

# 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 LEGAL 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 AND DATE OF

DIVORCE OR DEATH (IF ANY): \_\_\_\_\_

\_\_\_\_\_

**Your Children (Living and Deceased):**

<u>FULL LEGAL 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. _____	_____	_____	_____	_____	_____	\$ _____	_____
<b>TOTAL REAL ESTATE</b>						<b>\$ _____</b>	

**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. _____	_____	_____	_____	_____	\$ _____	_____
<b>TOTAL BANK ACCOUNTS</b>					<b>\$ _____</b>	

**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. _____	_____	_____	_____	_____	\$ _____	_____
<b>TOTAL BROKERAGE ACCOUNTS</b>					<b>\$ _____</b>	

**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. _____	_____	_____	_____	\$ _____	_____
<b>TOTAL RETIREMENT ACCOUNTS</b>				\$ _____	

**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. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
<b>TOTAL LIFE INSURANCE</b>					\$ _____	\$ _____	\$ _____

**Business Interests:**

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

**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. _____	\$ _____	
<b>TOTAL OTHER ASSETS</b>		\$ _____

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

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

***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. DO YOU WANT TO BE AN ORGAN DONOR? \_\_\_\_\_
12. DO YOU WANT YOUR REMAINS TO BE CREMATED? \_\_\_\_\_
13. DO YOU WANT TO MAKE CHARITABLE GIFTS? \_\_\_\_\_
14. DO YOU WANT TO LEAVE MONEY FOR YOUR PETS? \_\_\_\_\_
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: \_\_\_\_\_  
EMAIL: \_\_\_\_\_
  
3. INSURANCE ADVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_
  
4. FINANCIAL ADVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_
  
5. TRUST OFFICER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**Client #1 Primary Concerns:**

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**Client #2 Primary Concerns:**

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