

ASSET & ELDER LAW SOLUTIONS

OF SOUTHWEST MISSOURI

STRATEGIC PLANNING DATA ORGANIZER

In order to assist with the creation of a strategic plan to protect your family and assets, we need some specific information about your family and the people available to us to help implement your plan. Please note that your submission is collected via a secure, encrypted service to ensure your privacy. Also note that this form cannot be submitted using Google Chrome due to the requirements of the security service. Internet Explorer or Apple Safari work well.

Date: _____

CLIENT A PERSONAL INFORMATION			
Full Name:	SSN:	Age:	
Street Address:			
Mailing Address (if different):			
Phone (Home):	Phone (Cell):	Phone (Work):	Fax:
Email Address:			Are You Married?

CLIENT B PERSONAL INFORMATION		
Full Name:	SSN:	Age:
Email Address:		
Does Your Family Have Any Powers Of Attorney, Wills Or Previously Drafted Trusts?		

How Did You Find Our Firm?

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CHILDREN		
1 st Child's Full Name:	Age:	Date of Birth if Minor
Child By Birth, Adoption Or Marriage?	SSN# If Minor:	Date of Death If Applicable:

2 nd Child's Full Name:	Age:	Date of Birth if Minor
Child By Birth, Adoption Or Marriage?	SSN# If Minor:	Date of Death If Applicable:

3 rd Child's Full Name:	Age:	Date of Birth if Minor
Child By Birth, Adoption Or Marriage?	SSN# If Minor:	Date of Death If Applicable:

4 th Child's Full Name:	Age:	Date of Birth if Minor
Child By Birth, Adoption Or Marriage?	SSN# If Minor:	Date of Death If Applicable:

5 th Child's Full Name:	Age:	Date of Birth if Minor
Child By Birth, Adoption Or Marriage?	SSN# If Minor:	Date of Death If Applicable:

CLIENT A: Consider Whom You Would Like To Make Business And Financial Decisions For You If You Are Incapacitated.					
Spouse:	Please Name Alternates If Applicable	1st Alternate:		2 nd Alternate	
		3rd Alternate:		4 th Alternate	

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CLIENT B: Consider Whom You Would Like To Make Business And Financial Decisions For You If You Are Incapacitated.

Spouse:	Please Name Alternates If Applicable	1st Alternate:		2 nd Alternate	
		3rd Alternate:		4 th Alternate	

CLIENT A: Consider Whom You Would Like To Make Health And Medical Decisions For You If You Are Incapacitated.

Spouse:	Please Name Alternates If Applicable	1st Alternate:		2 nd Alternate	
		3rd Alternate:		4 th Alternate	

CLIENT B: Consider Whom You Would Like To Make Health And Medical Decisions For You If You Are Incapacitated.

Spouse:	Please Name Alternates If Applicable	1st Alternate:		2 nd Alternate	
		3rd Alternate:		4 th Alternate	

CLIENTS A & B: Consider The Persons You Would Like To Serve As Personal Representative Under Your Will.

Client A	Spouse:	1 st Alternate:	2 nd Alternate:
Client B	Spouse:	3 rd Alternate:	4 th Alternate:

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CLIENTS A & B: Consider The Persons You Would Like To Serve As Trustee Under Any Asset Protection Trust You May Create For Your **HOME**- Please Designate People To Serve Together As Co-Trustees If Desired

		1 st Trustee:	1 st Alternate:
		2nd Alternate:	3rd Alternate:
Address Of First Trustee:			
Specific Corporate Trustee Requested:			

CLIENTS A & B: Consider The Persons You Would Like To Serve As Trustee Under Any Asset Protection Trust You May Create For Your **INVESTMENTS**- Please Designate People To Serve Together As Co-Trustees If Desired

		1 st Trustee:	1 st Alternate:
		2nd Alternate:	3rd Alternate:
Address Of First Trustee			
Specific Corporate Trustee Requested:			

CLIENTS A & B: Consider The Persons You Would Like To Serve As Successor Trustee(s) Under Any **REVOCABLE LIVING TRUST** That You May Create. - Please Designate People To Serve Together As Co-Trustees If Desired

		1 st Successor Trustee:	1 st Alternate:
		2 nd Alternate Name:	3rd Alternate:
Address Of First Successor Trustee:			
Specific Corporate Trustee Requested:			

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1. What specific investments or properties would you like to pass completely to a specific person or organization? **PERSONAL PROPERTY SUCH AS JEWELRY, GUNS, ANTIQUES, ETC. WILL BE DEALT WITH BY A SEPARATE MECHANISM WITHIN THE TRUST AND DO NOT NEED TO BE ADDRESSED HERE.** In addition, please list the percentages you would like your beneficiaries to receive, for example, each of my children to receive 20% of my estate, my grandchildren to split the remaining 20% equally.

2. If you, your Spouse, all your descendants, and any other person you wish to provide for are deceased, but part of your estate is not yet distributed, who would you like to benefit from your estate? This beneficiary can be a person or organization.

3. If you would like to consider a charitable gift, please list the recipient organization(s) and their address(es) here:

Who are the other members of your estate planning team?

Life Insurance Agent:

Tax Accountant:

Financial Advisor

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REAL ESTATE

NOTE: PLEASE MAIL, FAX OR SCAN AND EMAIL US A DEED FOR EACH PROPERTY YOU WOULD LIKE TO MOVE INTO YOUR TRUST. Without a correct legal description and Grantor/Grantee language, we will not be able to properly title your real estate for your strategic plan. The most current **DEED** for each property is not optional, but absolutely necessary. **WE CANNOT USE AN ABSTRACT OR PROPERTY TAX RECEIPT.** If you do not have your most current deed, it is relatively easy and inexpensive to get a copy from the Recorder of Deeds for the county in which the real estate is located.

Primary Residence Address:	Estimate of Equity:
Legal Owner:	County & State:

2nd Tract Address:	Estimate of Equity:
Legal Owner:	County & State:

3rd Tract Address:	Estimate of Equity:
Legal Owner:	County & State:

4th Tract Address:	Estimate of Equity:
Legal Owner:	County & State:

5th Tract Address:	Estimate of Equity:
Legal Owner:	County & State:

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6th Tract Address:	Estimate of Equity:
Legal Owner:	County & State:

7th Tract Address:	Estimate of Equity:
Legal Owner:	County & State:

8th Tract Address:	Estimate of Equity:
Legal Owner:	County & State: