WEALTH PROTECTION
RIGHT FIT MEETING PACKET

Fully completing this packet will help both you and us prepare for your upcoming Right Fit Meeting. It provides us with important information about you and your family and assists us in preparing the most effective meeting possible.

All information provided is strictly confidential.

Please complete and return this First Meeting Packet at least two full business days prior to your Right Fit Meeting. You may send it by email, FAX, or hand deliver. If you use U.S. Mail, please post your packet no later than 5 business days prior to your consultation.

Email: info@legacyelderlaw.com ***FAX: 703-443-1081***

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Prepared by:_____
Relationship to Client: _____
Address:_____
Email:_____
Cell Phone: _____
Home Phone: _____

Were You Referred to us by Someone?_____

Return Packet By _____

I. FOR WHOM ARE WE PLANNING?

Client #1 (*Check all that apply)* Married ☐ Single ☐ US Citizen ☐ Legal Resident ☐
US Veteran ☐ Surviving Spouse of Vet ☐ Neither ☐
Is a long-term care need expected within five years? Yes ☐ No ☐ Maybe ☐
Name:_____Birthdate:_____
Address: _____
Home Phone:_____Cell Phone: _____
E-Mail: _____
Occupation:_____ Still Employed: Yes ☐ No ☐
Expected Retirement Date: _____

Client #2 (*Check all that apply)* Married ☐ Single ☐ US Citizen ☐ Legal Resident ☐
US Veteran ☐ Surviving Spouse of Vet ☐ Neither ☐
Is a long-term care need expected within five years? Yes ☐ No ☐ Maybe ☐
Name:_____Birthdate:_____
Address: _____
Home Phone:_____Cell Phone: _____
E-Mail: _____
Occupation:_____ Still Employed: Yes ☐ No ☐
Expected Retirement Date: _____

II. ARE THERE CHILDREN IN THE FAMILY?

Name of Child	Date of Birth	State of Residence	CHILD OF:	
			Client 1	Client 2

Does any client or family member currently have a disability or immediate long-term care need? Yes ☐ No ☐
Who: _____Diagnosis/Prognosis_____

Who can we communicate with regarding your estate planning (children, financial advisors)

_____

Is there anyone we may NOT speak with regarding your estate planning_____

_____

III. ESTATE AND LONG-TERM CARE ISSUES OF IMPORTANCE

CHECK THE BOX THAT TELLS US YOUR LEVEL OF CONCERN

LOW CONCERN	MODERATE CONCERN	EXTREMELY HIGH CONCERN

What is your current stress level concerning Estate/Long-Term Care planning?

☐ ..... ☐ ..... ☐ ..... ☐

What is your level of urgency?

☐ ..... ☐ ..... ☐ ..... ☐

Desire to protect primary residence

☐ ..... ☐ ..... ☐ ..... ☐

Desire to stay at home when care is needed

☐ ..... ☐ ..... ☐ ..... ☐

Desire to avoid personal and financial burden on children

☐ ..... ☐ ..... ☐ ..... ☐

Desire to maximize protection of assets from long-term care costs and creditors

☐ ..... ☐ ..... ☐ ..... ☐

Desire to maximize inheritances

☐ ..... ☐ ..... ☐ ..... ☐

Desire to avoid "going broke" due to long-term care costs and creditors

☐ ..... ☐ ..... ☐ ..... ☐

Desire to protect loved one's inheritance from divorce, and addiction

☐ ..... ☐ ..... ☐ ..... ☐

Desire to provide for disabled descendants now or in the future

☐ ..... ☐ ..... ☐ ..... ☐

Desire to minimize/avoid death and probate taxes

☐ ..... ☐ ..... ☐ ..... ☐

Desire to protect firearms & loved ones from increasing and technical gun control laws

☐ ..... ☐ ..... ☐ ..... ☐

IV. CLIENTS FINANCIAL SITUATION

A. What is Owned (Approximate values are acceptable at this time)

	Estimated Market Value	Ownership (Client 1, Client 2 or Joint)
Cash/Bank Accounts/CDs	$ _____	_____
Primary Residence	$ _____	_____
Other Real Estate	$ _____	_____
Retirement Accounts	$ _____	_____
Traditional Investments	$ _____	_____
Other (Timeshares, IP, Inheritance)	$ _____	_____
Total Value:	$ _____	

Do you receive real estate tax exemption? Yes ☐ No ☐

B. Expected Monthly Retirement Income

	Client 1	Client 2
Social Security	$ _____	$ _____
Civil Service/Other Govt Retirement	$ _____	$ _____
Private Pension	$ _____	$ _____
Qualified Plans _____	$ _____	$ _____
TOTAL MONTHLY INCOME	$ _____	$ _____

TOTAL FAMILY INCOME: $ _____

C. What is Owed

	Client 1	Client 2	JOINT
Mortgage on Residence	$ _____	$ _____	$ _____
Other Mortgages	$ _____	$ _____	$ _____
Other debts (Credit card, Auto)	$ _____	$ _____	$ _____
TOTAL EACH COLUMN	$ _____	$ _____	$ _____

Recent Significant Gifts Made: Please list any gifts given, received, and any financial accounts or assets sold or transferred in the past 60 months (5 years) to/from Clients:

_____

_____

V. WHO WILL HELP? (PLEASE INCLUDE MIDDLE INITIAL ON ALL NAMES)

Who do you trust with health care decisions when you need help?

	CLIENT 1	CLIENT 2
First Person Full Name Contact Number Email		
Second Person Full Name Contact Number Email		
Third Person Full Name Contact Number Email		

Who do you trust with financial affairs when you need help?

	CLIENT 1	CLIENT 2
First Person		
Second Person		
Third Person		

Are Agents to serve at the same time or alone, one after the other? _____

Who do you trust to handle your affairs after you die?

	CLIENT 1	CLIENT 2
First Person		
Second Person		
Third Person		

VI. Who do you want to receive distributions when you die?

_____

_____

_____

_____

VII. Miscellaneous

Are There Any Existing Estate Planning Tools? When Were They Done? _____

	CLIENT 1	CLIENT 2
Will	_____	_____
Revocable Living Trust	_____	_____
Irrevocable Trust	_____	_____
Financial Power of Attorney	_____	_____
Advanced Medical Directive	_____	_____
Health Care Power of Attorney	_____	_____

Long-term Care Insurance

	CLIENT 1	CLIENT 2		CLIENT 1	CLIENT 2
Annual Premium	_____	_____	Lifetime Benefits	_____	_____
Daily Benefit	_____	_____	Inflation Protection	_____	_____
Duration of Coverage	_____	_____	Elimination Period	_____	_____

Client 1 Provider_____ Client 2 Provider_____

If you have Long-term Care Insurance, please include a copy of a recent "Statement of Benefits" for each policy when you return your Right Fit Meeting Packet. You may need to contact your provider for a summary page.

Have you recently consulted with other attorneys regarding estate planning, asset preservation and/or long-term care solutions? Yes ☐ No ☐

Preparations for your Right Fit Meeting

It is important that any family members who need to join in the Right Fit decision attend the meeting in person or by telephone.

Decision Makers to Attend	Phone/Zoom	In Person
_____	_____	_____
_____	_____	_____

If you choose to do planning with us, how do you plan to pay?

Check ☐ Credit Card ☐ Family Member ☐