



Client Information Organizer

ESTATE PLANNING and ADMINISTRATION

Eight 3rd Street North, Suite 507

D.A. Davidson Building

Post Office Box 1484

Great Falls, Montana 59403

(406) 727-2200 or (406) 727-2227 Facsimile

www.MontanaEstateLawyer.com

Thank you for thinking of us as you start your Estate Planning.

Estate planning is about more than orchestrating
the allocation of your assets after death,
it's about the *legacy* that you want to leave behind.

In order to honor your legacy, we'd like to know more about you and what is important to your family.

To help you with our organizer, we have included these brief instructions:

- ◆ Please answer the Sections Titled "Client One" and "Client Two" separately, but feel free to discuss everything together.
- ◆ Please complete the sections titled "Clients One & Two" together.
- ◆ If you are single, you may skip the sections titled "Client Two." Please complete sections titled "Clients One & Two" for yourself.
- ◆ If you are unsure how to answer a question or want to discuss your answer in depth with the attorney, please mark the section with a star or a question mark, or contact our office at 406-727-2200.

All the information you provide remains 100% confidential.

CLIENT ONE

Personal Information

_____/_____
Name Prefer to be called

Also Known As

How you would like your name to appear on documents

Address City County State Zip

Date of Birth Social Security Number
XXX-XX-

Primary Contact Number Home Work Cell

Secondary Contact Number Home Work Cell

Email Address: Do we have your permission to email you? Yes No

Preferred Method of Contact: Telephone Email

Current Marital Status:

- Never Married
 Married
Date of Marriage

- Divorced
 Widowed

Please Check All That Apply:

- Pre/Postnuptial agreement
 Parents Still Living
 Grandparents Still Living
 Pet Owner
 Retired
 U.S. Veteran

Dates of service:

- _____
 Spouse of U.S. Veteran

CLIENT TWO

Personal Information

_____/_____
Name Prefer to be called

Also Known As

How you would like your name to appear on documents

Address City County State Zip

Date of Birth Social Security Number
XXX-XX-

Primary Contact Number Home Work Cell

Secondary Contact Number Home Work Cell

Email Address: Do we have your permission to email you? Yes No

Preferred Method of Contact: Telephone Email

Current Marital Status:

- Never Married
 Married
Date of Marriage

- Divorced
 Widowed

Please Check All That Apply:

- Pre/Postnuptial agreement
 Parents Still Living
 Grandparents Still Living
 Pet Owner
 Retired
 U.S. Veteran

Dates of service:

- _____
 Spouse of U.S. Veteran

What values do you hope to have instilled in your children, grandchildren and other loved ones? What do you hope they have learned from you?

What goals, financial and otherwise, do you have for your family after you are gone? Consider the time immediately after your death and into the future.

What concerns or issues led you to start thinking about Estate planning?

What most worries you when you consider growing older in terms of your finances and the ability to care for yourself and your family?

How do you think your heirs will use their inheritance? How do you envision them using it?

What fears, if any, do you have about the events that will follow your death? (Consider family dynamics and relationships, as well as what you know or have heard about the estate administration process.)

If you are married or have a partner, what concerns do you have about managing your affairs (your finances, businesses, property and family) on your own after your spouse/partner has passed away?

CLIENT ONE

What do you want to plan for?

We can help you...	How relevant is this to your situation?			
	Slightly	Moderately	Very	Unsure
Avoid losing a lot of money in taxes, unnecessary fees and professional fees.				
Prepare your finances to help you maintain your standard of living after retirement and/or age comfortably in your own home.				
Protect your assets from the high cost of long-term care you may need as you age or care you may need if you become ill or disabled.				
Maintain control over who can make decisions for you, both financial and medical, if you are unable to do so.				
Reduce fights, arguments and hurt feelings among your loved ones over your estate.				
Protect your heirs' inheritance from spendthrift guardians (parents) and spouses, divorce, and creditors.				
Protect your loved ones who have special needs or are disabled from mismanaging their inheritance or losing benefits because of their inheritance.				
Ensure that your heirs receive a fair share without the need to liquidate your entire estate (ex. keep land ownership intact).				
Protect and provide for your most at-risk loved ones: your minor children, your special needs/disabled children or loved ones and your parents or grandparents.				

CLIENT ONE

Your Trusted Professionals

Team-based planning can provide tremendous value to you and your estate plan. Which professionals (financial advisors, insurance agents, CPAs, etc.) do you trust to assist you with your affairs? If you would like to include any of these persons in your meetings with our office, please let us know.

May We Contact This Person?

Ex. John Doe/Jane Doe Name	Financial Advisor/Insurance Agent Relationship	000-000-0000 Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship	_____ Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship	_____ Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship	_____ Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship	_____ Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CLIENT ONE

Who do you trust to manage your affairs when you cannot?

GUARDIAN:

Who would you trust to care for and parent your minor children after your death?

Choice One

Choice Two

Choice Three

FINANCIAL SUCCESSOR:

Who would you trust to manage your finances if you were unable to do so?

Choice One

Choice Two

Choice Three

HEALTHCARE SUCCESSOR:

Who would you trust to make health care decisions for you if you were unable to do so?

Choice One

Choice Two

Choice Three

ESTATE FIDUCIARY:

Who would you trust to carry out your wishes when administering and distributing your estate?

Choice One

Choice Two

Choice Three

What values do you hope to have instilled in your children, grandchildren and other loved ones? What do you hope they have learned from you?

What goals, financial and otherwise, do you have for your family after you are gone? Consider the time immediately after your death and into the future.

What concerns or issues led you to start thinking about Estate planning?

What most worries you when you consider growing older in terms of your finances and the ability to care for yourself and your family?

How do you think your heirs will use their inheritance? How do you envision them using it?

What fears, if any, do you have about the events that will follow your death? (Consider family dynamics and relationships, as well as what you know or have heard about the estate administration process.)

If you are married or have a partner, what concerns do you have about managing your affairs (your finances, businesses, property and family) on your own after your spouse/partner has passed away?

CLIENT TWO

What do you want to plan for?

We can help you...

How relevant is this to your situation?

Avoid losing a lot of money in taxes, unnecessary fees and professional fees.	Slightly	Moderately	Very	Unsure
Prepare your finances to help you maintain your standard of living after retirement and/or age comfortably in your own home.	Slightly	Moderately	Very	Unsure
Protect your assets from the high cost of long-term care you may need as you age or care you may need if you become ill or disabled.	Slightly	Moderately	Very	Unsure
Maintain control over who can make decisions for you, both financial and medical, if you are unable to do so.	Slightly	Moderately	Very	Unsure
Reduce fights, arguments and hurt feelings among your loved ones over your estate.	Slightly	Moderately	Very	Unsure
Protect your heirs' inheritance from spendthrift guardians (parents) and spouses, divorce, and creditors.	Slightly	Moderately	Very	Unsure
Protect your loved ones who have special needs or are disabled from mismanaging their inheritance or losing benefits because of their inheritance.	Slightly	Moderately	Very	Unsure
Ensure that your heirs receive a fair share without the need to liquidate your entire estate (ex. keep land ownership intact).	Slightly	Moderately	Very	Unsure
Protect and provide for your most at-risk loved ones: your minor children, your special needs/disabled children or loved ones and your parents or grandparents.	Slightly	Moderately	Very	Unsure

CLIENT TWO

Your Trusted Professionals

Team-based planning can provide tremendous value to you and your estate plan. Which professionals (financial advisors, insurance agents, CPAs, etc.) do you trust to assist you with your affairs? If you would like to include any of these persons in your meetings with our office, please let us know.

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Ex. John Doe/Jane Doe Name	Financial Advisor/Insurance Agent Relationship	000-000-0000 Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship	_____ Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship	_____ Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship	_____ Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship	_____ Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CLIENT TWO

Who do you trust to manage your affairs when you cannot?

GUARDIAN:

Who would you trust to care for and parent your minor children after your death?

Choice One

Choice Two

Choice Three

FINANCIAL SUCCESSOR:

Who would you trust to manage your finances if you were unable to do so?

Choice One

Choice Two

Choice Three

HEALTHCARE SUCCESSOR:

Who would you trust to make health care decisions for you if you were unable to do so?

Choice One

Choice Two

Choice Three

ESTATE FIDUCIARY:

Who would you trust to carry out your wishes when administering and distributing your estate?

Choice One

Choice Two

Choice Three

List your children (attach additional pages, if needed):

_____ Full Legal Name	_____ Date of Birth	Relationship Information: <input type="checkbox"/> Son <input type="checkbox"/> Daughter Birth/Adoptive Parent(s): <input type="checkbox"/> Client One <input type="checkbox"/> Client Two <input type="checkbox"/> Joint
_____ Telephone Number	_____ City & State of Residence	
_____ Full Legal Name	_____ Date of Birth	Relationship Information: <input type="checkbox"/> Son <input type="checkbox"/> Daughter Birth/Adoptive Parent(s): <input type="checkbox"/> Client One <input type="checkbox"/> Client Two <input type="checkbox"/> Joint
_____ Telephone Number	_____ City & State of Residence	
_____ Full Legal Name	_____ Date of Birth	Relationship Information: <input type="checkbox"/> Son <input type="checkbox"/> Daughter Birth/Adoptive Parent(s): <input type="checkbox"/> Client One <input type="checkbox"/> Client Two <input type="checkbox"/> Joint
_____ Telephone Number	_____ City & State of Residence	
_____ Full Legal Name	_____ Date of Birth	Relationship Information: <input type="checkbox"/> Son <input type="checkbox"/> Daughter Birth/Adoptive Parent(s): <input type="checkbox"/> Client One <input type="checkbox"/> Client Two <input type="checkbox"/> Joint
_____ Telephone Number	_____ City & State of Residence	

List any other persons you would like to provide for (attach additional pages, if needed):

Name	Relationship	Date of Birth	Telephone Number
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_____	_____	_____	_____
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_____	_____	_____	_____
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Are you interested in leaving money to a charity or other organization? YES NO

If yes, please list (attach additional pages, if needed):

CLIENTS ONE & TWO

Your Financial Information

The purpose of this section is to obtain a general idea of your combined estate.

ACCOUNTS	Number of Accounts (Choose One)				ESTIMATED VALUES
Cash Accounts	NONE	1-4	5-9	10+	\$
Investment Accounts	NONE	1-4	5-9	10+	\$
Stock & Bonds	NONE	1-4	5-9	10+	\$
Retirement Accounts	NONE	1-4	5-9	10+	\$
Life Insurance	NONE	1-4	5-9	10+	\$
Annuities	NONE	1-4	5-9	10+	\$
Promissory Notes	NONE	1-4	5-9	10+	\$

BUSINESS INTERESTS	Number of Businesses (Choose One)				ESTIMATED VALUES
Sole Proprietorships	NONE	1-4	5-9	10+	\$
Partnerships & LLCs	NONE	1-4	5-9	10+	\$
Corporations	NONE	1-4	5-9	10+	\$

REAL PROPERTY	Number of Properties (Choose One)				ESTIMATED VALUES
Personal Residence	NONE	1-4	5-9	10+	\$
Other Montana Properties	NONE	1-4	5-9	10+	\$
Out of State Properties	NONE	1-4	5-9	10+	\$
Mineral Interests	NONE	1-4	5-9	10+	\$
Do you have any water rights?	YES	NO			

OTHER ASSETS	Brief Description	ESTIMATED VALUES
Personal Effects	_____	\$
	_____	\$
Motor Vehicles	_____	\$
	_____	\$
Future Assets	_____	\$
	_____	\$
Other	_____	\$
	_____	\$
Total Estimated Assets		\$

LIABILITIES	Brief Description	ESTIMATED VALUES
Mortgages	_____	\$
	_____	\$
Loans Payable	_____	\$
	_____	\$
Accounts Payable	_____	\$
	_____	\$
Other Liabilities	_____	\$
	_____	\$
Total Estimated Liabilities		\$

Estimated Net Estate (Assets minus Liabilities) \$