



THE
MUNDHEIM
FIRM

LEGACY COUNSELING INVENTORY & ASSESSMENT

(PLEASE COMPLETE IN INK)

The following information will help us advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient the planning process will be. *We must have this paperwork returned to us by mail, fax or e-mail at least two days prior to your Planning Session to ensure that we have enough time to understand the specifics of your situation prior to our meeting. If you have any questions or need help in completing any part of this form, please call our office at 817-479-0076 and we will set up a phone conference to assist you.*

Preliminary Questions and General Documentation Request

In some instances, it is necessary for us to review other documents before we can make planning recommendations. If applicable, please bring the documents requested below with you to our first meeting:

1. Copies of all **deeds to real estate** owned by you.
2. Copies of the most recent **financial statements** evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
3. Copies of any **stock or bond certificates**.
4. Do you have any **Long-Term Care Policies** Yes No If yes, please bring a copy.
5. Is there a **Divorce Decree or Property Settlement Agreement** for divorce under which continued obligations exist (child or spousal support, maintain life insurance policy, etc.)? Yes No If yes, please bring a copy.
6. Last 3 years of **personal income, corporate, or partnership tax returns**.
7. Have you ever filed a **gift tax, estate tax, or trust tax return**? Yes No If yes, please bring a copy.
8. Copies of any **existing planning documents**, including wills, trusts, powers of attorney, health care directives, etc.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL
WE LOOK FORWARD TO MEETING WITH YOU SOON

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TODAY'S DATE: _____

1. Full name (as you will sign your will) _____
2. Address _____
County _____
Have you ever lived in any state other than Texas? _____
State _____ Date you moved to Texas _____
3. Phone Numbers
a. Home _____ c. Fax _____
b. Work _____ d. Other _____
email address: _____
4. Birthdate: _____ Country of Citizenship: _____
Social Security Number (Optional): _____
5. Occupation: _____ Yearly Income: _____
Family-owned Business Information:
Name _____
Address _____
Description _____
EIN (optional) _____
6. Marital History
a. Are you currently married? Yes ___ No ___
Date & state of marriage: _____
Spouse Name: _____
b. Widowed? Yes ___ No ___
Name of deceased spouse _____
Date of death _____ County/State of Residence at death _____
Did spouse leave a will?
Yes ___ No ___ . (if yes, please include a copy of the will)
Was it probated? Yes ___ No ___
c. Divorced? Yes ___ No ___
Name of ex-spouse _____
Date and state of divorce: _____
Financial obligation _____
d. Are there any premarital or post-marital agreements in effect?
Yes ___ No ___ (please include a copy)
7. Children & Grandchildren (please include any who are deceased)
a. Children Birthdate State of Residence
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
b. Grandchildren Birthdate State of Residence Parent's Name
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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c. Which descendants listed above are deceased? _____

8. Assets

a. Real Estate State Approx. Value Mortgage Balance
Residence _____
Other _____
Other _____

b. Savings/Checking/Brokerage Accounts

Account Type	Financial Institution	Approx. Value or Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. IRAs Institution/Custodian Balance Primary Beneficiary

d. Employee Benefit Plans (For defined contribution plans, such as 401(k) plans, please list the current account balance. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment. For stock options, please indicate current value.) Please list.

Plan Type	Institution/Administrator	Balance	Primary Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yearly Contribution (for defined contribution plans): _____

e. Life Insurance (list cash value and payoff value) _____

Institution/Administrator	Cash Value	Payoff Amount	Primary Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

f. Trust Interests (including powers of appointment) _____

g. Other Major Assets (fine artwork, pending lawsuits, etc.) _____

h. Anticipated Inheritance _____
Name of Person Who May Leave You Something _____

Relationship _____
Rough Estimate of Amount _____

i. Business Interests
Ownership Arrangement (partnership/S-corps., etc.) _____
Approx. Value _____
Number of Employees _____

j. Automobiles & Vehicles (including boats & trailers)
Make & Year Date Acquired Owner on Title Issuer State Value Loan

9. Liabilities (excluding mortgages or car loans listed above)

	Description	Amount
1.	Consumer Debts _____	_____
	_____	_____
2.	Business Debts _____	_____
	_____	_____
3.	Guarantees _____	_____
	_____	_____

10. Have you ever made any taxable gifts? (please include copies of gift tax returns that you have filed)

Recipient	Amount	Date	Source of Funds
_____	_____	_____	_____
_____	_____	_____	_____

11. Dispositive Plan

a. Do you presently have a will? Yes ___ No ___
(please include a copy, if readily available)

b. What are your estate planning objectives? (simplify probate, avoid income or estate taxes, provide for disabled relatives, make charitable gifts, set up generation-skipping trusts, etc.)

c. In general, to whom do you want your estate to be distributed?

d. Your wills will set up basic trusts for any minor children, grandchildren, or other relatives who might inherit under your will. At what age should these trusts terminate and distribute the assets outright to the children?

12. Fiduciaries

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Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs who is willing to serve for free.

If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians). You must also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

a. Executor	b. Guardian and Trustee for minor children
Primary	Primary
Name: _____	Name: _____
City & State: _____	City & State: _____
Relationship: _____	Relationship: _____
First Alternate	First Alternate
Name: _____	Name: _____
City & State: _____	City & State: _____
Relationship: _____	Relationship: _____
Second Alternate	Second Alternate
Name: _____	Name: _____
City & State: _____	City & State: _____
Relationship: _____	Relationship: _____

13. Other Estate Planning Documents

a. Statutory Durable Power of Attorney

This document allows your designated agent to handle all of your personal affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way.

Primary
Name: _____
Relationship: _____

First Alternate
Name: _____
Relationship: _____

Second Alternate
Name: _____
Relationship: _____

b. Medical Power of Attorney

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc.

Primary
Name: _____
Address: _____
Relationship: _____
Telephone #: _____

First Alternate
Name: _____
Address: _____
Relationship: _____
Telephone #: _____

Second Alternate
Name: _____
Address: _____

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Relationship: _____
Telephone #: _____

c. Living Will

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

1. A "terminal condition" is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

_____ Comfort treatment only. _____ All life-sustaining treatments. _____ Undecided.

2. An "irreversible condition" is one from which you are expected to die even with all available life-sustaining treatments, but with which you may remain alive for more than six months. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

_____ Comfort treatment only. _____ All life-sustaining treatments. _____ Undecided.

d. Declaration of Guardian in the Event Need Arises

This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid a costly guardianship; however, if a guardianship is instituted, the durable power of attorney is automatically revoked. An important feature of this document is that you can designate who you do not want to serve as your guardian and the judge cannot appoint those persons under any circumstance. Most people generally choose for their guardians the same persons they appointed in their Statutory Durable Power of Attorney and their Health Care Power of Attorney; if this is what you wish to do, just leave this section blank.

Guardian for Financial Purposes:

Guardian for Health Care Purposes:

Primary: _____ Primary: _____

Alternates: _____ Alternates: _____

Persons you wish to exclude:

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