would that be?	\$		
If you were <i>required</i> to give away some of your assets to deserving charities or causes, what charities or causes would you want to benefit:			

Please Tell Us As Much As You Can About Your Family

YOUR CHILDREN: Please indicate any children who are born to either of you or adopted by either of you. Under "comments" please describe your relationship with this child, his or her spouse or partner, and grandchildren. If you have any specific wishes with respect to their inheritance, please tell us.

Full Legal Name (please spell out middle names):		Child of (please circle): Client No. 1 Client No. 2 Both
Date of birth:	Age:	SSN:
Education:	Occupation:	
Married?	Married how long?	Spouse:
Grandchildren (include age):		
Comments:		

Full Legal Name (please spell out middle names):		Child of (please circle): Client No. 1 Client No. 2 Both
Date of birth:	Age:	SSN:
Education:	Occupation:	
Married?	Married how long?	Spouse:
Grandchildren (include age):		
Comments:		

Full Legal Name (please spell out middle names):		Child of (please circle): Client No. 1 Client No. 2 Both
Date of birth:	Age:	SSN:
Education:	Occupation:	
Married?	Married how long?	Spouse:
Grandchildren (include age):		
Comments:		

Full Legal Name (please spell out middle names):		Child of (please circle): Client No. 1 Client No. 2 Both
Date of birth:	Age:	SSN:
Education:	Occupation:	
Married?	Married how long?	Spouse:
Grandchildren (include age):		
Comments:		

Your Trusted Advisors

We prefer to work with your advisors in the development of your estate plan, with your permission.

	Name	City/State	Phone	Fax
Attorney	_____	_____	_____	_____
Accountant	_____	_____	_____	_____
Financial Planner	_____	_____	_____	_____
Life Ins. Agent	_____	_____	_____	_____
Client No. 1 Physician	_____	_____	_____	_____
Client No. 2 Physician	_____	_____	_____	_____

Identifying Your Successors

When most people travel, they make arrangements for their affairs to be handled by someone while they are gone. When small children are left at home, these arrangements are usually left with a babysitter or whoever is in charge. Your Successors are the “babysitters” you are putting in charge of your affairs while you are incapacitated, or after you are gone. Who do you want to make decisions for you? Who do you want to make decisions for your loved ones? If you have small children, who will impart your values to them? What sort of legacy do you hope to leave them? These are vital issues which most people are ill-equipped to decide on the spot. Giving this issue your thoughtful consideration will help us to advise you. **Please indicate your preliminary preferences below.**

Who would you choose to manage your **financial affairs if you were disabled or incapacitated?**

Client No. 1's 1 st Choice _____	Client No. 2's 1 st Choice _____
Client No. 1's 2 nd Choice _____	Client No. 2's 2 nd Choice _____
Client No. 1's 3 rd Choice _____	Client No. 2's 3 rd Choice _____

Who would you choose to take charge of your **financial affairs upon your death?**

Same as 1. above _____ If different, list choices below:

Client No. 1's 1 st Choice _____	Client No. 2's 1 st Choice _____
Client No. 1's 2 nd Choice _____	Client No. 2's 2 nd Choice _____
Client No. 1's 3 rd Choice _____	Client No. 2's 3 rd Choice _____

Who would you choose to make **health care decisions** for you if you became disabled or incapacitated? **(Please bring the names, addresses and telephone numbers and email addresses of all persons you wish to be contacted in the event of a medical emergency)**

Same as 1. above _____ If different, list choices below:

Client No. 1's 1 st Choice _____	Client No. 2's 1 st Choice _____
E-mail & Phone _____	E-mail & Phone _____
Client No. 1's 2 nd Choice _____	Client No. 2's 2 nd Choice _____
E-mail & Phone _____	E-mail & Phone _____
Client No. 1's 3 rd Choice _____	Client No. 2's 3 rd Choice _____
E-mail & Phone _____	E-mail & Phone _____

If you have **minor children**, would you choose to raise your child or children to adulthood if you and your spouse/partner could not?

Client No. 1's 1 st Choice _____	Client No. 2's 1 st Choice _____
Client No. 1's 2 nd Choice _____	Client No. 2's 2 nd Choice _____
Client No. 1's 3 rd Choice _____	Client No. 2's 3 rd Choice _____

Would you like our assistance developing instructions to assist your child's Guardian?	Y	N
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Your Assets and Liabilities

Understanding your assets and liabilities is critically important to structuring your estate plan to meet your goals and objectives. We need to know, not only what assets you have, but how they are owned (titled), where they are located, and what liens or encumbrances exist against them. This also helps us track the disposition of each asset as we work together through the development and implementation of your estate plan. In the pages that follow please tell us as much as you can about your current assets and liabilities. *All information you provide is strictly confidential.*

CASH ACCOUNTS. List your and your spouse/partner's *checking* and *savings* accounts and *certificates of deposit*. (Do not include IRAs, pension plans or other qualified retirement plans here.)

Owner	Institution	Acct. #	Acct. Type	Value

INVESTMENT ACCOUNTS AND MUTUAL FUNDS. List your and your spouse/partner's investment accounts below. (Do not include tax deferred accounts, such as IRAs, 401(k)s and pension plans here.)

Owner	Institution	Acct. #	Fund Type	Value

STOCK CERTIFICATES AND BOND CERTIFICATES. List individual stocks and bonds owned by you and your spouse/partner (not held within a brokerage account).

Owner	Company/Obligor	Acct. # / Cert. #	# Shares	Value

PERSONAL EFFECTS. Include vehicles, boats, RVs, etc. Also list any other items which may be more valuable than ordinary household belongings such as art, jewelry, antiques, collectibles, etc.

Owner	Description of Item	Value

QUALIFIED RETIREMENT PLANS. Include IRAs, 401(k)s, 403(b)'s and other tax qualified plans here.

Owner	Institution	Acct. #	Acct. Type	Value

LIFE INSURANCE POLICIES AND NON-QUALIFIED ANNUITIES.

Owner	Company	Acct. #	Acct. Type	Death Benefit/ Cash Value

MORTGAGES, NOTES, OTHER RECEIVABLES. Include here debts owed to you or your spouse/partner by others, such as promissory notes, deeds of trust, etc.

Payee	Payor	Terms of Debt	Debt Type	Amount Owed To You

PARTNERSHIP, BUSINESS AND PROFESSIONAL INTERESTS. List here any shares, membership certificates or other ownership interests in a closely held corporation, partnership, limited liability company, or other entity.

Owner	Description of Entity	Interest Owned %	Value of Interest

OIL, GAS, MINERAL, ROYALTY, WATER, PATENT & COPYRIGHT INTERESTS.

Owner	Brief Legal Description	Ownership %	Value of Interest

REAL ESTATE. This includes your or your spouse/partner's personal residence and any other real estate you own. Indicate in the "Lien" column whether the property has a mortgage against it, and be sure to include the mortgage information in the liabilities section.

Owner	Brief Legal Description	Mortgage Outstanding	Current Market Value
	State:		
	State:		
	State:		

HOMEOWNER’S INSURANCE AND PERSONAL UMBRELLA INSURANCE.

Owner	Company	Acct. #	Acct. Type	Coverage Amount

ANTICIPATED INHERITANCES OR GIFTS. If you or your spouse/partner are a beneficiary of your parent's, grandparent's, or anyone else's estate, please tell us what you anticipate might be distributed to you or your spouse or partner during your lifetime:

OTHER ASSETS. Please describe any other significant assets not included above.

Your Current Liabilities

LIABILITIES	DOLLAR AMOUNTS		
	JOINT	CLIENT NO. 1	CLIENT NO. 2
Loans Payable			
Accounts Payable			
Real Estate Mortgage – Residence			
Real Estate Mortgage – Other			
Loans against life insurance			
Other obligations -			
TOTAL LIABILITIES			

Please tell us anything else about you, your family or your financial situation that would help us in preparing for our initial consultation below, or feel free to attach additional pages.

Waiver of Conflict of Interest to Dual Representation

Any time an attorney is asked to provide counsel and advice to more than one client, even a married couple, there is the possibility that a conflict of interest exists. We ask that, before we meet for the first time, you acknowledge that even though there is such potential, you would like us to meet with both of you and advise you about your estate planning. If you agree, please review and sign the statement below. If you disagree or would like to discuss this with us first before signing, please let us know.

We acknowledge that the representation of both of us by one attorney or law firm may present a conflict of interest, and we have been advised that we both may retain independent counsel to assist us in connection with the preparation of our estate planning. Nevertheless, we hereby waive any such conflict of interest and request and authorize the LAW OFFICES OF JAMES K. BURAU, LTD. to represent both of us in regard to the preparation and implementation of our estate planning.

Client Signature

Date

Client Signature

Date

Consent to Disclosure of Confidential Information

Without your permission we cannot share confidential information and communication that you have provided to us with your financial advisors or your children or other beneficiaries. We generally think that the sharing of information with your trusted advisors can result in the development of better recommendations concerning your personal estate planning, and having the ability to explain why we recommended certain estate planning strategies with your children or other beneficiaries can help improve the overall success of your planning. If you agree, please review and sign the statement below. If you disagree or would like to discuss this with us first before signing below, please let us know.

We also agree that the LAW OFFICES OF JAMES K. BURAU, LTD. may share with each of us, our financial advisors, our children or other beneficiaries any information disclosed by either of us that the law firm deems necessary to the successful implementation of our estate planning, unless we have an agreement in writing otherwise.

Client Signature

Date

Client Signature

Date