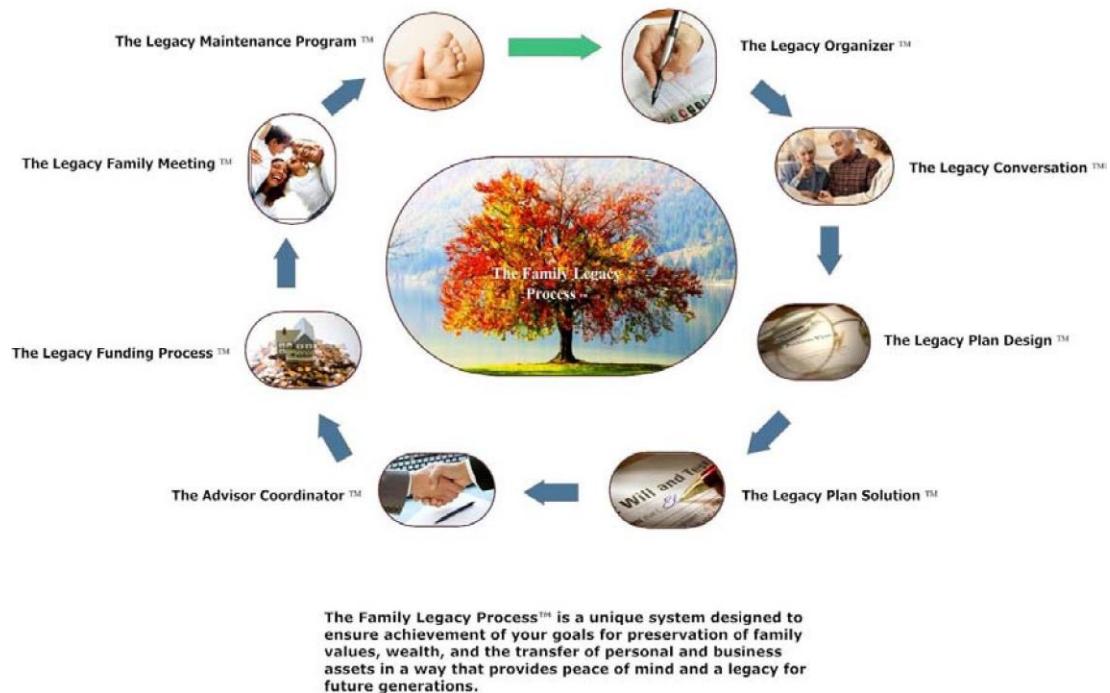




THE FAMILY LEGACY ORGANIZER®

In order to assist us in ensuring that your family values and your assets will be transferred to those you designate without interference, unnecessary taxes, court costs, or litigation, we created The Family Legacy Process®. This is our unique process designed to provide the legal strategies and solutions necessary to achieve your goals for the preservation of family values, wealth, and asset protection in a way that provides a legacy for future generations. We believe The Family Legacy Process® will effectively serve you as we work together to ensure the preservation of your family values and complete your objectives for the preservation of personal or business interests.

Prior to our first meeting we ask you to complete a Legacy Organizer® designed to clarify your goals, concerns and objectives. The Legacy Organizer® will also provide initial information necessary to help us identify which legal estate and wealth preservation strategies may be best for you and your family.



BACKGROUND INFORMATION

Full Legal Name _____

Prefer to be Called _____

Date of Birth: _____ US Citizen? _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ It is ok to communicate with me via this E-Mail

Employer: _____ Position: _____

Hobbies: _____

ADDITIONAL RELEVANT INFORMATION

CHILDREN AND/OR FAMILY MEMBERS

Name	Birth Date/Age	Relationship
1. _____	_____	_____
Comments _____		
2. _____	_____	_____
Comments _____		
3. _____	_____	_____
Comments _____		
4. _____	_____	_____
Comments _____		
5. _____	_____	_____
Comments _____		
6. _____	_____	_____
Comments _____		
7. _____	_____	_____
Comments _____		
8. _____	_____	_____
Comments _____		

Have any children predeceased you?

If so, when? _____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe _____</i>		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married, have you signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
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>		
Do you own real estate in other states?		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Have you been previously divorced?		
Do you have children from a prior relationship?		
Do you have any specific heirlooms or items that you want to gift to specific individuals?		
Are you concerned about privacy or avoiding probate?		

ADDITIONAL RELEVANT INFORMATION

FINANCIAL INFORMATION

SUMMARY OF VALUES

ASSETS	TOTAL VALUE
Real Estate	\$_____
Personal Property	\$_____
Vehicles/Boats	\$_____
Planes/RV's	\$_____
Bank & Savings	\$_____
Stocks/Bonds	\$_____
Life Insurance	\$_____
Annuities	\$_____
Simple IRA, 401(k)	\$_____
Roth IRA	\$_____
Business Interests	\$_____
Money Owed to You	\$_____
Expected Inheritance	\$_____
Other Assets	\$_____
Total Assets	\$_____

Do You Have Long Term Care Insurance? _____

THINGS TO THINK ABOUT

If you were incapacitated for any time, who would you choose to handle your personal financial affairs?

If you were incapacitated for any time, who would you choose to handle your business matters?

If you were incapacitated for any time, who would you choose to make medical decisions for you?

After your death, who would you choose to administrate and distribute your estate?

Who would you want to take care of your minor children if you could not?

THINGS YOU WANT TO DISCUSS

YOUR ADVISORS

Please list your advisors as indicated below

Name

Telephone

Accountant/CPA _____

Financial Advisor _____

Life Insurance Agent _____

Personal Physician _____

If you decide to retain our firm, our policy is that all invoices are sent out by email. If you would like to opt out of receiving invoices by email, please check the box below and invoices will be mailed.

 I would like to opt out of receiving invoices by email and prefer they be mailed instead

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