

WORKSHEET UPDATE EXISTING PLAN

James Hamers
Glenn T. Okawa

Dated _____

CLIENT

SPOUSE

Name to use when you sign legal documents

Name to use when you sign legal documents

Street _____

P.O. Box _____

County _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Is Client a US Citizen?

Yes No

Is Spouse a US Citizen?

Yes No

Indicate if there is an existing Guardianship for:

Client Spouse

Indicate if there is an existing Conservatorship for:

Client Spouse

Birth date: _____

Employer: _____

What are your current goals or primary concerns - indicate all that apply

Low Mid High Priority

- Avoid Probate, Conservatorships and Guardianships
- Minimize estate taxes
- Medicaid (long term care) planning for yourself or others
- Education and other significant expense planning for family members.

Yes No Do you wish to have documents (password protected) sent to you through your email?

Email Address to use: _____

Relevant Changes to your situation or matter you wish to discuss:

YOUR FAMILY AND OTHERS WHO WILL INHERIT

Name _____ Male Female

Child of Client Spouse Other _____

Sibling of Client Spouse Other _____

Parent of Client Spouse Other _____

Friend of Client Spouse

Other Relationship _____

This person Is a Minor Is Deceased Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Name _____ Male Female

Child of Client Spouse Other _____

Sibling of Client Spouse Other _____

Parent of Client Spouse Other _____

Friend of Client Spouse

Other Relationship _____

This person Is a Minor Is Deceased Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Name _____ Male Female

Child of Client Spouse Other _____

Sibling of Client Spouse Other _____

Parent of Client Spouse Other _____

Friend of Client Spouse

Other Relationship _____

This person Is a Minor Is Deceased Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Name _____ Male Female

Child of Client Spouse Other _____

Sibling of Client Spouse Other _____

Parent of Client Spouse Other _____

Friend of Client Spouse _____

Other Relationship _____

This person Is a Minor Is Deceased Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Name _____ Male Female

Child of Client Spouse Other _____

Sibling of Client Spouse Other _____

Parent of Client Spouse Other _____

Friend of Client Spouse _____

Other Relationship _____

This person Is a Minor Is Deceased Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Charity

Notes

YOUR DECISION MAKERS

Name _____ Male Female

Financial decision maker
 Health Care decision maker
 Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ Male Female

Financial decision maker
 Health Care decision maker
 Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ Male Female

Financial decision maker
 Health Care decision maker
 Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ Male Female

Financial decision maker
 Health Care decision maker
 Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ Male Female

Financial decision maker
 Health Care decision maker
 Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ Male Female

Financial decision maker
 Health Care decision maker
 Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

YOUR ADVISERS

Personal Attorney: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Business Attorney: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Accountant: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Financial Planner: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Stock Broker:

Name _____

Name of Firm _____

Street _____

City _____ State _____ Zip: _____

Telephone _____ Fax _____

Email _____

Life Insurance:

Name _____

Name of Firm _____

Street _____

City _____ State _____ Zip: _____

Telephone _____ Fax _____

Email _____

Web site: _____

Physician (Client):

Name _____

Name of Clinic _____

Street _____

City _____ State _____ Zip: _____

Telephone _____ Fax _____

Email _____

Physician (Spouse):

Name of Clinic _____

Street _____

City _____ State _____ Zip: _____

Telephone _____ Fax _____

Email _____

YOUR WEALTH, INCOME AND EXPENSES

Type	Ownership: Check all that apply for each Type			Total value for each Type
	Client	Spouse	Joint	Use approximate values
Stocks, Bonds, Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Brokerage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Checking, Saving, M-Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certificates of deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Property in State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Property out of State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Business – Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Life insurance death benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Personal Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Potential inheritance	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
Stock options	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
Standard Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
IRAs, 401ks, SEPs, TSAs.	<input type="checkbox"/>			\$ _____
IRAs, 401ks, SEPs, TSAs		<input type="checkbox"/>		\$ _____
Real Property Debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- \$ _____
Assets held jointly with someone <u>other than</u> your spouse:				\$ _____
Total Current Wealth				\$ _____
Income (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Expenses (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____