ESTATE PLANNING INFORMATION

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

PART ONE - PERSONAL INFORMATION

Client Full Name ______________________________

Suffix__________ **Date of Birth** __________ **SSN** __________________

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

Bus. Phone (______) __________________ **Cell Phone:** (______) __________________

Email Address: ______________________________

Mailing Address: ______________________________

City, State, Zip: ______________________________

County or City of Residence: __________________ **Please check one:** ____City ____County

Home Phone: (______) __________________

How did you hear about our firm? ______________________________

Spouse Full Name ______________________________
(If married)
Suffix__________ **Date of Birth** __________ **SSN** __________________

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

Bus. Phone (______) __________________ **Cell Phone:** (______) __________________

Email Address: ______________________________

LEGAL NAME OF 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** __________________

LEGAL NAME OF HUSBAND'S CHILDREN - Prior Marriage

1. Name ______________________________ **Date of Birth** __________________

2. Name ______________________________ **Date of Birth** __________________

3. Name ______________________________ **Date of Birth** __________________

LEGAL NAME OF 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 died? ____ Yes ____ No If yes, did they have children? ____ Yes ____ No

Do you have any children who are adopted? ____ Yes ____ No

If yes, please indicate that next to the child's name

Do any of the children have "special needs"? ____ Yes ____ No

If yes, please specify who, and a couple of words to describe the condition ____________________________

GRANDCHILDREN

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

Parents:____

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

Parents:____

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

Parents:____

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

Parents:____

5. Name ____ **Date of Birth** ________________

Parents:____

6. Name ____ **Date of Birth** ________________

Parents:____

Do you have any grandchildren who died? ____ Yes ____ No If yes, did they have children? ____ Yes ____ No

Do you have any grandchildren who are adopted? ____ Yes ____ No

If yes, please indicate that next to the grandchild's name

Do any of the grandchildren have "special needs"? ____ Yes ____ No

If yes, please specify who, and a couple of words to describe the condition ____________________________

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, savings & 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	Approximate Balance	Owner

(Checking, Savings, CD)

1.		$	
2.		$	
3.		$	
4.		$	
5.		$	
6.		$	

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.		$	

529 Education Plans

Owner	Successor Owner	Value	Named Beneficiary
1.			
2.			
3.			
4.			

Mutual Funds and/or Brokerage Accounts

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

Real Estate

REMINDER: It is helpful if you bring ALL PROPERTY DEEDS

Property Address and Owner	County OR City	Market Value	Outstanding Mortgage? Yes (Amount)	No
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Business Interests (LLC, partnership or corporation)

Name of Company	Type of Company	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.				

Annuities (Not part of a retirement plan)

Company	Annuitant	Value	Named Beneficiary
1.			
2.			
3.			

Retirement Accounts and IRA's

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 tangible 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? ____

5. Do you own any cryptocurrency? ____ Yes ____ No If yes, please list market value: $______________________

6. Do you own any copyrights, trademarks, or patents? ____ Yes ____ No
   If yes, please explain:____

7. Do you owe any alimony or child support obligations which would survive your death or require life insurance to remain in place? ____ Yes ____ No If yes, please explain: ____

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) ____