



BridgeBuilder

Tax + Legal Services

Confidential Planning Worksheet

ARCHITECTS AT PROTECTING & PERPETUATING FAMILY WEALTH FOR GENERATIONS

BridgeBuilder is a boutique law firm comprised of both attorneys & certified public accountants. We help high-net worth clients like business owners & private investors “build a bridge to span the tide,” providing for both their present & their family’s future. Where typical tax firms provide bookkeeping & tax filing, BridgeBuilder focuses on delivering solutions that reduce risk & cut taxes. Likewise, where other estate planners offer techniques & information, BridgeBuilder gives clients vision & wisdom regarding their legacy. We help clients avoid taxes & pass along their assets, but we also go beyond that, to things like preparing heirs for their inheritance.

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Step 1

Personal Information

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

Client 1 Information

Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____ Prefer to be called _____
(Other names used to title property and accounts)

Birth date _____ Age: _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Never Married Married Widowed Divorced: if yes date _____ US Citizen? Yes No

Are either of your parents still living? Yes No Are any of your grandparents still living? Yes No

Client 2 Information

Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____ Prefer to be called _____
(Other names used to title property and accounts)

Birth date _____ Age: _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Never Married Married Widowed Divorced: if yes date _____ US Citizen? Yes No

Are either of your parents still living? Yes No Are any of your grandparents still living? Yes No

If married, have you lived in any of the following states while married to each other? (Mark all that apply) Arizona California
 Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin

Date of Current Marriage _____ Existing Pre-or Postnuptial Agreement? Yes No Date: _____

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Step 1

Personal Information (continued)

IMPORTANT FAMILY QUESTIONS

	Husband		Wife	
Do you have a will, trust, or other estate planning document? <i>Please furnish copies of these documents.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If married, have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? <i>If yes, please describe below.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own any property that is community property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.

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Potential Individual Beneficiaries

Identify all potential individual beneficiaries of your estate (e.g., children and grandchildren). Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes. *(Insert additional sheets if necessary.)*

Beneficiary 1 Relationship to client: _____ Special Needs: Medical Educational Financial
Full Legal Name _____ DOB _____ SS # _____
Address _____ City _____ State ____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
Children (name and age): _____

Beneficiary 2 Relationship to client: _____ Special Needs: Medical Educational Financial
Full Legal Name _____ DOB _____ SS # _____
Address _____ City _____ State ____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
Children (name and age): _____

Beneficiary 3 Relationship to client: _____ Special Needs: Medical Educational Financial
Full Legal Name _____ DOB _____ SS # _____
Address _____ City _____ State ____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
Children (name and age): _____

Beneficiary 4 Relationship to client: _____ Special Needs: Medical Educational Financial
Full Legal Name _____ DOB _____ SS # _____
Address _____ City _____ State ____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
Children (name and age): _____

Are you concerned with your beneficiaries'/children's ability to get along with one another? Yes No

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Step 3

Potential Charitable Beneficiaries

Many, but not all, of our clients desire to direct a portion of their estate toward charities or other non-profit organizations, whether it is your church, college, social club, or favorite philanthropy. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or no-profit organizations for discussion purposes.

Name of Charity or Non-Profit Organization

Address

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Step 4

PEOPLE WHO ADVISE YOU

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agents may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant may need to be consulted relative to income tax matters.

Name

Telephone

Auto/Home Insurance Agent	_____	_____
Tax Advisor (CPA, EA, etc)	_____	_____
Family Attorney	_____	_____
Life Insurance Agent	_____	_____
Financial Advisor	_____	_____
Stock Broker	_____	_____
Banker	_____	_____
Other Advisors	_____	_____
	_____	_____
	_____	_____

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Step 5

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 caused them to begin the planning process. Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish). This information will assist us in focusing our conversation toward the issues that are the most pressing to you.

If the responses in this section differ between Client 1 and 2, please indicate those differences.

Level of Concern (if any)
None Low Medium High

Tax Concerns

Risk of the IRS "inheriting" half the estate when we die	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of capital gains taxes paid on the sale of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary income taxes being paid on investment assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Concerns

Risk that assets left to your spouse (whether by virtue or joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse or to mismanagement of the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that parents, who may need financial assistance, are not provided for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability Concerns

Risk of loss of control over your assets in the event of your disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peaceably and without pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of an unnecessary conservatorship over an incapacitated adult child in order to make health care decisions for that child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Creditor Concerns

Risk of lawsuits against you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of loss of your assets to a nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that a co-owner's creditor may seize the property you co-own jointly in order to satisfy the debt of the co-owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post-Death Concerns

Risk of unnecessary costs and delays associated with the estate passing through probate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that the person(s) charged with managing your affairs after you've passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability of those mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of private matters unnecessarily being made public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Step 6

FAMILY VALUES

Rate the following values in order of importance to you from “Most Important” to “Least Important.”

Feel free to leave blank any item you do not wish to rank.

	Most Important	Important	Neutral	Least Important
Cultural values such as art, music, travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic values such as financial responsibility, frugality, savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational values such as study, self-improvement, academic achievements, lifelong learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional values such as compassion, kindness, generosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical values such as honesty, fairness, justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material values such as possessions, social standing, rank and title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal values such as modesty, loyalty, independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philanthropic values such as volunteer work, donations (time and money)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical values such as health, relaxation, exercise, appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public values such as citizenship, community involvement, public service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational values such as sports, leisure time, hobbies, vacations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship values such as family, friends, colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual values such as faith, belief in God, inner peace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work values such as effort, competence, professional recognition and success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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APPOINTMENTS - PEOPLE TO ASSIST YOU (Successors)

One of the most important aspects of any estate plan is the appointment of various persons to assist you and your family in times of need - particularly when death or disability strikes. These appointed helpers are called by different names depending on the type of estate plan you elect to implement. In this section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

Client 1 Responses

Client 2 Responses

Guardians Who do you nominate to serve as guardian for your minor children (if any)?

Initial Choice	_____	_____
Back up #1	_____	_____
Back up #2	_____	_____

Temporary Guardians Who do you nominate to serve as temporary guardian for your minor children (if any)?

Initial Choice	_____	_____
Back up #1	_____	_____
Back up #2	_____	_____

Financial Agent (Helpers) If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

Initial Choice	_____	_____
Back up #1	_____	_____
Back up #2	_____	_____

Health Care Agents (Helpers) If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

Initial Choice	_____	_____
Back up #1	_____	_____
Back up #2	_____	_____

Estate Fiduciary (Helpers) If you were deceased, who would you choose to administrate and distribute your estate?

Initial Choice	_____	_____
Back up #1	_____	_____
Back up #2	_____	_____

Personal Representative

Initial Choice	_____	_____
Back up #1	_____	_____
Back up #2	_____	_____

Ultimately, we will need the addresses and telephone numbers of the persons identified above. Please consider providing this information on a separate sheet as you complete this form.

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Step 8

INCOME/ASSET ASSESSMENT

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. The “character” is relevant in assessing the manner by which the asset can transfer. (If necessary, approximate current total values.)

Assets	Client 1		Client 2		Joint	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e. checking, savings, CD, money market)						
Investment Accounts (i.e. brokerage accounts)						
Bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Company Stock Options						
Personal Effects (i.e. jewelry, household items, art, vehicles, boats, planes, RV's, other “toys”, etc.)						
Retirement Plans (401k, IRAs, etc.)						
Pension Plans						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Corp. Business Interests (S-Corp or LLC)						
Sole Proprietorship Interests						
Oil, Gas and Mineral Interests						
Monies Owed to You (promissory notes)						
Personal Residence						
Other Real Property						
Other Out-of-State Property						
Other Assets						
Anticipated Inheritance, Gift, or Judgment						
TOTAL ASSET VALUE						

Liabilities	Client 1		Client 2		Joint	
Loans Payable						
Accounts Payable						
Real Estate Mortgages						
TOTAL LIABILITIES (\$\$\$)						

NET ESTATE (\$\$\$) (Total Assets minus Total Liabilities)			
--	--	--	--

COMBINED NET ESTATE (\$\$\$)
(Client 1 Net + Client 2 Net + Joint Net) = \$ _____

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Affirmation:

We understand that BridgeBuilder Tax + Legal Services, P.A. (the Firm) will need to rely on the information we supply to develop an estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1: _____

DATE: _____

Client 2: _____

DATE: _____

Additional Documentation

In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentation:

1. Copies of existing planning documents, including wills, trusts, power of attorney, health care directives, etc.
2. Copies of all deeds to real estate owned by you
3. Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities
4. Copies of any stock or bond certificates
5. Copies of the most recent life insurance benefits statement
6. Copies of motor vehicle titles
7. Pre- or post-nuptial agreement (if applicable)
8. Long-term care policies (if any)
9. Divorce decree or property settlement agreement for divorce under which continued obligations exist
10. Last year of personal income tax returns
11. Last year of any corporate, partnership, gift tax, estate tax, or trust tax returns
12. LLC or partnership agreements