

# CLIENT INFORMATION

\_\_\_\_\_ DATE

Full Name (include Middle Name)

Social Security Number

Address

Date of Birth Birthplace:

City

State & Zip

Home Phone Cell Phone

Citizenship

Occupation

Employer

Business Address

Business Phone

City

State & Zip

Email Address

Years with Employer

Retired?  Yes  No \_\_\_\_\_ Age

Driver's License # Expiration Date

Where would you like us to send your mail?

Home  Business  Alternate

Alternate Address

City, State & Zip

# PERSONAL HISTORY

Former Names or Nicknames

Date of This Marriage Place

Former Names or Nicknames

Any Previous Marriages?  Yes  No \_\_\_\_\_ Number

Former Names or Nicknames

This marriage terminated because of:

Your Mother's Full Name (include Maiden)

Divorce  Death  Annulment \_\_\_\_\_ Year

Your Father's Full Name

Former Spouse's Name

Obligations from prior marriage?  Yes  No

Child Supp.  Spousal Supp.  Life Insurance

Retirement Plan

## CHILDREN

1. This child is:  Shared  Husband's  Wife's  Deceased (\_\_\_\_\_ Date) SSN # \_\_\_\_\_  
\_\_\_\_\_  M  F  
Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Children?  Yes  No  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
2. This child is:  Shared  Husband's  Wife's  Deceased (\_\_\_\_\_ Date) SSN # \_\_\_\_\_  
\_\_\_\_\_  M  F  
Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Children?  Yes  No  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
3. This child is:  Shared  Husband's  Wife's  Deceased (\_\_\_\_\_ Date) SSN # \_\_\_\_\_  
\_\_\_\_\_  M  F  
Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Children?  Yes  No  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
4. This child is:  Shared  Husband's  Wife's  Deceased (\_\_\_\_\_ Date) SSN # \_\_\_\_\_  
\_\_\_\_\_  M  F  
Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Children?  Yes  No  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

## ESTATE INFORMATION

### HISTORY

- Do you have a will?  Yes  No Date of Will: \_\_\_\_\_  
Do you have a Living Trust?  Yes  No Date of Trust: \_\_\_\_\_  
Do you have any other kind of Trust?  Yes  No Type: \_\_\_\_\_  
Do you have a Power of Attorney for financial Matters?  Yes  No  
Do you have an advance Health Care directive?  Yes  No

Are you the named Trustee of a Trust for someone else?  Yes  No

The name of the Trust is: \_\_\_\_\_

Are you the named Beneficiary of a Trust?  Yes  No

The name of the Trust is: \_\_\_\_\_

### ADDITIONAL PROFESSIONAL ADVISORS

List all other advisors such as attorneys, brokers, financial planners, insurance agents, and physicians:

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

APPOINTMENTS

**A.** I want the following person(s), in the order listed, to be responsible for managing my **financial assets** after I am no longer able to do so:

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Conservator | <input type="checkbox"/> Executor/Trustee |
|--|--------------------------------------|---|
1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Conservator | <input type="checkbox"/> Executor/Trustee |
|--|--------------------------------------|---|
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Conservator | <input type="checkbox"/> Executor/Trustee |
|--|--------------------------------------|---|
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Conservator | <input type="checkbox"/> Executor/Trustee |
|--|--------------------------------------|---|
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**B.** I want the following person(s), in the order listed, to be responsible for managing my **health care directive** after I am no longer able to do so:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**C.** I want the following person(s), in the order listed, to become guardian(s) to my minor child(ren), should the need arise:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_



## BANK ACCOUNTS, SAVINGS & LOANS, CREDIT UNIONS

*(Non-IRA Savings, Checking, Money Markets, CDs)*

Name of Institution	Type of Account	Maturity Date	Interest Rate	Approximate Balance
1. _____	_____	_____	_____ %	\$ _____
2. _____	_____	_____	_____ %	\$ _____
3. _____	_____	_____	_____ %	\$ _____
4. _____	_____	_____	_____ %	\$ _____
5. _____	_____	_____	_____ %	\$ _____

## MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS

*(Non-IRA)*

Name of Institution	Owner(s) of Account	Approximate Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

## STOCKS AND BONDS

*(Non-IRA)*

Name of Institution	Owner(s) of Account	Number of Shares	Approximate Market Value
6. _____	_____	_____	\$ _____
7. _____	_____	_____	\$ _____
8. _____	_____	_____	\$ _____
9. _____	_____	_____	\$ _____
10. _____	_____	_____	\$ _____

## RETIREMENT ACCOUNTS

Account Type & Location	Owner(s) of Account	Approximate Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

4. \_\_\_\_\_ \$ \_\_\_\_\_  
 5. \_\_\_\_\_ \$ \_\_\_\_\_

**ANNUITIES**

Annuity Company	Owner(s)	Purchase Date	Interest Rate	Approximate Value
1. _____	_____	_____	_____ %	\$ _____
2. _____	_____	_____	_____ %	\$ _____
3. _____	_____	_____	_____ %	\$ _____
4. _____	_____	_____	_____ %	\$ _____
5. _____	_____	_____	_____ %	\$ _____

**LIFE INSURANCE AND LONG TERM CARE**

Insurance Company	Owner(s)	Type of Insurance	Loan Against?	Approximate Death Benefit
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____

**OTHER ASSETS**

*(Partnerships, Corporations, Notes Receivable, Mineral/ Oil/ Gas Rights, Timeshares, etc.)*

Description	Owner(s)	Approximate Current Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

**RESIDENCE AND OTHER REAL ESTATE**

Property Description	Owner(s)	Current Value	Debt	Term
1. _____	_____	\$ _____	\$ _____	_____

2.	_____	_____	\$ _____	\$ _____	_____
3.	_____	_____	\$ _____	\$ _____	_____
4.	_____	_____	\$ _____	\$ _____	_____
5.	_____	_____	\$ _____	\$ _____	_____

**OTHER LOANS OR LIABILITIES**

Property Description	Owner(s)	Balance Due	Interest Rate	Term
1. _____	_____	\$ _____	_____ %	_____
2. _____	_____	\$ _____	_____ %	_____
3. _____	_____	\$ _____	_____ %	_____
4. _____	_____	\$ _____	_____ %	_____
5. _____	_____	\$ _____	_____ %	_____

NOTES:

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HOUSEHOLD INCOME

Source	Owner(s)	Monthly Amount	Survivor Benefit
1. _____	_____	\$_____	_____
2. _____	_____	\$_____	_____
3. _____	_____	\$_____	_____
4. _____	_____	\$_____	_____
5. _____	_____	\$_____	_____

HOUSEHOLD EXPENSES

FUTURE EXPENSES

Date:

Mortgage	\$_____	_____	\$_____	_____
Utilities	\$_____	_____	\$_____	_____
Insurance	\$_____	_____	\$_____	_____
Medical	\$_____	_____	\$_____	_____
Entertainment	\$_____	_____	\$_____	_____
General	\$_____	_____	\$_____	_____
Other	\$_____	_____	\$_____	_____
<u>Total</u>	\$_____		<u>Total</u>	\$_____

I, \_\_\_\_\_, declare that the above information is complete, to the best of my knowledge, and understand that all legal advice will be based on the information, provided by me, in this form.

\_\_\_\_\_  
Signature Date