

ESTATE PLANNING CLIENT FORM

Today's Date: _____

Client Information

Full Name: _____ Date of Birth: __/__/____ SSN: ___-__-____

Address: _____ Day Phone: _____

_____ Eve. Phone: _____

E-mail: _____

County of Residence: _____

U.S. Citizen: Yes __ No __ If not, citizen of _____

Employer: _____

Retirement Date: _____ Veteran: Yes __ No __

Spouse: _____ Date of Birth: __/__/____ SSN: ___-__-____

U.S. Citizen: Yes __ No __ If not, citizen of _____

Retirement Date: _____ Veteran: Yes __ No __

If spouse is deceased, date of death: __/__/____

Family Information

Date of Marriage: __/__/____

Children:

First Born Full Name: _____ Date of Birth: __/__/____ SSN: ___-__-____

Address: _____ Day Phone: _____

E-mail: _____

Spouse: _____ Date of Birth: __/__/____ SSN: ___-__-____

If spouse is deceased, date of death: __/__/____

Grandchildren names and birth dates: _____

Next Born Full Name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Address: _____ Day Phone: _____

E-mail: _____

Spouse: _____ Date of Birth: __/__/____ SSN: ____-__-____

If spouse is deceased, date of death: __/__/____

Grandchildren names and birth dates: _____

Next Born Full Name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Address: _____ Day Phone: _____

E-mail: _____

Spouse: _____ Date of Birth: __/__/____ SSN: ____-__-____

If spouse is deceased, date of death: __/__/____

Grandchildren names and birth dates: _____

Have you or your spouse been married before? Yes ___ No ___

If yes, prior spouse: _____ Date of Birth: __/__/____ SSN: ____-__-____

If prior marriage ended in a divorce, name of the court entering the divorce and date of final order _____

If prior spouse is deceased, date of death: __/__/____

Are there any children from this previous marriage/

If yes, name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Do you or your spouse have any other children?

If yes, name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Do you or your spouse have any children who have died leaving children? Yes ___ No ___

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? Yes ___ No ___

Do you and your spouse have a pre-nuptial or post-nuptial agreement? Yes ___ No ___

Medical/Disability

Is anyone in your family disabled? Yes ___ No ___

If yes, please explain: _____

Is anyone at risk for becoming seriously ill or disabled because of a medical condition or family history? Yes ___ No ___

If yes, please explain: _____

Has anyone in your family recently entered a hospital or skilled nursing facility? Yes ___ No ___

Name of Facility	_____	Date of admission	_____
Date of Discharge	_____	Diagnosis	_____

Health Insurance

	You	Spouse
Medicare	_____ Number	_____ Number
Insurance from Employer	_____	_____
Medicare Supplement	_____	_____
Long Term Care Insurance	_____	_____
Other	_____	_____

Financial

Income Producing Assets:

Bank accounts, Brokerage accounts,
Stocks, Corporate or U.S. Bonds, other

Description & Location of Property	Value	Acct. #	Name on acct.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or your spouse made any transfers or gifts in excess of \$10,000.00 or more during the past three years? Yes ___ No ___

Real Estate and Business

Description and Address of Property	Purchase Date	Purchase Price	Value	In Whose Name
_____	___/___/___	\$ _____	_____	_____
_____	___/___/___	\$ _____	_____	_____
_____	___/___/___	\$ _____	_____	_____

Are any of the above properties not connected to a sewer line? Yes ___ No ___

Do you or your spouse have any interest in any business? Yes ___ No ___

Monthly Income:	You	Your Spouse	Joint
Social Security	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Pension from _____	\$ _____	\$ _____	\$ _____
IRAs, Annuities, etc.	\$ _____	\$ _____	\$ _____
Rents	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____

Which sources of income have a benefit for a surviving spouse? _____

Life Insurance:

Whose Life?	Company	Face Value	Cash Value	Policy no.	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Property with Designated Beneficiaries

Do you have IRAs, Vested Pension Plans, Annuities, or other assets that would pass on your death to a particular designated beneficiary?

Description	Value	Designated Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you or your spouse expect an inheritance? Yes ___ No ___

Are you or your spouse the beneficiary of any trust? Yes ___ No ___

Liabilities:

(mortgages, notes to banks, notes to others, loans on insurance, other)

Description	Balance Due	Monthly Payment	Maturity Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location of important papers (notes/deeds/etc): _____

Monthly Expenses

Health Insurance Premium _____ Medical Expenses _____

Real Estate Taxes _____ Homeowner's insurance premium _____

Mortgage/ Rent Payment _____ Condo Fee/maintenance _____

Do you pay for heat and utilities? Yes ___ No ___

Personal Property (Autos, Recreational Vehicles, Boats, Antiques, Heirlooms, Jewelry, Collections, etc.)

Description of Property	Value	In Whose Name?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Legal Documents

	Date Executed	Location of Document
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Living Trust	_____	_____

I am the legally appointed guardian of _____.

I am serving as a power of attorney for _____.

I am serving as executor or administrator of the following estates _____.

I am involved in the following lawsuits _____.

I have lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington) _____.

Other legal concerns: _____.

Please bring copies of the following documents with you to your meeting with the attorney:

1. Will, Codicil, Trust Agreements
2. Real Estate Deeds, Appraisals
3. Admission Agreements to hospitals and health facilities
4. Divorce Decrees, Prenuptial Agreements, Adoption Papers
5. Guardianship Documents
6. Living Will, Health Care Declaration or Power of Attorney, Durable Powers of Attorney
7. A list of full names, addresses, and telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers, and advisors
8. Retirement plans, including any forms designating beneficiaries