

## Farrell, Martin & Barnell, LLP

44 Oswego Street  
P.O. Box 199  
Baldwinsville, New York 13027  
Phone: 315.635.3222  
Fax: 315.635.4636  
www.fmblaw.net

---

### Confidential Asset Protection Planning Worksheet

(Information current as of \_\_\_\_\_, 20\_\_)

Client's Name (Full Legal Name):

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

DOB: \_\_\_\_\_

US Citizen?: Y / N

Marital Status: \_\_\_\_\_ Never Married  
\_\_\_\_\_ Divorced (Date of Divorce: \_\_\_\_\_)  
\_\_\_\_\_ Widowed (Spouse's Date of Death: \_\_\_\_\_)  
(Spouse's Name: \_\_\_\_\_)

Your Childrens' Names, Addresses and Dates of Birth

(if any children are not natural or adopted children, please indicate accordingly):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## Preliminary Questions

Please let us know how you were referred to us:

---

Do you currently have a Will? Y / N

Do you currently have a Trust? Y / N

Do you currently have a Power of Attorney? Y / N

Do you currently have a Health Care Proxy? Y / N

Do you currently have a Living Will? Y / N

*If yes to any of the above, please bring a copy of the document with you to our appointment.*

Do you have legal obligations to a former spouse? Y / N

Are any of your children disabled? Y / N

Do any of your children live with you? Y / N

Do any of your siblings live with you? Y / N

Are you a veteran or a surviving spouse of a veteran? Y / N

Do you anticipate needing skilled nursing home care within the next 60 months? Y / N

Have you made any gifts of money/property in the past 60 months (valued at over \$1,000)? Y / N

Are there any other special circumstances you wish to describe or questions to ask? Y / N

---

---

---

---

---

---

---

---

**Financial Information**

Please complete the following using (approximate) current values (please be sure to indicate if you own any listed assets jointly with another individual).

Real Estate

Address	Owner	Value	Mortgage
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Bank Accounts

Description of Account	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Investment Assets (Stocks, Bonds, Mutual Funds owned Outside of Retirement Plans)

Description of Asset	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## Financial Information (Continued)

### IRA's/ Retirement Plans

Description of Account	Owner	Beneficiary	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Life Insurance Policies

Description of Policy *	Owner	Beneficiary	Death Benefit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

\* please include type of policy in description: WL – whole life; G – group term; T –term

### Long Term Care Insurance

Do you have long term care insurance? Y / N

### Funeral Arrangements

Do you have a prepaid funeral plan? Y / N

Do you have a burial plot? Y / N

Other Assets (You do not have to list motor vehicles, furnishings, or other personal effects).

Description of Asset	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## Financial Information (Continued)

Income

Source of Income	Frequency Paid*	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\* please indicate if amount paid Weekly, Monthly or Annually