FAMILY INFORMATION

(Please Print)

YOU

Full Legal Name: ____________________

Pref. Signing Name: ____________________

Birth Date: ____________________

Soc. Security No.: ____________________

Employer: ____________________

Occupation: ____________________

Work Phone: ____________________

U.S. Citizen YES [ ] NO [ ]

YOUR SPOUSE

Full Legal Name: ____________________

Pref. Signing Name: ____________________

Birth Date: ____________________

Soc. Security No.: ____________________

Employer: ____________________

Occupation: ____________________

Work Phone: ____________________

U.S. Citizen YES [ ] NO [ ]

Home Address: ____________________

____

City, State, Zip ____________________

Date of Marriage: ____________________

County of Residence ____________________

Home Phone: ____________________

CHILDREN

Full Name	Birth Date (Note if Deceased)	Child of	Marital Status/ Spouse's Name	# of Children
		H W Both		
		H W Both		
		H W Both		
		H W Both		
		H W Both		
		H W Both		

OTHER DEPENDENTS

Do you or your spouse have anyone who depends on either of you for all or part of their support? __________

Full Name	Birth Date	Relationship

IMPORTANT QUESTIONS

Have you or your spouse ever had a Will or Trust? *(If so, please bring a copy to your consultation)*	**YES**	**NO**
Do any of your children receive government support or benefits because of a disability or handicap?	**YES**	**NO**
Do any of your children/beneficiaries have special educational, medical or physical needs?	**YES**	**NO**
Do you have any adopted children?	**YES**	**NO**
Are you or your spouse receiving social security, disability, or other governmental benefits?	**YES**	**NO**
Have you and your spouse ever signed a pre- or post- marital agreement? *(If so, please bring a copy to your consultation)*	**YES**	**NO**
Have either you or your spouse ever been widowed or divorced?	**YES**	**NO**
Have you and your spouse, during marriage, lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin?	**YES**	**NO**
Do you or your spouse have children from a previous marriage?	**YES**	**NO**
Have you or your spouse ever filed a gift tax return? *(If so, please bring a copy to your consultation)*	**YES**	**NO**

PROFESSIONAL ADVISORS	PHONE NUMBER
Accountant ______________________	______________
Financial Planner ______________________	______________
Stockbroker ______________________	______________
Insurance Agent ______________________	______________
Banker ______________________	______________

GOALS & OBJECTIVES

Estate planning should always be done with your goals and objectives in mind. If you have any goals that are not listed below, please write them down on a separate piece of paper.
Please circle the issues listed below that concern you and for those you circle, please rate the importance of that issue on a scale of 1(least important) to 10 (very important)

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1. I want my estate plan to include instructions in the event of my mental disability, to avoid guardianship proceedings. Rating: ________

2. I want to reduce estate and death taxes to the lowest possible level. Rating: ________

3. I want to plan for my elderly parents. Rating: ________

4. I want to avoid unnecessary placement in a nursing home by planning for in-home health care, if possible. Rating: ______

5. I want to protect my children from a failed marriage by preventing their divorced spouse from taking my child's inheritance. Rating ________

6. I want to protect the inheritance of my minor or disabled children or grandchildren to ensure that the money will be used for their needs without court intervention. Rating: ________

7. I want to disinherit one or more of my children or other family members. Rating: ________

8. I want to plan for my grandchildren directly rather than have them receive their parent's share of my estate.

9. I want an estate plan that is flexible and can easily be changed as is necessary to accommodate my changing goals, objectives, and family situation. Rating: ________

10. I want to plan the transfer and survival of my business or the family business. Rating: ________

11. I want to ensure that my spouse has the right to stay in our marital residence after I pass away. Rating: ________

12. I want to protect my children's inheritance in the event my surviving spouse chooses to remarry after my death. Rating: ________

13. I want to plan for a child with disabilities or special needs. Rating: ________

14. I want to plan for my children from a previous marriage. Rating: ________

15. I want to leave an endowment or other gift for my church, synagogue or favorite charities. Rating: ________

16. I want to set aside money for the education of my children or grandchildren. Rating: ________

17. I want to pay no death taxes at all. Rating: ________

FINANCIAL INFORMATION

One of the most important aspects of proper Estate Planning is obtaining a picture of your financial assets. In order to prepare an estate plan it is vital that we understand both your total net worth as well as the underlying assets. For your convenience, please use the worksheet pages that follow to obtain a rough picture of your current estate.

Note: *Please do not worry about providing exact numbers. An estimate or guess is sufficient. If you are unsure of the value of any asset please note that fact.*

Assets	Husband (or self)	Wife (or self)	*Both
Cash Accounts			
Investment Accounts			
Stocks & Bonds			
Retirement Plans			
Real Property (Land)			
Life Insurance/Annuities			
Personal Effects			
Business Interests			
Other Assets			

Total Assets: __________ __________ __________

LIABILITIES:	Husband (or self)	Wife (or self)	*Both
Loans Payable (including mortgages)			
Loans Against Life Insurance			
Other obligations or liabilities--			

Total Liabilities: __________ __________ __________

NET ESTATE: __________ __________ __________

WORKSHEET

This worksheet is designed to help you complete the Financial Information page.

Ownership	Please list the current owner of the account or policy, i.e. Husband, Wife, Joint, Self, etc..
Account Type	Please list <u>**ALL**</u> account types for each asset.

BANK/CASH ACCOUNTS

Account Type: Checking, Savings, Certificate of Deposit, Safety Deposit Box

Name of Bank	Account Type(s)	Ownership	Est. Balance

INVESTMENT, BROKERAGE, MUTUAL FUND ACCOUNTS - TAXABLE (NON RETIREMENT)

Account Type: Money Market, Investment, Mutual Fund, Cash Management, Other (please describe)

Name of Institution	Account Type(s)	Ownership	Est. Balance

PUBLICLY HELD STOCKS & BONDS (Not held in an Investment/Brokerage account, i.e. you hold the certificate or you have stock options or restricted stock)

Bond Type: U.S. Savings Bonds, Corporate, Municipal

Company Name	Ownership	# Shares (stock) Type (Bond)	Value

RETIREMENT PLANS

Account Type: Pension, Profit Sharing, IRA, SEP, TRS, 401k, Keogh, Annuities, Other (please describe)

Name of Institution	Account Type(s)	Ownership	Value	Beneficiary

REAL PROPERTY (LAND)

Type: Personal Residence, Vacant Land, Rental Property, Commercial Rental, Timeshare.

Description/Address	Type	Owner	Mortgage	Fair Market Value

Life Insurance Policies and Annuities

Policy Type: Term, Whole Life, Group Life, Variable, Universal, Split Dollar, Annuity.

- *If a corporation owns the policy or pays the premium on the policy, write "Corporation."*

Name of Institution	Owner	Insured	Policy Type(s)	Face Amount /Cash Value (if higher)	Beneficiary Designation

Personal Effects & Other Assets

Major personal items such as motor homes, boats, jewelry, collections, antiques, furs, and all other valuable non-business personal property, if valued at over $3,000. Please do not include computers, electronics & vehicles, etc.

Description	Ownership	Loan Amount	Fair Market Value

Additional Assets

If you own any of the following assets please bring all relevant information about each asset to your initial consultation.

An interest in a business (corporation, partnership or sole proprietorship)	**YES**	**NO**
Notes or receivables owed to you by others	**YES**	**NO**
Farm and ranch interests or Oil, gas or mineral interests	**YES**	**NO**