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Confidential Asset Protection Planning Worksheet

(Information current as of _____, 20____)

Your Full Names (and any other name by which you are commonly known):

Client 1: _____

Client 2: _____

Address: _____

Phone Number(s): _____

Email Address(es): _____

DOB: Client 1: _____ Client 2: _____

US Citizen?: Client 1: Y / N Client 2 Y / N

Your Childrens' Names, Addresses and Dates of Birth

(if any children are not natural or adopted children of both clients, please indicate accordingly):

1. _____

2. _____

3. _____

4. _____

5. _____

Preliminary Questions

Please let us know how you were referred to us:

- | | |
|--|-------|
| Do you currently have a Will? | Y / N |
| Do you currently have a Trust? | Y / N |
| Do you currently have a Power of Attorney? | Y / N |
| Do you currently have a Health Care Proxy? | Y / N |
| Do you currently have a Living Will? | Y / N |

If yes to any of the above, please bring a copy of the document with you to our appointment.

- | | |
|---|-------|
| Do you have legal obligations to a former spouse? | Y / N |
| Are any of your children disabled? | Y / N |
| Do any of your children live with you? | Y / N |
| Do any of your siblings live with you? | Y / N |
| Are either of you a veteran? | Y / N |
| Do either of you anticipate needing skilled nursing home care within the next 60 months? | Y / N |
| Have you made any gifts of money/property in the past 60 months (valued at over \$1,000)? | Y / N |

Are there any other special circumstances you wish to describe or questions to ask? Y / N

Financial Information

Please complete the following using (approximate) current values.

Real Estate

Address	Owner	Value	Mortgage
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____

Bank Accounts

Description of Account	Owner	Value
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____

Investment Assets (Stocks, Bonds, Mutual Funds owned Outside of Retirement Plans)

Description of Asset	Owner	Value
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____

Financial Information (Continued)

IRA's/ Retirement Plans

Description of Account	Owner	Beneficiary	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Life Insurance Policies

Description of Policy *	Owner	Beneficiary	Death Benefit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

* please include type of policy in description: WL – whole life; G – group term; T –term

Long Term Care Insurance

Do you have long term care insurance? Y / N

Other Assets (You do not have to list motor vehicles, furnishings, or other personal effects).

Description of Asset	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Financial Information (Continued)

Income

Source of Income	Owner of Income	Amount*
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

* please indicate how frequently amount is paid: W – Weekly; M – Monthly; Y - Yearly