

CLIENT INFORMATION

_____ DATE

1

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

Where would you like us to send your mail?

Driver's License # Expiration Date

Home Business Alternate

Alternate Address

City, State & Zip

2

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

Where would you like us to send your mail?

Driver's License # Expiration Date

Home Business Alternate

Alternate Address

City, State & Zip

PERSONAL HISTORY

1

Former Names or Nicknames

Former Names or Nicknames

Former Names or Nicknames

Your Mother's Full Name (include Maiden)

Your Father's Full Name

Date of This Marriage Place

Any Previous Marriages? Yes No ____ Number

This marriage terminated because of:

Divorce Death Annulment ____ Year

Former Spouse's Name

Obligations from prior marriage? Yes No

Child Supp. Spousal Supp. Life Insurance

Retirement Plan

2

Former Names or Nicknames

Former Names or Nicknames

Former Names or Nicknames

Your Mother's Full Name (include Maiden)

Your Father's Full Name

Date of This Marriage Place

Any Previous Marriages? Yes No ____ Number

This marriage terminated because of:

Divorce Death Annulment ____ Year

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:

1. Spouse for Power of Attorney Conservator Executor/Trustee
2. Name: _____ Relationship: _____
 Address: _____ Phone Number: _____
 Power of Attorney Conservator Executor/Trustee
3. Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Power of Attorney Conservator

Executor/Trustee

4. Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Power of Attorney Conservator

Executor/Trustee

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:

Husband

1. Spouse

2. Name: _____

Relationship: _____

Address: _____

Phone Number: _____

3. Name: _____

Relationship: _____

Address: _____

Phone Number: _____

4. Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Wife

1. Spouse

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 (*indicate if different for husband or wife*):

1. Name: _____

Relationship: _____

Address: _____

Phone Number: _____

2. Name: _____

Relationship: _____

Address: _____

Phone Number: _____

3. Name: _____

Relationship: _____

Address: _____

Phone Number: _____

D. Statement of desires concerning life-sustaining treatment and special provisions:

Husband

a. prolong life; or do not prolong life

b. continue nutrition and hydration; or do not continue nutrition and hydration: or
 no artificial nutrition and hydration except for treatment of a temporary condition;
or no artificial nutrition and hydration except to alleviate pain

- c. Alzheimer's Disease - noninvasive life prolonging treatments as long as I have the ability to meaningfully interact with family and am physically independent; but no highly intrusive treatment such as CPR, mechanical ventilation, or kidney dialysis

Wife

- a. prolong life; or do not prolong life
- b. continue nutrition and hydration; or do not continue nutrition and hydration: or no artificial nutrition and hydration except for treatment of a temporary condition; or no artificial nutrition and hydration except to alleviate pain
- c. Alzheimer's Disease - noninvasive life prolonging treatments as long as I have the ability to meaningfully interact with family and am physically independent; but no highly intrusive treatment such as CPR, mechanical ventilation, or kidney dialysis

E. Authority for agent to (check all that apply):

Husband

- a. authorize donation of organs at death for transplant therapy research education; or authorize donation of specific organs at death (specify):
_____ for transplant therapy research education; or no organ donation
- b. disposition of remains (e.g., burial, cremation): _____
- c. authorize autopsy

Wife

- a. authorize donation of organs at death for transplant therapy research education; or authorize donation of specific organs at death (specify):
_____ for transplant therapy research education; or no organ donation
- b. disposition of remains (e.g., burial, cremation): _____
- c. authorize autopsy

SPECIAL CONSIDERATIONS:

Do you have: Adopted Child(ren) Step-Child(ren) Child(ren) with special needs

Do you or your child(ren) receive: Government Support Benefits Social Security

Do you provide primary or major financial support for adult child(ren)? Yes No

Is there any child(ren) that you do not want to inherit from your estate? Yes No

Location of safe deposit box: _____

Who else has access to the safe deposit box? _____

Are you an owner, partner or director of: Partnership Public Company Corporation
 LLC Subchapter C, Corporation

NOTES:

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. _____	_____	\$ _____	_____ %	_____

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> \$ _____	

NOTES:

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