

Personal Information

Client: Mr. Mrs. Ms. Dr.

First _____ MI _____ Last _____

Nickname _____ Birthdate: ____/____/____ SSN: ____ - ____ - ____

Client's Spouse: Mr. Mrs. Ms. Dr.

First _____ MI _____ Last _____

Nickname _____ Birthdate: ____/____/____ SSN: ____ - ____ - ____

How do you prefer to be contacted? Phone Email (please circle one)

Preferred Contact Name: _____ Preferred Phone or Email: _____

Marital Status

Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Date of Marriage ____/____/____

Home Address

Street _____ Phone # (____) ____ - ____

City _____ State _____ Zip _____ County _____

Mailing Address

Street _____ Phone # (____) ____ - ____

City _____ State _____ Zip _____

Cell Phone # (____) ____ - ____ Spouse Cell Phone # (____) ____ - ____

Email _____ Spouse Email _____

Children

First _____ MI ___ Last _____

Nickname _____ DOB ___ / ___ / ___ SS# - -

Home Address _____

Parent Name(s) _____

First _____ MI ___ Last _____

Nickname _____ DOB ___ / ___ / ___ SS# - -

Home Address _____

Parent Name(s) _____

First _____ MI ___ Last _____

Nickname _____ DOB ___ / ___ / ___ SS# - -

Home Address _____

Parent Name(s) _____

First _____ MI ___ Last _____

Nickname _____ DOB ___ / ___ / ___ SS# - -

Home Address _____

Parent Name(s) _____

Include additional Children's page, if needed

Employment Information

Client's Employer _____ Occupation _____

Street Address _____ Phone # (____)____ - _____

City _____ State _____ Zip _____ Fax # (____)____ - _____

Benefits provided: Life _____ Health _____

Disability _____ Pension _____

Spouse's Employer _____ Occupation _____

Street Address _____ Phone # (____)____ - _____

City _____ State _____ Zip _____ Fax # (____)____ - _____

Benefits provided: Life _____ Health _____

Disability _____ Pension _____

<u>Ownership</u>		
Client's Name:	Client is the owner & no other person	C
Spouse's Name:	Spouse is the owner & no other person	S
Spouse's Name:	Owned by both client & spouse	JTS
	Owned by spouse & someone other than spouse	JTO
Tenancy in Common:	Owned by both client & spouse	TCS
	Owned by spouse & someone other than spouse	TCO
Community Property:	Applicable to spouses only	CP
Unknown:	If you cannot determine how the property is owned	?

Assets

Liquid Assets

	Balance	%	Ownership	Company
Checking Account 1	\$			
Checking Account 2	\$			
Savings Account 1	\$			
Savings Account 2	\$			
Money Market Account 1	\$			
Money Market Account 2	\$			
Credit Union	\$			
Savings Bonds	\$			
Cash Value Life Insurance	\$			

Marketable Assets

	Balance	%	Ownership	Company
Stock 1	\$			
Stock 2	\$			
Bond 1	\$			
Bond 2	\$			
Municipal Bond 1	\$			
Municipal Bond 2	\$			
Mutual Fund 1	\$			
Mutual Fund 2	\$			
CD 1	\$			
CD 2	\$			
Collectibles	\$			
Investment Property 1	\$			
Investment Property 2	\$			
Vacation Home	\$			
Closely Held Business	\$			

<u>Nonmarketable Assets</u>	Balance	Ownership	Company
IRA 1	\$		
IRA 2	\$		
Roth IRA 1	\$		
Roth IRA 2	\$		
401(k) or 403(b)	\$		
401(k) or 403(b)	\$		
Pension Plan 1	\$		
Pension Plan 2	\$		
Annuity 1	\$		
Annuity 2	\$		
Life Insurance 1	\$		
Life Insurance 2	\$		
<u>Personal Assets</u>	Balance	Ownership	Company
Primary Residence	\$		
Automobile 1	\$		
Automobile 2	\$		
Personal Property	\$		

Liabilities

<u>Mortgages</u>	Balance	%	Amort	Date Opened
Primary Residence	\$			
Home Equity/2nd mortgage	\$			
Investment Property 1	\$			
Investment Property 2	\$			
Vacation Home	\$			
<u>Loans</u>	Balance	%	Ownership	Company
Auto Loan 1	\$			
Auto Loan 2	\$			
Student Loans	\$			
Installment Loans	\$			
Credit Card 1	\$			
Credit Card 2	\$			
Retail Charge Card 1	\$			
Retail Charge Card 2	\$			
Life Insurance	\$			
401(k) loan	\$			

Personal Advisors

Attorney _____ Phone # (____) ____ - _____

Address _____

Accountant _____ Phone # (____) ____ - _____

Address _____

Personal Banker _____ Phone # (____) ____ - _____

Address _____

Life Insurance Agent _____ Phone # (____) ____ - _____

Address _____

Financial Advisor _____ Phone # (____) ____ - _____

Address _____

Estate Planning Checklist

To help us better serve you, please bring the following items to your initial meeting:

- Most recently filed Income Tax Return (year filed _____)
- Estate planning documents
- Deeds to Personal Property

Which of the following estate planning documents do you currently have (check as many as apply)?

- Will
- Trust
- Healthcare Power of Attorney
- Living Will
- Financial Power of Attorney
- Other Estate Planning documents

How did you hear about us?

- Referred by _____
- Website
- Seminar/Program

In case of an emergency, please contact:

Name _____ Relationship to you _____

Phone # (____) ____ - _____ Alternate Phone # (____) ____ - _____