

FEDOR CAMARGO

WESTON PLC

ATTORNEYS AND COUNSELORS

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**FAMILY WEALTH
INVENTORY & ASSESSMENT**

(PLEASE COMPLETE IN INK)

*****Please bring this Inventory and Assessment with you to your Family Wealth Planning*****

If you need assistance in completing the information, call
our office (248.822.7160) and we will help you.

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

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

Husband'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? Yes No If no list citizenship: _____

Home Address _____ City _____ MI _____

Home Tel: _____ Cell Phone: _____ Business Phone: _____

Occupation: _____ Employer: _____

Business Address: _____ City _____ State _____ Zip _____

E-mail Address: _____ @ _____ Is it OK to communicate via E-mail Yes No

Date of Marriage _____ Location (County, State) _____

Wife'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? Yes No If no list citizenship: _____

Home Address _____ City _____ MI _____

Home Tel: _____ Cell Phone: _____ Business Phone: _____

Occupation: _____ Employer: _____

Business Address: _____ City _____ State _____ Zip _____

E-mail Address: _____ @ _____ Is it OK to communicate via E-mail Yes No

Do you have a religious preference? Yes No If yes, please indicate: _____

CHILDREN FROM THIS MARRIAGE:

1) Name: _____ Date of birth: ____/____/____ SS# _____

Address: _____ City: _____ State: ____ Zip: _____

Married? Yes No; Spouse's Name: _____

Grandchildren? Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

2) Name: _____ Date of birth: ____/____/____ SS# _____

Address: _____ City: _____ State ____ Zip: _____

Married? Yes No; Spouse's Name: _____

Grandchildren? Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

3) Name: _____ Date of birth: ____/____/____ SS# _____

Address: _____ City: _____ State ____ Zip: _____

Married? Yes No; Spouse's Name: _____

Grandchildren? Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

CHILDREN FROM PRIOR MARRIAGE: indicate whether adopted "A", step child "SC", or former relationship "FR".

A, SC, FR

Name: _____ Date of birth: ____/____/____ H W _____

Name: _____ Date of birth: ____/____/____ H W _____

Name: _____ Date of birth: ____/____/____ H W _____

Do you have children who are deceased? Yes No (If yes, please list)

Do you have children who were born out of wedlock? Yes No (If yes, please list)

Do you have adopted children? Yes No (If yes, please indicate next to name of child)

Do you have children who are handicapped, in poor health or in need of special attention? Yes No

HUSBAND'S PARENTS Father Living? Yes No Mother Living? Yes No

Name: _____

Address: _____

Age: _____

Financially independent: Yes No Yes No

Current State of Health: (good, fair, poor) _____

WIFE'S PARENTS Father Living? Yes No Mother Living? Yes No

Name: _____

Address: _____

Age: _____

Financially independent: Yes No Yes No

Current State of Health: (good, fair, poor) _____

HUSBAND AND WIFE SIBLINGS

1. Name: _____; Spouse: Yes No (Name: _____)

Relationship: H W Residence – City: _____ State: _____

Children: Yes No _____

Comments: _____

2. Name: _____; Spouse: Yes No (Name: _____)

Relationship: H W Residence – City: _____ State: _____

Children: Yes No _____

Comments: _____

3. Name: _____; Spouse: Yes No (Name: _____)

Relationship: H W Residence – City: _____ State: _____

Children: Yes No _____

Comments: _____

FAMILY WEALTH ADVISORS

Accountant: _____

Financial Advisor: _____

Life Insurance Agent: _____

IMPORTANT FAMILY QUESTIONS

	<u>HUSBAND</u>		<u>WIFE</u>	
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 community 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? *Please furnish copies of these returns.*

Yes No Yes No

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*

Yes No Yes No

Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.*

Yes No Yes No

PART TWO – FINANCIAL INFORMATION

Instructions:

1. *Please Print*
2. *Be as specific as you can with regard to account names.*
3. *Account balances will vary, so please list the approximate balance of each account.*
4. *Watch for REMINDERS regarding papers we would like you to bring in.*

Amounts in Banks, Savings & Loans, Credit Unions

(e.g., checking, savings, money market, CD)

Note: If CD, please give Maturity Date

*IRA and Other Retirement Accounts Go on the Last Page

Name of Bank	Type of Account or Maturity Date	Balance
1. _____	_____	\$ _____
Names on account: _____		
2. _____	_____	\$ _____
Names on account: _____		
3. _____	_____	\$ _____
Names on account: _____		
4. _____	_____	\$ _____
Names on account: _____		

Stocks or Bonds

(Certificated – Where Certificates have been issued to you or Bonds are held by you)

Name of Stock/Bond	Type (S/B)	# of Shares or Maturity Date	Owner	Total Market Value
1. _____	_____	_____	_____	\$ _____

- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____
- 6. _____ \$ _____

Mutual Funds and/or Brokerage Accounts

(Accounts held by financial advisors)

Name of Brokerage Firm or Fund	Total Market Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

*Attach additional sheets if necessary.

Annuities

(Not Part of a Retirement Plan)

Company	Annuitant	Value
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

IRA and Other Retirement Accounts

Name of Account/Where Account is Held (Bank, Broker, Employer)	Type	Owner (401K, IRA, (Client/Spouse) Roth, TSA, etc.)	Total Market Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____

Real Estate

(Please indicate next to address whether the property is your residence, vacation home, rental, etc.)

REMINDER! Please bring the most recent deed and property tax bill for each property.

	<u>Property Address</u>	<u>Cost</u>	<u>Market Value</u>	<u>Debt</u>
1.	_____	\$ _____	\$ _____	\$ _____
	_____ Name(s) on Title: _____			
	Description of Property: _____			
2.	_____	\$ _____	\$ _____	\$ _____
	_____ Name(s) on Title: _____			
	Description of Property: _____			
3.	_____	\$ _____	\$ _____	\$ _____
	_____ Name(s) on Title: _____			
	Description of Property: _____			

Limited or General Partnership Membership

Name of Partnership	Type of Investment	Total Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Promissory Notes & Trust Deeds

(Where someone owes you money, e.g., is paying you on a note or other debt)

REMINDER! Please bring copy of any paperwork documenting the debt owed.

Name of Debtor	Security	Due Date	Balance
1. _____	_____	___/___/___	\$ _____
2. _____	_____	___/___/___	\$ _____
3. _____	_____	___/___/___	\$ _____
4. _____	_____	___/___/___	\$ _____

Life Insurance

Company	Policy Type	Owner	Cash Value	Death Benefit
(Whole Life, Term, etc.)				
1. _____	_____	_____	\$ _____	\$ _____
Insured's name: _____; Beneficiary: _____				
2. _____	_____	_____	\$ _____	\$ _____
Insured's name: _____; Beneficiary: _____				
3. _____	_____	_____	\$ _____	\$ _____

Insured's name: _____; Beneficiary: _____

4. _____ \$ _____ \$ _____

Insured's name: _____; Beneficiary: _____

5. _____ \$ _____ \$ _____

Insured's name: _____; Beneficiary: _____

Other Assets

1. Approximate value of personal property (household goods, jewelry, vehicles, antiques, etc.)?

\$ _____

2. Family business interest? Yes No; If yes, please describe activity, value and how held (e.g., corporation, LLC, FLP, sole proprietorship, etc.).

3. Are you expecting any large inheritances soon? Yes No

4. Other Assets: _____

When do you plan to retire? _____

How do you want your assets distributed? _____

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

APPOINTMENT OF FIDUCIARIES

Please list the persons that you would like to appoint in the following capacities:

PERSONAL REPRESENTATIVE (person who administers your estate in Probate Court):

Full Name, Address & Phone: _____

ALTERNATE PERSONAL REPRESENTATIVE:

Full Name, Address & Phone: _____

SUCCESSOR TRUSTEE (person in charge of trust AFTER YOU):

Full Name, Address & Phone: _____

SUCCESSOR TRUSTEE:

Full Name, Address & Phone: _____

GUARDIAN (for minor or handicapped children):

Full Name, Address & Phone: _____

ALTERNATE GUARDIAN:

Full Name, Address & Phone: _____

GENERAL DURABLE POWER OF ATTORNEY (**LEGAL AND FINANCIAL**):

Full Name, Address & Phone: _____

ALTERNATE ATTORNEY-IN-FACT:

Full Name, Address & Phone: _____

GENERAL DURABLE POWER OF ATTORNEY FOR HEALTH CARE:

Full Name, Address & Phone: _____

ALTERNATE POWER OF ATTORNEY FOR HEALTH CARE:

Full Name, Address & Phone: _____

Do you want life sustaining treatment? _____

RELATIVES AND FRIENDS

List all other relatives, friends or others who would be immediate beneficiaries or ultimate beneficiaries if the client, spouse, all children and parents were deceased.

Name	Address (city, state)	Age	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Other questions you would like to ask

**PLEASE CONTACT OUR OFFICE AT 248.822.7160 TO SCHEDULE AN APPOINTMENT TO REVIEW
YOUR QUESTIONNAIRE.**