

# LIVACCARI VILLARRUBIA LEMMON

## L.L.C.



### CLIENT PROFILE

Client's Full Name(s): \_\_\_\_\_

File Name (If different): \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Husband's Company/Position: \_\_\_\_\_

Wife's Company/Position: \_\_\_\_\_

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

(o) \_\_\_\_\_

(o) \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

(c) \_\_\_\_\_

(c) \_\_\_\_\_

(e) \_\_\_\_\_

(e) \_\_\_\_\_

(h) \_\_\_\_\_

(h) \_\_\_\_\_

Indicate Primary Contact Method:

US Citizen? Y/N

US Citizen? Y/N

(h) – home (o) – office, (c) – cell, (e) - email

### FAMILY INFORMATION

Husband's DOB \_\_\_\_\_ SS# \_\_\_\_\_

Wife's DOB \_\_\_\_\_ SS# \_\_\_\_\_

Full Name of Husband's Prior Spouse(s) \_\_\_\_\_ Result? \_\_\_\_\_

Full Name of Wife's Prior Spouse(s) \_\_\_\_\_ Result? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Result: Divorce (D), Deceased While Married (DWM) or Currently Married (CM)

Child's Name (indicate M/F)	Nickname	DOB	Married? Y/N	# of Children	Biological Parents	Concerns: Y/N
1) _____ <small>Male / Female</small>	_____	_____	_____	_____	_____	_____
2) _____ <small>Male / Female</small>	_____	_____	_____	_____	_____	_____
3) _____ <small>Male / Female</small>	_____	_____	_____	_____	_____	_____
4) _____ <small>Male / Female</small>	_____	_____	_____	_____	_____	_____
5) _____ <small>Male / Female</small>	_____	_____	_____	_____	_____	_____
6) _____ <small>Male / Female</small>	_____	_____	_____	_____	_____	_____

Any Special Circumstances with the children? (e.g., Predeceased, adopted, special needs, disinherit); Explain:

\_\_\_\_\_

\_\_\_\_\_

**ASSET INFORMATION**

Do you have any Separate Assets, Prenuptial or Separate Property Agreements? (Y/N)\_\_\_\_\_

Have you/your spouse ever made gifts exceeding \$10,000? (Y/N)\_\_\_\_\_ Was a gift tax return filed? (Y/N)\_\_\_\_\_

If "Yes" to any of the above, please explain:\_\_\_\_\_

**ASSETS:**

**HOME** (Street Address) Gross Value Mortgage Fair Market Value (FMV)

\_\_\_\_\_

**REAL ESTATE HELD INDIVIDUALLY** -List TYPE (commercial(C), rental(R), condo(CN), timeshare(TS) vacant (V):

Municipal Address Type Gross Value Mortgage Net FMV

\_\_\_\_\_

\_\_\_\_\_

**RETIREMENT PLANS, IRA's & ANNUITIES** - for each, list TYPE OF PLAN (e.g. - IRA, 401(k), or Annuity) and

**BROKER DEALER** where it's held (e.g. - LPL, NY Life, Bank, etc.), Financial Advisor, Owner, Beneficiary & FMV

Type Of Plan Broker Dealer Owner Beneficiary FMV

\_\_\_\_\_

\_\_\_\_\_

**AFTER TAX, MUTUAL FUND OR STOCK INVESTMENTS**

Broker Dealer Where Account is Held Investment Advisor's Name FMV

\_\_\_\_\_

**LIFE INSURANCE** - list INSURED/OWNER/BENEFICIARY of each policy (e.g., Husband(H)/Wife(W)/Trust(T)),

Ins. COMPANY, Policy TYPE & Agent (e.g., Term/Whole Life, Universal Life), CASH VALUE and Death Benefit:

Insured Owner Beneficiary Company/Policy Type/Agent Cash Value Death Benefit

\_\_\_\_\_

\_\_\_\_\_

**BUSINESS INTERESTS** - for each company, list TYPE (e.g., L.L.C., Partnership (P/S), C - Corporation (C-Corp)

or S - Corporation (S-Corp)), OWNERSHIP %, how much you could sell it for = FMV, etc.:

Full Name of Company Type Ownership % Approx. Value of your % Buy-Sell? (Y/N)

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL PROPERTY, BANK ACCOUNTS AND OTHER ASSETS NOT LISTED ABOVE:**

\_\_\_\_\_

\_\_\_\_\_

**NET WORTH: \$** \_\_\_\_\_ **Annual Household Income: \$** \_\_\_\_\_

**ADDITIONAL CONSIDERATIONS FOR YOUR INITIAL CONSULTATION**

1. Is there anyone outside of your immediate family whom you wish to leave assets to such as charities, friends, grandchildren, etc.?

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2. If you have minor children, please list below the persons, other than your Spouse that you would name as guardians/tutors to raise your children until they reach age 18:

Guardians	First Choice	Second Choice

3. If you passed away today, are your children capable of immediately managing their inheritance? If not, please list below those people you would like to name as trustees of your testamentary trust to manage your wealth in the event of your death (include your Spouse if appropriate). Also, please identify an institutional trustee to serve as a final successor trustee. This could include any of the major banks or a trust department from the financial institution that your financial advisor works with.

Trustees	First Choice	Second Choice	Third Choice	Final Institutional Trustee

If you were incapacitated indefinitely, who would make health care decisions for you and manage your financial affairs? Please list your "spouse" as first choice, if appropriate.

Health Care and Power of Attorney Agent		Husband's Response	Wife's Response
	First Choice		
	Second Choice		

4. Please list the advisors that you work with:

Life Insurance Agent \_\_\_\_\_ Financial Advisor \_\_\_\_\_

CPA \_\_\_\_\_ Other Advisors \_\_\_\_\_

**ADDITIONAL DOCUMENTATION**

Please bring to your initial appointment the following documents:

Copy of any existing planning documents including wills, trusts, business entities, buy/sell agreements, separate property agreements, and any reservations of separate property that you have made.

## **CONCERNS & OBJECTIVES**

Our goal is to individually tailor solutions that address your individual estate planning objectives. Please review the following items to identify the issues that most concern you.

**Level of Concern (1-10)**  
**1 = lowest and 10 = highest**

### **Tax Concerns**

- Risk of the IRS “inheriting” approximately half of your estate when you die..... \_\_\_\_\_
- Risk of capital gains taxes being paid on the sale of assets..... \_\_\_\_\_
- Risk of unnecessary income tax being paid on investment assets..... \_\_\_\_\_

### **Family Concerns**

- Risk of persons other than those we select gaining custody of our minor children..... \_\_\_\_\_
- Risk that assets left to your spouse might not pass to your intended heirs if your spouse remarries.... \_\_\_\_\_
- Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse... \_\_\_\_\_
- Risk of a child or other beneficiary losing his or her inheritance due to the mismanagement of your assets..... \_\_\_\_\_
- Risk that an inheritance received by a child with a disability would disqualify them for governmental benefits... \_\_\_\_\_
- Risk of unnecessary litigation from heirs who receive less than they think they are entitle to receive..... \_\_\_\_\_
- Risk of estate passing unequally due to nature of assets owned (ex. when a business or a parcel of  
real estate comprises most of the value of the estate) ..... \_\_\_\_\_

### **Disability Concerns**

- Risk of loss of control over your assets in event of your disability..... \_\_\_\_\_
- Risk of legal conservatorship in event of your disability..... \_\_\_\_\_
- Risk of unwanted efforts made to save your life if you feel that it’s best to cease such efforts and die  
peacefully and without pain..... \_\_\_\_\_
- Risk that health care personnel will not disclose health care information to loved ones due to lack of  
proper HIPAA releases..... \_\_\_\_\_

### **Creditor Concerns**

- Risk of lawsuits against you..... \_\_\_\_\_
- Risk of loss of your assets to a nursing home..... \_\_\_\_\_

### **Post Death Concerns**

- Risk of having to sell assets in a “fire sale” in order to create the liquidity needed to pay taxes and expended... \_\_\_\_\_
- Risk that the person(s) charged with managing your affairs after you’ve passes will innocently make mistakes  
because he or she is unaware of what is required and is unaware of the personal liability for those mistakes... \_\_\_\_\_
- Risk of private matters unnecessarily being made public..... \_\_\_\_\_
- Risk that property you intend to preserve in the family will have to be sold upon your death..... \_\_\_\_\_

### **Business Concerns**

- Risk that corporate shield will fail to protect corporate assets because corporate meetings have not been  
held annually, corporate minutes kept, officers elected, etc..... \_\_\_\_\_
- Risk of business failure due to the lack of business succession plan..... \_\_\_\_\_
- Risk of unnecessary expenses associated with the sale of a business because of the absence of an exit plan  
having been prepared ahead of time..... \_\_\_\_\_
- Risk of unintended financial results from a Buy/Sell Agreement that is out of date and/or underfunded..... \_\_\_\_\_
- Risk that your business will fail on your disability or death..... \_\_\_\_\_
- Risk that key employees will leave the business on your disability or death..... \_\_\_\_\_
- Risk that the business will not sell for full value after your disability or death ..... \_\_\_\_\_