

WEALTH DISCOVERY AND TRACKING BOOKLET

WEALTH RETENTION SERVICES

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Many of my clients find that this Wealth Discovery and Tracking Booklet helps them organize and simplify their personal and financial information. This booklet allows my clients to efficiently gather information pertinent to their unique situation so that I can offer creative solutions to meet their goals and concerns. This booklet also can be helpful to personal representatives and trust administrators.

Katti Esp

Family Information:

DATE: _____

CLIENT #1

CLIENT #2

FULL NAME: _____

NICKNAME: _____

CITIZENSHIP: _____

SOCIAL SECURITY #: _____

BIRTH DATE: _____

HOME/MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

EMPLOYER: _____

OFFICE ADDRESS: _____

CITY, STATE, ZIP CODE: _____

WORK PHONE #: _____

HOME PHONE #: _____

E-MAIL ADDRESS: _____

CELL PHONE #: _____

ANNUAL INCOME: _____

DATE OF MARRIAGE: _____

FATHER'S NAME: _____

CITY, STATE: _____

MOTHER'S NAME: _____

CITY, STATE: _____

ESTIMATED SIZE OF ANY

POTENTIAL INHERITANCE: _____

NAMES OF PRIOR SPOUSES

(IF ANY): _____

Your Children (Living and Deceased):

<u>NAME</u>	<u>BIRTH DATE</u>	<u>WHOSE CHILD?</u>	<u>MARRIED (Y/N)</u>	<u>NUMBER OF CHILDREN</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Concerns Regarding Your Children: _____

Summary Information from Following Pages:

	<u>CLIENT #1</u>	<u>CLIENT #2</u>	<u>COMMUNITY</u>	<u>TOTAL</u>
REAL ESTATE	\$ _____	\$ _____	\$ _____	\$ _____
BANK ACCOUNTS	\$ _____	\$ _____	\$ _____	\$ _____
BROKERAGE ACCOUNTS	\$ _____	\$ _____	\$ _____	\$ _____
RETIREMENT ACCOUNTS	\$ _____	\$ _____	\$ _____	\$ _____
LIFE INSURANCE	\$ _____	\$ _____	\$ _____	\$ _____
BUSINESS INTERESTS	\$ _____	\$ _____	\$ _____	\$ _____
OTHER ASSETS	\$ _____	\$ _____	\$ _____	\$ _____
SUBTOTAL	\$ _____	\$ _____	\$ _____	\$ _____
DEBTS & LIABILITIES	(_____)	(_____)	(_____)	(_____)
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Real Estate:

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>LISTED OWNER</u>	<u>SEP/ COMM</u>	<u>FAIR MARKET VALUE</u>	<u>LOAN AMOUNT</u>	<u>NET VALUE</u>	<u>TITLE UPDATED</u>
1. _____	_____	_____	_____	_____	_____	\$ _____	_____
2. _____	_____	_____	_____	_____	_____	\$ _____	_____
3. _____	_____	_____	_____	_____	_____	\$ _____	_____
4. _____	_____	_____	_____	_____	_____	\$ _____	_____
5. _____	_____	_____	_____	_____	_____	\$ _____	_____
TOTAL REAL ESTATE						\$ _____	

Bank Accounts:

<u>BANK OR BRANCH</u>	<u>NAME ON ACCOUNT</u>	<u>ACCOUNT No.</u>	<u>TYPE OF ACCOUNT</u>	<u>SEP/ COMM</u>	<u>APPROXIMATE VALUE</u>	<u>TITLE UPDATED</u>
1. _____	_____	_____	_____	_____	\$ _____	_____
2. _____	_____	_____	_____	_____	\$ _____	_____
3. _____	_____	_____	_____	_____	\$ _____	_____
4. _____	_____	_____	_____	_____	\$ _____	_____
5. _____	_____	_____	_____	_____	\$ _____	_____
TOTAL BANK ACCOUNTS					\$ _____	

Stock and Brokerage Accounts:

<u>BROKERAGE CO. OR BRANCH</u>	<u>NAME ON ACCOUNT</u>	<u>ACCOUNT No.</u>	<u>NAMED BENEFICIARY</u>	<u>SEP/ COMM</u>	<u>APPROXIMATE VALUE</u>	<u>TITLE UPDATED</u>
1. _____	_____	_____	_____	_____	\$ _____	_____
2. _____	_____	_____	_____	_____	\$ _____	_____
3. _____	_____	_____	_____	_____	\$ _____	_____
4. _____	_____	_____	_____	_____	\$ _____	_____
TOTAL BROKERAGE ACCOUNTS					\$ _____	

Retirement Accounts:

<u>TYPE OF PLAN</u> <i>(Pension, Profit Sharing, ESOP, IRA, TIAA-CREF)</i>	<u>NAMED OWNER</u>	<u>PRIMARY BENEFICIARY</u>	<u>CONTINGENT BENEFICIARY</u>	<u>APPROXIMATE VALUE</u>	<u>BENEFICIARY UPDATED</u>
1. _____	_____	_____	_____	\$ _____	_____
2. _____	_____	_____	_____	\$ _____	_____
3. _____	_____	_____	_____	\$ _____	_____
4. _____	_____	_____	_____	\$ _____	_____
5. _____	_____	_____	_____	\$ _____	_____
6. _____	_____	_____	_____	\$ _____	_____
TOTAL RETIREMENT ACCOUNTS				\$ _____	

Life Insurance:

<u>COMPANY</u>	<u>OWNER OF POLICY</u>	<u>INSURED</u>	<u>PRIMARY BENEFICIARY</u>	<u>CONTINGENT BENEFICIARY</u>	<u>LOAN AGAINST POLICY</u>	<u>PRESENT CASH VALUE</u>	<u>FACE AMOUNT</u>
1. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
TOTAL LIFE INSURANCE					\$ _____	\$ _____	\$ _____

Business Interests:

<u>NAME OF BUSINESS</u>	<u>TYPE OF BUSINESS</u>	<u>VALUE (STOCKS/UNITS)</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
TOTAL BUSINESS INTERESTS		\$ _____

Other Assets (Loans to Children, Real Estate Contracts, Receivables from Others, Investment Partnerships, Autos, Boats, Furnishings, Jewelry, Farm Equipment and Livestock, Royalty Rights, Patents):

<u>DESCRIPTION OF ASSET</u>	<u>APPROXIMATE VALUE</u>	
1. _____	\$ _____	
2. _____	\$ _____	
3. _____	\$ _____	
4. _____	\$ _____	
5. _____	\$ _____	
TOTAL OTHER ASSETS		\$ _____

Debts and Liabilities (Excluding Real Estate Debts Previously Described):

<u>CREDITOR</u>	<u>BRIEF DESCRIPTION</u>	<u>TOTAL OWED</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
TOTAL DEBTS AND LIABILITIES		\$ _____

Legal Documents (Currently in Existence):

<u>DOCUMENT</u>	<u>YES/NO</u>	<u>LOCATION</u>	<u>DATED</u>
1. WILL	_____	_____	_____
2. COMMUNITY PROPERTY AGREEMENT	_____	_____	_____
3. POWER OF ATTORNEY	_____	_____	_____
4. SEPARATION AGREEMENT	_____	_____	_____
5. PRENUPTIAL AGREEMENT	_____	_____	_____
6. DIVORCE DECREE	_____	_____	_____
7. TRUSTS	_____	_____	_____
8. LIVING WILL (DIRECTIVE TO PHYSICIANS)	_____	_____	_____
9. HEALTH CARE POWER OF ATTORNEY	_____	_____	_____
10. STOCK CERTIFICATES/BONDS	_____	_____	_____
11. TAX RETURNS	_____	_____	_____
12. OTHER (DESCRIBE)	_____	_____	_____

Background Information:

Yes/No

1. ARE YOU A BENEFICIARY OR TRUSTEE OF ANY TRUST? _____
2. HAVE YOU EVER MADE GIFTS OVER THE ANNUAL EXCLUSION AMOUNT? _____
3. HAVE YOU EVER FILED A GIFT TAX RETURN? _____
4. DO EITHER OF YOU SUFFER FROM ANY SERIOUS ILLNESS OR INCAPACITY? _____
5. DO ANY OF YOUR CHILDREN SUFFER FROM ANY SERIOUS ILLNESS OR INCAPACITY? _____
6. ARE EITHER OF YOU SUBJECT TO ANY DIVORCE OR OTHER COURT DECREE OR AGREEMENT LIMITING YOUR ESTATE PLANNING CHOICES? _____
7. ARE YOU A PARTY TO ANY BUY-SELL AGREEMENT? _____
8. DO YOU HAVE DISABILITY INSURANCE? _____
9. DO YOU HAVE LONG-TERM CARE INSURANCE? _____
10. HAVE YOU PREPAID YOUR BURIAL? _____
11. ARE YOU AN ORGAN DONOR? _____
12. DO YOU WANT YOUR REMAINS TO BE CREMATED? _____
13. DO YOU WANT TO MAKE CHARITABLE GIFTS? _____
14. DO YOU HAVE PETS THAT YOU WANT TO PROVIDE FOR AFTER YOUR DEATH? _____
15. HAVE YOU PLANNED FOR YOUR CHILDREN'S EDUCATIONAL NEEDS? _____
16. DO YOU HAVE A SAFE DEPOSIT BOX? _____

IF YES, BOX NUMBER: _____ LOCATION: _____

SIGNERS: _____

Tentative Will Provisions:

PERSONAL REPRESENTATIVE (ADMINISTERS WILL DURING PROBATE)

1. NAME: _____ 2. NAME: _____

ADDRESS: _____ ADDRESS: _____

GUARDIAN OF MINORS (RAISES CHILDREN UNDER THE AGE OF 18)

1. NAME: _____ 2. NAME: _____

ADDRESS: _____ ADDRESS: _____

Tentative Will Provisions (Continued):

TRUSTEE (MANAGES TRUST FOR THE BENEFIT OF THE BENEFICIARIES)

1. NAME: _____

ADDRESS: _____

2. NAME: _____

ADDRESS: _____

BENEFICIARIES (RELATIVES AND FRIENDS)

1. NAME: _____

ADDRESS: _____

2. NAME: _____

ADDRESS: _____

3. NAME: _____

ADDRESS: _____

4. NAME: _____

ADDRESS: _____

5. NAME: _____

ADDRESS: _____

6. NAME: _____

ADDRESS: _____

BENEFICIARIES (CHARITIES)

1. NAME: _____

ADDRESS: _____

TELEPHONE: _____

2. NAME: _____

ADDRESS: _____

TELEPHONE: _____

3. NAME: _____

ADDRESS: _____

TELEPHONE: _____

4. NAME: _____

ADDRESS: _____

TELEPHONE: _____

Documents to Bring with You:

1. EXISTING WILLS OR TRUSTS.
2. ANY COMMUNITY PROPERTY AGREEMENTS.
3. ANY DIVORCE DECREE REFERRED TO IN QUESTION #6 ON PAGE 6.
4. ANY BUY-SELL AGREEMENT REFERRED TO IN QUESTION #7 ON PAGE 6.
5. COPIES OF BENEFICIARY DESIGNATION FORMS FOR RETIREMENT PLANS.
6. BENEFICIARY CHANGE FORMS FOR RETIREMENT PLANS AND LIFE INSURANCE.

Advisors:

Share Info (Y/N)

1. ATTORNEY: _____
ADDRESS: _____
TELEPHONE: _____

2. ACCOUNTANT: _____
ADDRESS: _____
TELEPHONE: _____

3. INSURANCE ADVISOR: _____
ADDRESS: _____
TELEPHONE: _____

4. FINANCIAL ADVISOR: _____
ADDRESS: _____
TELEPHONE: _____

5. TRUST OFFICER: _____
ADDRESS: _____
TELEPHONE: _____

Client #1 Primary Concerns:

Client #2 Primary Concerns:
