



LSPN
— PRO —

Advanced Needs Analysis



Incapacity Planning

Incapacity Planning

Planning around the costs and risks of becoming incapacitated through legal documents and financial vehicles



Estate Planning

Estate Planning

Establishing guidelines for your assets and family in the case of a life crisis including death or long term absence



Business Planning

Business Planning

Properly structuring business interests from formation of transfer and administration of business operations and benefits



Asset Protection
Planning

Asset Protection Planning

Protecting your property and personal interests from potential sources of liability including lawsuits and creditors



Tax Planning

Tax Planning

Minimizing your tax exposure for income taxes and transfer taxes using legitimate tax planning strategies



Legacy Planning

Legacy Planning

Establishing a legacy of assets and values through guidelines values statements and life stories.



ADVANCED ANALYSIS INTAKE WORKSHEET

PERSONAL INFORMATION

Legal Name _____
(name most often used to title property and accounts)

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

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

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

Date of Marriage _____

Wife's Legal Name _____

Children's Ages _____

Do care for anyone who has special needs? _____

***If you would like Tax Analysis please include last 2 years tax returns.**

***If you would like Business Planning Analysis please include corporate documents.**

***If you would like a review of an existing Estate Plan please include estate plan documents.**

What other Advisors do you currently have?

- Personal Attorney
- Accountant
- Financial Advisor
- Life Insurance Agent

SITUATION SPECIFIC QUESTIONS

(Please check "Yes" or "No" for the answer) Yes No	Yes	No
Have you or your spouse ever been previously married? <i>Please Describe:</i> _____		
Are you Co-habiting or Do either of you have children with a non-spouse? <i>Please Describe:</i> _____		
If married have you and your spouse signed a pre- or post-marriage contract?		
Are either you or your spouse a Non-Citizen of the U.S.? <i>If So, Please Describe:</i> _____		
Have you or your spouse previously completed will, trust, or estate plan documents?		
If married, have you lived in a Community Property State while married to each other? <i>AZ, CA, ID, LA, NV, NM, TX, WA, or WI</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>Please explain</i> _____		
Do any of your children have special educational, medical, or physical needs? _____		
Do any of your dependents or children receive governmental support or benefits?		
Do you or your spouse hold any professional licenses or designations? <i>Please Describe:</i> _____		

ASSET SPECIFIC QUESTIONS

(Please check "Yes" or "No" for the answer) Yes No	Yes	No
Do you or your spouse own any Real Property besides your residence? <i>Please Describe:</i> _____		
Do you own any property outside of the U.S. or in Native American Tribal Lands? <i>Please Describe:</i> _____		
Is your combined Net Worth over \$3,000,000? What is your combined net worth? \$_____		
Do you or your spouse own or plan on owning a business? <i>Please Describe:</i> _____		
Do you plan on selling a a business interest or any real property in the near future? <i>Please Describe:</i> _____		
Do you or your spouse own any federally or state regulated firearms? <i>Please Describe:</i> _____		

Do you or your spouse own any patents, royalties, or any Intellectual Property? <i>Please Describe:</i> _____		
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PROVISION/ DESIGN SPECIFIC QUESTIONS

(Please check "Yes" or "No" for the answer) Yes No	Yes	No
Do you want to provide specific instructions in your plan related to a Spendthrift Beneficiary? <i>Please Describe:</i> _____		
Do you want to plan around a future need to qualify for Medicaid or VA long term care benefits? <i>Please Describe:</i> _____		
Do you want to provide any distributions in your plan to Multiple Generations of beneficiaries? <i>Please Describe:</i> _____		
Do you plan to provide any distributions to charity in your plan or have a need for charitable planning? <i>Please Describe:</i> _____		
Do you want to provide specific instructions in your plan related to Family Heirlooms or Collectibles? <i>Please Describe:</i> _____		
Do you want to provide specific instructions in your plan related to Digital Assets? <i>Please Describe:</i> _____		
Do you want to provide specific instructions in your plan related to providing for a Family Pet or Livestock? <i>Please Describe:</i> _____		
Are you interested in leaving your life story/ personal legacy as part of your estate plan?		

PROPERTY INFORMATION

Assets	Husband/Client #1		Wife/Client #2		How is Asset Titled?
	# of Assets	Total Value	# of Assets	Total Value	
Adjusted Gross Income (the amount of income you earn each year)					
Cash Accounts (i.e. checking, savings, CD, Money Market)					
Investment Accounts (i.e. brokerage accounts)					
Bonds (not held in an investment account)					
Stocks (not held in an investment account)					
Company Stock Options					

Assets	Husband/Client #1		Wife/Client #2		How is Asset Titled?
	# of Assets	Total Value	# of Assets	Total Value	
Retirement Plans (401k, IRAs, etc.)					
Pension Plans					
Life Insurance Policies (death benefit value)					
Life Insurance (cash value)					
Annuities					
Partnership & LLC Interests					
Corp. Business Interests (S-Corp or LLC)					
Sole Proprietorship Interests					
Oil, Gas, and Mineral Interests					
Monies Owed to You (promissory notes)					
Personal Residence					
Other Real Property					
Other Out-of-State Real Property					
Other Assets					
Anticipated Inheritance, Gift, or Judgment					
TOTAL ASSET VALUE					

Liabilities					
Real Estate Mortgages					
Total Liabilities (\$\$\$)					
Net Estate (\$\$\$) Total (Assets Minus Total Liabilities)					
Estimated Annual Income					
Estimated Annual Taxes					