

# HAYLEY E. ROHN PLLC

Please complete as thoroughly as you can. If you are unsure what to say or whether a question applies to your situation, leave it blank. However, at this point, the most important information is your asset information so please be sure to complete the asset information on the final pages as thoroughly as you can. Your completion and our review of this form does not, in itself, constitute the creation of an attorney-client relationship until you have retained me.

## GENERAL INFORMATION

Full Name

Other Names Used  Age

Address

Phone(s)

Employer

Occupation

Place of Birth

Citizenship

Prior Marriage(s)

Does a Divorce Judgment exist?  
 Yes  No

If yes and if there are any outstanding obligations, please send me a copy.

Does a Prenuptial Agreement exist?  
 Yes  No

If yes, please send me a copy.

## CHILDREN

If you currently have no children, skip this page.

Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>
Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>

Do any of your children have special financial, mental, or physical challenges?

Yes  No

Do any of your children depend on governmental financial assistance?

Yes  No

If yes to either, please elaborate:

Are any of these children adopted?

Yes  No

Please describe your overall goals and concerns for managing your children's inheritance. There are many options but please describe what you think you want. We will certainly have a follow up discussion on this.

## GRANDCHILDREN

If you currently have no grandchildren, skip this page.

Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>
Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/> Age <input style="width: 10%;" type="text"/> Parents' Names <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> Phone <input style="width: 98%;" type="text"/> Marital Status <input style="width: 50%;" type="text"/> No. of children <input style="width: 20%;" type="text"/>

Do any of your grandchildren have special financial, mental, or physical challenges?

Yes  No

Do any of your grandchildren depend on governmental financial assistance?

Yes  No

If yes to either, please elaborate:

Are any of these grandchildren adopted?

Yes  No

Please describe your overall goals and concerns for managing your grandchildren's inheritance. There are many options but please describe what you think you want. We will certainly have a follow up discussion on this.

**GUARDIANS**

If any of your children are minors, who would you like to nominate as their guardian or co-guardians? If you want a more complex line-up for nominating your guardians, feel free to spell it out in the extra space provided.

1. Full Legal Name:

Relation to you:

2. Full Legal Name:

Relation to you:

3. Full Legal Name:

Relation to you:

4. Full Legal Name:

Relation to you:

Any special requests for guardians and co-guardians:

**OTHER BENEFICIARY INFORMATION**

If you have no children or grandchildren (or even if you do have children/grandchildren but you want to add other beneficiaries), please list and name them. Examples: Nieces and nephews, siblings, cousins, your own parents, friends, and charitable organizations.

Do any of the above beneficiaries have special financial, mental, or physical challenges?

Yes  No

Do any of the beneficiaries depend on governmental financial assistance?

Yes  No

If yes to either, please elaborate:

Please describe your goals and concerns for managing these beneficiaries' inheritance. There are many options but please list your goals and what you think you want. We will certainly have a follow up discussion on this.

## DURABLE POWER OF ATTORNEY

A Durable Power of Attorney authorizes someone to act on your behalf for your financial decisions during your lifetime. Who would you like to act on your behalf? Designate if you want any of the individuals to only serve if you are incapacitated.

	Legal Name	Relationship	Address	Upon Incapacity?
1.				
2.				
3.				
4.				

## LIVING WILL AND PATIENT ADVOCATE DESIGNATION

A Living Will and Patient Advocate Designation is a document in which you spell your life support wishes and it also names people who you want to act on your behalf to make medical decisions.

	Legal Name	Relationship	Address
1.			
2.			
3.			
4.			

Do you have any preferences as to life support, funeral, burial and/or organ donation? We can also revisit this topic after you've seen a draft of your Living Will and Patient Advocate Designation.

## PERSONAL REPRESENTATIVES / TRUSTEES

A Personal Representative is the person who manages your probate assets after your death, coordinates with the probate court, and distributes your estate according to your Will if you have any probate assets.

A Trustee is the person who will manage assets held in your Trusts (i.e., non-probate assets). Typically, the Trustee and the Personal Representative will be the same people.

Note that many people want to name individuals to serve together as Co-Trustee/Co-Personal Representative (such as your parents, for example). Feel free to list more people if space is not available.

Even if you are uncertain you want or need a Trust, please be sure to at least fill out the asset information on the final pages.

	Legal Name	Relationship	Address
1.			
2.			
3.			
4.			

## DISTRIBUTION OF ESTATE

If you have a general idea of how you want your assets distributed upon your death, please answer the following questions.

1. Would you like to make gifts of specific assets or specific personal items to specific people upon your death? If so, please describe.

2. Please describe how you think you would like the rest of your estate distributed. If you are unsure, please skip this question and go to #3.

3. What are your goals and concerns in setting up the inheritances for your children and/or your other beneficiaries?

4. In the remote case that all of your beneficiaries die before you, who would you want to inherit your assets? If you don't name anyone here, it would be dictated by Michigan law. Many people often name charities, friends, more distant relatives, and so on. This is what we call the "Final Takers" provision.

OTHER CONSIDERATIONS

Do you want to disinherit anyone?

Yes  No If Yes, who and briefly explain why.

Is anyone likely to contest your Will?

Yes  No If Yes, who and briefly explain why.

Does anyone have creditor problems?

Yes  No If Yes, who and briefly explain why.

Is divorce a concern for any of the children or other beneficiaries?

Have you filed gift tax returns or made any gifts (outright or in trust) exceeding \$14,000 per year to any person?

Yes  No If Yes, please elaborate how much:

Do you have a power of appointment or other interest under a will or trust created by someone else?

Do you expect a significant inheritance?

Is there anything else I should know about your family and other circumstances?



# ESTATE PLANNING CLIENT INFORMATION WORKSHEET

## SUMMARY OF ASSETS

Please list all of your assets on the below form as completely as you can. Use ballpark figures and indicate how each asset is owned/titled. If you prefer to use your own spreadsheet or list of assets, that is fine as long as I am able to see the values and how the assets are currently titled.

ASSETS	HOW IS IT CURRENTLY OWNED/TITLED? For example, in your individual name only or jointly owned with anyone else?
Home	
Other Real Estate, if any	
Cash and Checking Accounts	
Savings Accounts	
Stocks/Bonds/Mutual Funds	
Other investment accounts	
IRAs/Roth IRAs	
401(k)s	

# ESTATE PLANNING CLIENT INFORMATION WORKSHEET

Other Retirement Accounts	
Life Insurance	
Business Interests	
Loans Receivable / Amounts Owed to You	
Prospective Inheritances	
<b>TOTAL ASSETS</b>	
Mortgages	
Student Loan Debt	
Other Loans/Debt	
<b>TOTAL LIABILITIES</b>	
<b>NET ASSETS</b>	