

CLIENT INFORMATION SHEET

Client 1

Client 2

Full Name	_____	_____
Citizenship	_____	_____
Birthdate:	_____	_____
Social Security Number	_____	_____
Home Address:	_____	_____
City, State, Zip Code:	_____	_____
Home Phone Number:	_____	_____
Work Phone Number	_____	_____
E-mail Address	_____	_____
Fax Number	_____	_____

FAMILY HISTORY

Fathers Name (if living):	_____	_____
City, State:	_____	_____
Mothers Name (if living):	_____	_____
City, State:	_____	_____
Estimated size of any Potential Inheritance	_____	_____

EMPLOYMENT

Employer:	_____	_____
Employers Address:	_____	_____
City, State, Zip Code	_____	_____
Office Phone Number:	_____	_____

MARRIAGE INFORMATION

Date of This Marriage	_____	_____
Date of Previous Marriage:	_____	_____
Name of Previous Spouse:	_____	_____

CHILDREN

Children of this Marriage:

Full Name of Child	Birthdate	Married Y/N	Number of Children	City, State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Children from Previous Marriage

Full Name of Child	Birthdate	Whose Child	Married Y/N	Number Children
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Needs of Children, if any: _____

Dependents Other than Children:

Full Name of Dependent	Birthdate	Whose	Married Y/N	Number of Children
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Summary Information from below:

	Client 1	Client 2	Community	Total
Life Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Retirement	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	\$ _____	\$ _____
Bank Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Stock or Brokerage	\$ _____	\$ _____	\$ _____	\$ _____
Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____	\$ _____
Debts and Liabilities	(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)
Total	\$ _____	\$ _____	\$ _____	\$ _____

Life Insurance:

Company	Policy Owner	Primary Beneficiary	Contingent Beneficiary	Loan Against Policy	Present Cash Value	Face Amount
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
Total Insurance				\$ _____	\$ _____	\$ _____

Retirement Benefits:

Type of Plan (Pension, Profit Sharing, ESOP, IRA, TIAA-CREF, 401k)	Named Owner	Primary Beneficiary	Contingent Beneficiary	Balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Retirement Benefits				\$ _____

Real Estate:

Description	Date Acquired	Listed Owner	Separate/ Community Property	Fair Market Value	Loan	Net Value
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
Total Real Estate						\$ _____

Business Interests:

Name of Business	Type of Business	Value (Stocks/Units)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Business		\$ _____

Bank Accounts:

Bank or Branch	Name on Account	Type of Account	Separate/ Community	Approximate Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Bank Accounts				\$ _____

Stock and Brokerage Accounts:

Brokerage Co. or Branch	Name on Account	Named Beneficiary	Separate/ Community	Approximate Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Bank Accounts				\$ _____

Other Assets (Loans to Children, Real Estate Contracts, Receivables from Others, Investment Partnerships, Autos, Boats, Furnishings, Jewelry, farm Equipment and Livestock):

Description of Asset	Approximate Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Other Assets	
	\$ _____

Debts and Liabilities (Excluding Real Estate Debts Previously Described):

Creditor	Brief Description	Total Owed
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Debts and Liabilities		\$ _____

Legal Documents (Currently in Existence):

	<u>Document</u>	<u>Yes/No</u>	<u>Location</u>	<u>Dated</u>
1.	Will Who is the personal Representative?	_____	_____	_____
2.	Community Property Agreement	_____	_____	_____
3.	Power of Attorney Who is appointed?	_____	_____	_____
4.	Separation Agreement	_____	_____	_____
5.	Prenuptial Agreement	_____	_____	_____
6.	Divorce Decree	_____	_____	_____
7.	Trusts	_____	_____	_____
8.	Living Will (Directive to Physicians)	_____	_____	_____
9.	Health Care Power of Attorney	_____	_____	_____

10. Other (Describe) _____

Advisors:

- 1. Attorney: _____
- 2. Accountant: _____
- 3. Insurance Advisor: _____
- 4. Financial Advisor: _____
- 5. Trust Officer: _____

Documents to Bring with you:

- 1. Existing Wills or Trusts
- 2. Any Community Property Agreements
- 3. Any divorce decree referred to in the following question #6.
- 4. Any buy-sell agreement referred to in the following question #7.

Background Information:

Yes/No

- 1. Are you a beneficiary or trustee of any trust? _____
- 2. Have you ever made gifts over \$10,000.00? _____
- 3. Have you or your spouse ever filed a gift tax return (IRS Form 709)? _____
- 4. Do either of you suffer from any serious illness or incapacity? _____
- 5. Do any of your children suffer from any serious illness or incapacity? _____
- 6. Are either of you subject to any divorce or other court decree or agreement limiting your estate planning choices? _____
- 7. Are you a party to any buy-sell agreement? _____
- 8. Do you have a Safe Deposit Box? _____

If yes, Box Number: _____ Location: _____ Signers: _____

Tentative Will Provisions:

Personal Representative
(Administers will during probate)

- 1. Name: _____
Address: _____
- 2. Name: _____
Address: _____

Guardian of Minors
(Raises children under the age of 18)

- 1. Name: _____
Address: _____
- 2. Name: _____
Address: _____

Trustee

(Administers and cares for the trust funds)

1. Name: _____
Address: _____

2. Name: _____
Address: _____

Successor Trustee

(Administers and cares for the trust funds, if trustee is unable or unwilling to do so.)

1. Name: _____
Address: _____

2. Name: _____
Address: _____

Other Estate Planning Documents

Health Care Power of Attorney

(Makes health care decisions on your behalf when you are unable to do so.)

1. Name: _____
Address: _____

2. Name: _____
Address: _____

Property Power of Attorney

(Makes financial decisions on your behalf when you are unable to do so.)

1. Name: _____
Address: _____

2. Name: _____
Address: _____

Burial Instructions

(Person to whom you give authority to carry out your wishes.)

1. Name: _____
Address: _____

2. Name: _____
Address: _____
