



KIMBERLY M. HANLON, LLC
A fresh approach to traditional legal dilemmas

FAMILY WEALTH INVENTORY & ASSESSMENT

(PLEASE COMPLETE IN INK)

We must have this Inventory and Assessment returned to us at least three days prior to your Family Wealth Planning Session so we have enough time to understand the specifics of your Family Wealth before our meeting.

If you need assistance completing the information,
call our office at (612) 206-3701 and we will help you.

**DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

WE LOOK FORWARD TO SEEING YOU!



Thank you for choosing to have a Personal Family Wealth Planning Session. You have made a great choice for yourself and your loved ones.

In order to help formulate a plan that is right for you, I need to know some important information about you, your family, your goals, and your assets and debts. I have the following inventory & assessment prepared to help you gather and organize the information I will need.

The inventory & assessment is not intended to be a substitute for our conversations about what you want to achieve or about what is unique about your situation. It is a tool to help me better advise you.

I appreciate your taking the time to complete the inventory & assessment with all the information that applies to you. Not everything in it applies to everyone, and not every situation is represented in the inventory. So, please do not be concerned if you end up leaving many questions blank, and please let me know if you have something that is important but uncommon, like Tribal membership.

Lastly, if you are single or an unmarried couple, please do not be offended that the questionnaire is labeled for 'Husband' and 'Wife'. It is not my intention to offend, nor to communicate anything about marriage. I simply have not re-developed a specific inventory for single individuals or non-married couples.

Please do not hesitate to call me or email me if you have any questions or concerns while you are gathering and recording your information. This inventory & assessment is the start of our conversation - not the end.

Take care,

Kimberly M. Hanlon
Personal Family Lawyer ®

PERSONAL INFORMATION

Client's Signature Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home phone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E- mail.

Married: Date of Marriage _____ Divorced Widowed Single

Cohabiting: Domestic Partnership Agreement in place? _____

Partner's Signature Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home phone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E- mail.

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CHILDREN AND/OR OTHER FAMILY MEMBERS WHO DEPEND ON YOU

Use full legal name. For stepparents, note "H" if only husband is the biological parent or note "W" if only wife is the biological parent and the stepchild has not been legally adopted.

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY WEALTH ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

Protect Yourself and Your Spouse or Partner

- From malpractice or other creditor claims
- From conservatorship proceedings if you or your partner become incapacitated
- From probate delays and stress upon your death or the death of your partner
- From hospital policies requiring life sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

Preserve and Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death (up to 55% of your assets and life insurance benefits)
- By reducing estate administration costs through probate avoidance
- Avoid or limit Medical Assistance claims on your assets should you require long-term care
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

Protect Your Children or other Beneficiaries

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to take half of your child or beneficiary's inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditors' claims (such as car accident plaintiffs)
- From the stress and delays of the average 16-month process of probate
- From the financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- From litigation claims by disinherited heirs
- *For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care
- *For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- *For special needs beneficiary only:* from neglect in the government care system

Take Charge of Your Life

- Get your financial life organized
- Have clarity about your life purpose, goals and dreams
- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- Have a plan to leave the world a better place
- Leave behind specific intellectual, spiritual, and human assets in addition to your financial assets.
- *For parents only:* By specifying the values, insights, stories and experiences you want passed on to your children and how you want the money you leave behind used for your children.
- *For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
- *For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

IMPORTANT FAMILY QUESTIONS

HUSBAND

WIFE

Do you have a will, trust, or other estate planning document? <i>Please furnish copies of these documents</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? <i>If yes, please describe below</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own any property that is not marital property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME

FAMILY VALUES

Rate the following values in order of their importance to you from “Most Important” to “Least Important.”
Feel free to leave blank any item you do not wish to rank.

	Most Important	Important	Neutral	Least Important
▪ Cultural values such as art, music, travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Economic values such as financial responsibility, frugality, savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Educational values such as study, self-improvement, academic achievements, lifelong learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Emotional values such as compassion, kindness, generosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ethical values such as honesty, fairness, justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Material values such as possessions, social standing, rank and title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personal values such as modesty, loyalty, independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Philanthropic values such as volunteer work, donations (time and money)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Physical values such as health, relaxation, exercise, appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Public values such as citizenship, community involvement, public service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Recreational values such as sports, leisure time, hobbies, vacations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Relationship values such as family, friends, colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Spiritual values such as faith, belief in God, inner peace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Work values such as effort, competence, professional recognition and success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below. Attach additional pages, if necessary.

INCOME:	Husband	Joint	Wife
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

ASSETS:

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, cabin, time share or vacant land. (Please list manner in which title held – Joint Tenancy, Separate Property, Tenancy in Common)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items*).

Type or Description	Owner	Market Value
<u>Miscellaneous Furniture and Household Effects (Total)</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS.

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (indicate type below).

Do not include IRA’s or 401(k)’s here.

Name of Institution & account #	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse’s name) for the benefit of a minor, please specify and give minor’s name.

STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds or Investment Accounts	Type & Account #	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total Death Benefits _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total Plan Benefits _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total Business Interest Value _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed To	Current Balance

Total Money Owed to You _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total Estimated Value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type or Description	Owner	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

SUMMARY OF VALUES

Assets:	Amount*		Total Value
	Husband	Wife	
Real Property	_____	_____	_____
Furniture and Personal Property	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Financial Assets	_____	_____	_____

* Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.

INTELLECTUAL ASSETS

Husband

- High School
- College
- Graduate Degree _____
- On the job MBA (business owner)

Wife

- High School
- College
- Graduate Degree _____
- On the job MBA (business owner)

SPIRITUAL ASSETS

- I have faith in myself only
- I have faith in something bigger than me
- I have faith in myself only
- I have faith in something bigger than me

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

LONG-TERM GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would for the long -term.

Name, Address and Phone Number **Relationship**

SHORT-TERM GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would be able to be immediately available to them (within 20 minutes) if you could not be located.

Name, Address and Phone Number **Relationship**

GUARDIAN FOR PETS: _____

FINANCIAL DECISION MAKERS

DEATH TRUSTEE: After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

Name, Address and Phone Number **Relationship**

HEALTH CARE DECISION MAKERS

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

HUSBAND'S AGENT

Name, Address and Phone Number **Relationship**

What would you wish to express for instructions if you are in a terminal condition situation? This can be whatever you wish to express, but most people choose something like this:

If I am in a terminal condition and cannot express my wishes, I wish to be allowed to die naturally and not be kept alive by artificial means or heroic measures. I do not want any medical treatment that will not substantially improve my condition or help me recover, but will only postpone the moment of my death. I want whatever care is appropriate to keep me as comfortable and as free of pain as is reasonably possible, including the administration of pain relieving drugs and surgical or medical procedures calculated to relieve my pain, even if it exceeds accepted protocol or may hasten my death.

The things that are important to express are whether you want to be kept alive by artificial means (ventilator, respirator, tube feeding) and whether you want to have life-saving measures taken, no matter how remote the possibility of success, or only measures to keep you comfortable until a natural death takes place. Remember, too, that the only circumstance where these directions come into play is if you are completely unable to speak for yourself and you have a terminal condition. The situation this was designed for is one where you are on "life support" with no chance for recovery.

My wishes are: _____

What, if any, organs do you wish to donate?

- I wish to donate my organs, tissue and other body parts when I die.
- I do not wish to donate my organs, tissue and other body parts when I die.
- I have agreed in another document or on another Form to donate my organs.
- I wish the donation to be made to _____
- I do not want my donated organs to be used for _____

Do you want your health care agent to make decisions about the disposition of your remains? _____

Do you wish to be cremated? _____

WIFE'S AGENT

Name, Address and Phone Number

Relationship

What would you wish to express for instructions if you are in a terminal condition situation? This can be whatever you wish to express, but most people choose something like this:

If I am in a terminal condition and cannot express my wishes, I wish to be allowed to die naturally and not be kept alive by artificial means or heroic measures. I do not want any medical treatment that will not substantially improve my condition or help me recover, but will only postpone the moment of my death. I want whatever care is appropriate to keep me as comfortable and as free of pain as is reasonably possible, including the administration of pain relieving drugs and surgical or medical procedures calculated to relieve my pain, even if it exceeds accepted protocol or may hasten my death.

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What, if any, organs do you wish to donate?

- I wish to donate my organs, tissue and other body parts when I die.
- I do not wish to donate my organs, tissue and other body parts when I die.
- I have agreed in another document or on another Form to donate my organs.
- I wish the donation to be made to _____
- I do not want my donated organs to be used for _____

Do you want your health care agent to make decisions about the disposition of your remains? _____

Do you wish to be cremated? _____

Questions you have for me or other information you would like me to know: _____
