



CLIENT INFORMATION
[Strictly Confidential]

Legal Name: _____

Other Names used: _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home) _____ (work) _____ (cell) _____

Date of Birth: _____ Social Security No.: _____

Business/Employer: _____

Marital Status: ___ Never married ___ Divorced ___ Widowed ___ Married

If married, name of Spouse: _____

US citizen? ___ Yes ___ No. If no, what nationality: _____

CHILDREN: ___ None

AGE or DOB

• Number of grandchildren: _____ Range of Ages: _____

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| • Any deceased children? | _____ | _____ |
| If yes, name: _____ | | |
| If yes, survived by issue? | _____ | _____ |
| If yes, name(s): _____ | | |
| _____ | | |
| _____ | | |
| • Do any of your beneficiaries have a learning disability,
Special educational, medical or physical needs? | _____ | _____ |
| • Do you have any relatives (other than children) who
Depend on you for all or part of their support? | _____ | _____ |
| • Do you think any of your beneficiaries have special
Problems with spouses, drugs, alcohol or handling money? | _____ | _____ |
| • Do you wish to disinherit any of your children,
grandchildren or any other close relative? | _____ | _____ |
| • If a named beneficiary dies before you, do you want the assets
to go to that beneficiary's issue? | _____ | _____ |
| • Do you want assets passing to your beneficiaries to be held in
trust until a specific age or ages? | _____ | _____ |
| • Do you expect to inherit substantial assets (\$100,000 +)? | | |
| • Do you have an existing Will? | _____ | _____ |
| • Have you ever executed a trust (either revocable or
irrevocable)? | _____ | _____ |
| • Have you ever filed a Federal Gift Tax Return? | _____ | _____ |

YES NO

- Do you have an existing General Power of Attorney? _____
- Do you currently hold any assets in Joint Tenancy with another person? _____

The name of the person(s) that you want to be the decision maker concerning your estate upon your death:

The name of the person(s) that you want to raise a child that is under 18 (if applicable):

The name of the person(s) that you want to make any major medical decisions on your behalf:

In general, state how you want your estate distributed among your beneficiaries?

State any specific concern (not already mentioned) that you have regarding the distribution of your estate:

BURIAL WISHES

At my death, I wish to be: _____ cremated _____ buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

ESTIMATED* VALUE OF ESTATE

TYPE OF ASSET:

ESTIMATED VALUE:

REAL ESTATE:

(fair market value, less loans)

\$ _____

SECURITIES:

(stocks, bonds, mutual funds)

\$ _____

CASH TYPE ASSETS:

(cash, annuities, notes due you)

\$ _____

BUSINESS INTERESTS:

(sole proprietorship, partnerships,
closely held corporation, etc.)

\$ _____

RETIREMENT PLANS:

(IRA, 401k, etc.**)

\$ _____

VEHICLES:

(autos, R.V., boat)

\$ _____

PERSONAL PROPERTY:

(jewelry, furniture, antiques)

\$ _____

TOTAL:

\$ _____

* Use best guess; this can be a "ballpark" estimate.

** Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH VALUE</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____