LITTORNO LAW GROUP
WWW.LITTORNOLAW.COM

- ★ ESTATE & TAX PLANNING
- ★ VA PENSION & MEDI-CAL BENEFIT PLANNING
- ★ TRUST & PROBATE ADMINISTRATION
- ★ ASSET PROTECTION STRATEGIES

ESTATE PLANNING ORGANIZER

RICHARD A. LITTORNO
LL.M (TAX)
VA ACCREDITED ATTORNEY

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San Diego Office

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San Diego CA 92127
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(858) 207-3100 (fax)

ESTATE PLANNING ORGANIZER

CLIENT INFORMATION

Name:		Spouse Name:	
Male / Female:		Male / Female:	
Social Security #:		Spouse Social Security #:	
Date of Birth:		Spouse Date of Birth:	
Place of Birth:		Spouse Place of Birth:	
Home Phone:		Client Email:	
Cell Phone:		Spouse Email:	
Principal Residence Address:			

☐ Owned ☐ Rented ☐ Independent Living ☐ Assisted Living

☐ Board & Care ☐ In-home Care ☐ Other

Property #2 Address, Type:	
Property #3 Address, Type:	

☐ Married ☐ Widowed ☐ Single ☐ Divorced

Number of Marriages:	
Date of Marriage(s):	
Location(s) of Marriage(s):	

CHILDREN INFORMATION

Name:		Date of Birth, Gender:	
Home Phone:		Cell Phone:	
Work Phone:		Email:	
Relation to Client:		Date of Death, If Applicable:	
Address:			
Name:		Date of Birth, Gender:	
Home Phone:		Cell Phone:	
Work Phone:		Email:	
Relation to Client:		Date of Death, If Applicable:	
Address:			
Name:		Date of Birth, Gender:	
Home Phone:		Cell Phone:	
Work Phone:		Email:	
Relation to Client:		Date of Death, If Applicable:	
Address:			

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CHILDREN INFORMATION			
Name:		Date of Birth, Gender:	
Home Phone:		Cell Phone:	
Work Phone:		Email:	
Relation to Client:		Date of Death, If Applicable:	
Address:			
Name:		Date of Birth, Gender:	
Home Phone:		Cell Phone:	
Work Phone:		Email:	
Relation to Client:		Date of Death, If Applicable:	
Address:			
Name:		Date of Birth, Gender:	
Home Phone:		Cell Phone:	
Work Phone:		Email:	
Relation to Client:		Date of Death, If Applicable:	
Address:			

TRUSTEE / ATTORNEY-IN-FACT / HEALTH CARE AGENT			
Name:		Social Security #:	
Include contact information if not previously provided:			

SUCCESSOR TRUSTEES / ATTORNEYS-IN-FACT / HEALTH CARE AGENTS	
1. Name:	
Include contact information if not listed above:	
2. Name:	
Include contact information if not listed above:	

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MONTHLY INCOME (GROSS)	HUSBAND	WIFE	
Social Security:	$	$	
Long-Term Care Insurance:			Source:
Pension / Retirement Income:			Source:
Pension / Retirement Income:			Source:
RMD from IRA/401K:			
Interest Income:			Source:
Rental Income:			
VA or Military Income:			☐ Service-Related Disability ☐ Pension
Other Income:			Source:
Individual Total:	**$**	**$**	**Combined Total:**

MEDICAL EXPENSES	HUSBAND	WIFE	
Assisted Living Facility:	$	$	
In-Home Care Provider:			
Medicare Insurance Premium:			
Dental Insurance Premium:			
Medicare Deductions:			☐ Part B (currently $104.90) ☐ Part D
Supp. Health Insurance Premium:			
Individual Total:	**$**	**$**	**Combined Total:**

ASSETS	HUSBAND	WIFE	TOTAL
Checking:	$	$	$
Checking:			
Savings:			
Savings:			
CD:			
Bonds:			
Money Market Funds:			
Stocks:			
Stocks:			
Annuities, Type: _____			
Annuities, Type: _____			
IRA / 401K / Other Qualified Funds: Type: _____			
IRA / 401K / Other Qualified Funds: Type: _____			
Life Insurance (Cash Value / Death Benefit):			
Other Asset: _____			
Other Asset: _____			
Individual Totals:	**$**	**$**	**Grand Total:**

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VA CLIENTS ONLY

MILITARY SERVICE INFORMATION

Service Number:		**Branch of Service:**	
Date of Discharge:		**Place of Discharge:**	

Surviving Spouse Remarried or Divorced from the Veteran?

☐ Yes ☐ No

Has Veteran Applied for VA Benefits (prior to this)?

☐ Yes ☐ No

MEDICAL INFORMATION

Has the Claimant been diagnosed with any of the following?

☐ Dementia
☐ Alzheimer's Disease
☐ Cognitive Impairment
☐ Parkinson's Disease
☐ Other Diagnosis (explain)

Does the Claimant receive or need assistance with any of the following?

☐ Grooming
☐ Bathing
☐ Dressing
☐ Personal Hygiene
☐ Incontinence
☐ Transferring (within the living environment)
☐ Medication Management
☐ Financial Management
☐ Cooking
☐ Cleaning

Is the Claimant under a doctor's care?

☐ Yes ☐ No

If Yes, when did care start?		**Doctor's address and phone:**	
Doctor's name:			

Additional medical information if not listed above:

Is the Claimant able to drive a vehicle?

☐ Yes ☐ No

What are the plans for the principal residence if the Claimant does not reside there?

☐ Sell ☐ Maintain ☐ Rent ☐ Spouse will continue to reside there