

# LEGACY DESIGN STRATEGIES™

**Andrew C. Sigerson, P.C., L.L.O**

*PLANNING FOR GENERATIONS*

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## CHECKLIST

CLIENT(S) NAME: \_\_\_\_\_

INITIAL MEETING DATE: \_\_\_\_\_

RETURN FUNDING WORKSHEET BY: \_\_\_\_\_

SIGNING APPOINTMENT SCHEDULED: \_\_\_\_\_

### **YOU MUST REMEMBER TO PROVIDE US WITH:**

- Complete Addresses and Account Numbers for all accounts (to include a copy of recent statements)
- **Copies of Real Estate Deeds (Not to include Tax Statements)**
- Homeowners Policy Number and Carrier Information
- Originals of: CD's, Bonds, and Stock Certificates
- For Private Companies: Partnership Agreements including Stock Ledger and Certificates

### **SUMMARY OF FUNDING PROCESS:**

- ❖ Upon receiving all of the above information, we will prepare the real estate deeds and instruction letters to change title or beneficiaries for your accounts.
- ❖ Once signed, we will file the deeds and forward the paperwork to companies. We request that the companies return verification to our office, however, due to privacy policies, they may send it directly to you. If this happens, please let us know.

### **ADDITIONAL CONFERENCE NOTES:**

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*Legacy Design Strategies, L.L.C., is only responsible for the funding the assets provided to us.*

## FUNDING WORKSHEET

**Please complete the following form to the best of your ability. Having complete and correct information is essential in ensuring that your trust is funded properly. You may attach copies of any account statements or documentation pertaining to any asset. Please return this form to our office as soon as possible.**

**If you have any questions or need assistance, please contact our office**

How you own your property is extremely important for purposes of properly designing and implementing your living trust-centered plan. For each property category, there is a column titled "Owner." When filling in this column, use the following abbreviations:

If you are single and you own property in your name only, use	I
If you are married and property is owned in the husband's name, use	H
For property owned in the wife's name, use	W
For property owned in joint tenancy with a spouse, use	JTS
For property owned in joint tenancy with someone other than a spouse, use	JTO
For property owned in tenancy in common with a spouse, use	TCS
For property owned in tenancy in common with someone other than a spouse, use	TCO
For community property, use	CP
If you can't determine how the property is owned, use	?

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### OTHER PROFESSIONAL ADVISORS

	Company	Address	Phone Number
Name of CPA:			
Name of Financial Advisor:			
Name of Life Insurance Agent:			
Name of Family Attorney:			
Name of Stock Broker:			

### BANK ACCOUNTS & CD's

\* Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD).

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

**Please send your original Certificate of Deposit**

Name & Address of Bank	Type of Account	Account #	Owner	Acct. Balance
Sample Bank 1234 Main St. Anywhere, USA 98765 Phone #:555-555-5555	CA	123-456	JT	\$5,000
Phone #:				
Phone #:				
Phone #:				
Phone #:				
Phone #:				





### PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, collectibles, jewelry, antiques  
and all other valuable non-business personal property

(Indicate type below and give a lump sum value for miscellaneous personal property)

**Please provide a copy of any registration or title issued by the state, bill of sale, or note how the item was obtained.**

Description	Owner	Primary Driver	Value	Lien (Y/N)
Personal Property				

**RETIREMENT PLANS**

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) (*Indicate type below.*)

Please provide a copy of the Retirement Plan Summary Agreement.

<b>Name &amp; Address of Company</b>	Type of Plan	Account #	Owner	Value	Benefits being Received (Y/N)

## PENSION PLANS

<b>Name &amp; Address of Company</b>	<i>Account #</i>	Owner	Death Benefit Value	Benefits being Received (Y/N)





**REAL PROPERTY**

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares.

**TYPE OF OWNERSHIP:** Joint Tenants with survivorship rights (JTWROS) ♦ Tenants in common (TC)

♦ Tenancy by the entireties (TBE) ♦ Community Property (CP)

*(Please provide a copy of the Deed or Agreement relating to each property.)*

General Description and/or Address	Owner	Fair Market Value	Mortgage Amount

**Home Owner's Insurance Information**

Home Insurance Agent: \_\_\_\_\_

Policy # \_\_\_\_\_

Company: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### BONDS

TYPE: US Savings Bonds ♦ Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*)

You do not need to list each individual Savings Bond. We will get the numbers off each bond

If the Trustmaker is named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

**Please provide originals of all U.S. Savings Bonds that you own.**

Type	Owner	Total Face Value	Social Security # on Bond Face

### MONIES OWED

TYPE: List anyone that owes the Trustmaker money ♦ Promissory notes payable to the Trustmaker

(Please provide a copy of any promissory notes)

Name/Address of Debtor	Owed To	Current Balance	Date of Note	Due Date

## PARTNERSHIP & LLC INTERESTS

*(Please provide a copy of the Partnership or LLC Agreement and Stock Certificate or Minute Book)*

Name of Partnership or LLC _____			
Owners _____	% of Ownership _____	Value _____	
Who holds Partnership or LLC papers _____		Phone: _____	
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company			
Name of General Partner or Managing Member _____			
Address _____	City _____	State _____	Zip _____

Name of Partnership or LLC _____			
Owners _____	% of Ownership _____	Value _____	
Who holds Partnership or LLC papers _____		Phone: _____	
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company			
Name of General Partner or Managing Member _____			
Address _____	City _____	State _____	Zip _____

## CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (**non-publicly traded**) stock.

*(Please provide a copy of the Corp. Book and any Buy/Sell agreements, if applicable.)*

Company Name _____			Address _____			Phone: _____		
Number of Shares _____			% of Ownership _____					
Owner _____			Value _____					
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Company Name _____			Address _____			Phone: _____		
Number of Shares _____			% of Ownership _____					
Owner _____			Value _____					
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No								

## SOLE PROPRIETORSHIP INTERESTS

**Please provide evidence of title.** This can include one of the following documents: balance sheet, depreciation schedule, registration or title issued by the state, bill of sale, fictitious name or trade name affidavit.

Name of Business _____	Owner _____	Value _____
Description of Business _____		
Is this a "Professional" Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business Insurance Agent _____	Phone _____	Policy # _____
Address _____	City _____	State _____ Zip _____

Name of Business _____	Owner _____	Value _____
Description of Business _____		
Is this a "Professional" Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business Insurance Agent _____	Phone _____	Policy # _____
Address _____	City _____	State _____ Zip _____

### **OIL, GAS AND MINERAL INTERESTS**

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc.

Please provide a copy of the lease agreement, deed, royalty agreement, farm out agreement, pooling agreement, or other agreement you signed to create your oil, gas or mineral interest.

<b>Type</b>	<b>Owner</b>	<b>Value</b>

### **ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT**

Gifts or inheritances that are expected at some time in the future; or monies that are anticipated through a judgment in a lawsuit.

<b>Description</b>	<b>Anticipated Owner</b>	<b>Value</b>

**FARM AND RANCH INTERESTS**

Description (livestock, machinery, etc.)	Owner	Value

**OTHER ASSETS**

Please list all property that does not fit into any listed category.

Description	Owner	Value