

Estate Planning Strategy Form

To take the next step in our process, complete the Strategy Form and return to our office prior to your meeting.

Please check each box below that describes the purpose of your visit:

- | | | |
|--|---|---|
| <input type="checkbox"/> I am not sure exactly what my needs are but would like to learn more about estate planning. | <input type="checkbox"/> To plan for special needs child | <input type="checkbox"/> Learn about avoiding Probate |
| <input type="checkbox"/> To have my/our existing estate plan reviewed or make changes | <input type="checkbox"/> To protect my children's inheritance from divorces and creditors | <input type="checkbox"/> To plan for my minor children should something happen to me or my spouse |
| <input type="checkbox"/> To discuss Long-Term Care planning to cover the cost of home care or nursing home while preserving assets | <input type="checkbox"/> Other: _____
_____ | |

CLIENT and SPOUSE / PARTNER:

Your Legal Name	Your Preferred Name	U. S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Your Date of Birth	Your Current Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Phone:	Email:
Your address (Street, Apt #, City, State, Zip Code)			
Spouse / Partner Legal Name (If applicable)	Spouse / Partner Preferred Name	U. S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Spouse Date of Birth	Spouse Current Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Phone:	Email:
Spouse / Partner's address (If different)			
Your current occupation. If retired, from what?	Spouse / Partner Occupation. If retired, from what?		

YOUR CHILDREN, if any:

Legal Name	Whose Child? <input type="checkbox"/> Both <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Mine	Child's address if different from yours	Child's phone #
Legal Name	Whose Child? <input type="checkbox"/> Both <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Mine	Child's address if different from yours	Child's phone #
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FINANCIAL WORKSHEET

YOUR ASSETS

Please provide us with an estimate of the value of your estate by completing the following schedule. Use your **best estimate** for each asset's value, assuming you could cash or sell it today at fair market value. Disregard what you paid for the asset or what it was worth when you inherited it. Bring copies of latest financial statements to your meeting.

ASSET \$	VALUE IN YOUR NAME \$	VALUE IN SPOUSE/PARTNER'S NAME \$	VALUE IN JOINT OWNERSHIP \$	AMOUNT OF DEBT ON ASSET \$
Real Estate: <i>Homestead</i>				
Real Estate: <i>Investment</i>				
Mortgages (Money owed to you)				
Business				
Death Benefit of Life Insurance				
Annuities				
IRAs and other Retirement Plans				
Brokerage Accounts / Mutual Funds				
Individually held Stocks & Bonds				
Checking, Savings, Money Market				
Vehicles, Boats, Planes				
Household Goods				
Other Personal Property				
Other				
TOTALS				

****We may require you to complete a more comprehensive questionnaire based on complexity of your estate plan****