ESTATE PLANNING INFORMATION

*Please complete this form and bring it to your consultation.

PART ONE - PERSONAL INFORMATION

Client Full Name ____ **Date of Birth** ______________

How do you sign your name? ____
US Citizen ____ Yes _____ No

Spouse Full Name ____ **Date of Birth** ______________
(If Married)

How do you sign your name? ____
US Citizen ____ Yes _____ No

Mailing Address: ____

City, State, Zip: ____

County or City of Residence: ____

Home Phone: (_____) ____________________ **Bus. Phone** (_____) _______________________________

E-mail Address: ____

CHILDREN OF THIS MARRIAGE (Or if a single parent)

1. Name ____ **Date of Birth** _________________

2. Name ____ **Date of Birth** _________________

3. Name ____ **Date of Birth** _________________

4. Name ____ **Date of Birth** _________________

HUSBAND'S CHILDREN - Prior Marriage

1. Name ____ **Date of Birth** _________________

2. Name ____ **Date of Birth** _________________

3. Name ____ **Date of Birth** _________________

WIFE'S CHILDREN - Prior Marriage

1. Name ____ **Date of Birth** _________________

2. Name ____ **Date of Birth** _________________

3. Name ____ **Date of Birth** _________________

Do you have any children who are deceased? ____ Yes ____ No   How many grandchildren do you have? _____

What planning documents do you have? ____ Will ____ Trust   Age of youngest: ____ Oldest: ____

PART TWO - FINANCIAL INFORMATION

Instructions:
1. Please Print.
2. Be as specific as you can with regard to account names and ownership.
3. For joint accounts, list both owners and whether there is the right of survivorship.
3. Account balances will vary. Please just list the approximate balance of each account.

Amounts in banks, sayings & loans, credit unions, (i.e. checking, savings, money market, CD's).
[Note - IRA and other retirement accounts are listed on the last page.]

Name of Bank/Institution	**Type of Account** (Checking, Savings, CD)	**Approximate Balance**	**Owner**
1. ______	______	$ ______	______
2. ______	______	$ ______	______
3. ______	______	$ ______	______
4. ______	______	$ ______	______
5. ______	______	$ ______	______
6. ______	______	$ ______	______
7. ______	______	$ ______	______
8. ______	______	$ ______	______
9. ______	______	$ ______	______

Stocks or Savings (When you personally hold the Certificates or Bonds)

Name of Stocks/Bonds	**Number of Shares**	**Market Value**	**Owner**
1. ______	______	$ ______	______
2. ______	______	$ ______	______
3. ______	______	$ ______	______
4. ______	______	$ ______	______
5. ______	______	$ ______	______
6. ______	______	$ ______	______
7. ______	______	$ ______	______
8. ______	______	$ ______	______

Mutual Funds and/or Brokerage Accounts

Name of Brokerage Firm or Fund and Owner	Total Market Value
1. ____________________	$__________
2. ____________________	$__________
3. ____________________	$__________
4. ____________________	$__________
5. ____________________	$__________
6. ____________________	$__________
7. ____________________	$__________
8. ____________________	$__________
9. ____________________	$__________

Real Estate
REMINDER: It is helpful if you bring ALL PROPERTY DEEDS

Property Address and Owner	County OR City	Market Value	Outstanding Mortgage? Yes	No
1. ____________________	__________	__________	____	____
2. ____________________	__________	__________	____	____
3. ____________________	__________	__________	____	____
4. ____________________	__________	__________	____	____
5. ____________________	__________	__________	____	____
6. ____________________	__________	__________	____	____
7. ____________________	__________	__________	____	____
8. ____________________	__________	__________	____	____
9. ____________________	__________	__________	____	____

Limited or General Partnerships

Name of Partnership	Type of Investment	Total Market Value
1. ____________________	__________	__________
2. ____________________	__________	__________
3. ____________________	__________	__________
4. ____________________	__________	__________

Promissory Notes (Does anyone owe you money?)

Name of debtor	Secured by Trust Deed?	Date of Note	Balance
1. ____________________	Yes ____ No ____	__________	$__________
2. ____________________	Yes ____ No ____	__________	$__________
3. ____________________	Yes ____ No ____	__________	$__________

Life Insurance

Insured Person	Owner	Company	Death Benefit	Named Beneficiary
1.				
2.				
3.				
4.				
5.				
6.				

Annuities (Not part of a retirement plan)

Company	Annuitant	Value	Named Beneficiary
1.			
2.			
3.			
4.			

Other Retirement Accounts and Retirement Plans

Where Account Located (name of bank, broker, employer, etc.)	Type (401K, IRA, etc.)	Total Market Value	Named Beneficiary
1.			
2.			
3.			
4.			

Other Assets

1. Approximate value of personal property: $____________________
   (Includes household goods, jewelry, vehicles, antiques, collections, antique cars, etc.)
2. Are you part of a family business? ____________________
3. Are you expecting any inheritances?____________________
4. Do you have any other assets not listed elsewhere? ____________________

Please feel free to provide the name and phones numbers of any advisors you currently work with:

Accountant’s name(s): ____________________

Insurance Agent’s name(s): ____________________

Broker/Financial Advisor’s name(s) ____________________