

**CLIENT**

1. Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_
- Telephone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_
- Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- U.S. Citizen?: Yes \_\_\_\_\_ No \_\_\_\_\_
- Any existing Wills, Powers of Attorney, Living Wills? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, date of existing documents/where original is held: \_\_\_\_\_

\_\_\_\_\_  
(Please bring copies of any of the above existing documents with you to your initial consult)

**SPOUSE/LIFE-PARTNER**

2. Full Name: \_\_\_\_\_
- Address:(if different) \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_
- Telephone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_
- Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- U.S. Citizen?: Yes \_\_\_\_\_ No \_\_\_\_\_
- Any existing Wills, Powers of Attorney, Living Wills? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, date of existing documents/where original is held: \_\_\_\_\_

\_\_\_\_\_  
(Please bring copies of any of the above existing documents with you to your initial consult)

**MARRIAGE(S)**

3. Present Marriage: Married date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
4. Prior Marriage: Married date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
- How and When Terminated: \_\_\_\_\_
- Ex-spouse / Life Partner Name: \_\_\_\_\_



**CHILDREN & GRANDCHILDREN**

**5. PRESENT MARRIAGE - Children: Total \_\_\_\_\_**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Additional: \_\_\_\_\_

**6. ADOPTED - Children: Total \_\_\_\_\_**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Additional: \_\_\_\_\_

**7. PRIOR MARRIAGE - Children: Total \_\_\_\_\_**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Additional: \_\_\_\_\_



**8. GRANDCHILDREN - Total \_\_\_\_\_**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Additional: \_\_\_\_\_

\_\_\_\_\_

**RELATIVES**

**9. PARENTS OF CLIENT- (if living)**

Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**10. PARENTS OF SPOUSE- (if living)**

Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_



**11. OTHER RELATIVES** *(to be included in planning)* siblings, grandparents, aunts, uncles, nieces, nephews, etc.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Other Professional Advisors (if any)**

11a. Accountant: Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
Financial Advisor: Name and Address: \_\_\_\_\_  
\_\_\_\_\_

**ASSETS** *(Or include financial statements)*

**12. STOCKS, BONDS, SECURITIES**

Type: \_\_\_\_\_ Aprox. Current Value: \$ \_\_\_\_\_  
How is it registered? (Joint, Survivorship, Trust, Custodial, etc.) \_\_\_\_\_  
Type: \_\_\_\_\_ Aprox. Current Value: \$ \_\_\_\_\_  
How is it registered? (Joint, Survivorship, Trust, Custodial, etc.) \_\_\_\_\_  
Type: \_\_\_\_\_ Aprox. Current Value: \$ \_\_\_\_\_  
How is it registered? (Joint, Survivorship, Trust, Custodial, etc.) \_\_\_\_\_

**13. CASH, BANK ACCOUNTS, CDS**

Type: \_\_\_\_\_ Aprox. Current Value: \$ \_\_\_\_\_  
How is it registered? (Joint, Survivorship, Trust, Custodial, etc.) \_\_\_\_\_  
Type: \_\_\_\_\_ Aprox. Current Value: \$ \_\_\_\_\_  
How is it registered? (Joint, Survivorship, Trust, Custodial, etc.) \_\_\_\_\_  
Type: \_\_\_\_\_ Aprox. Current Value: \$ \_\_\_\_\_  
How is it registered? (Joint, Survivorship, Trust, Custodial, etc.) \_\_\_\_\_



**14. REAL ESTATE**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_

How is it titled? (Joint, Tenants in common, survivorship, etc.) \_\_\_\_\_

How was it acquired? \_\_\_\_\_ On what date?: \_\_\_\_\_

Approx. Value: \$ \_\_\_\_\_ Mortgages?: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_

How is it titled? (Joint, Tenants in common, survivorship, etc.) \_\_\_\_\_

How was it acquired? \_\_\_\_\_ On what date?: \_\_\_\_\_

Approx. Value: \$ \_\_\_\_\_ Mortgages?: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_

How is it titled? (Joint, Tenants in common, survivorship, etc.) \_\_\_\_\_

How was it acquired? \_\_\_\_\_ On what date?: \_\_\_\_\_

Approx. Value: \$ \_\_\_\_\_ Mortgages?: \_\_\_\_\_

**15. INSURANCE POLICIES / PENSIONS / RETIREMENT / DEATH BENEFITS**

Type: \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

Designated Beneficiaries: \_\_\_\_\_

Type: \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

Designated Beneficiaries: \_\_\_\_\_

Type: \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

Designated Beneficiaries: \_\_\_\_\_

**16. BUSINESS AFFILIATIONS / INTERESTS (Corporation, Partnership, etc.)**

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ Type: \_\_\_\_\_



**17. EXPECTANCIES / INHERITANCES / GIFTS, BENEFICIARY OF TRUST, ETC.**

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ Type: \_\_\_\_\_

**18. TANGIBLE PERSONAL PROPERTY (Vehicles, Jewelry, Art, Antiques, Furniture etc.)**

Type: \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

**19. OTHER ASSETS (not listed above)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**20. SAFE DEPOSIT BOX**

Location: \_\_\_\_\_ Registered to: \_\_\_\_\_

Location: \_\_\_\_\_ Registered to: \_\_\_\_\_

**21. OTHER INVESTMENTS**

Type: \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

What Names Held: \_\_\_\_\_

Type: \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

What Names Held: \_\_\_\_\_

**22. LIABILITIES (Loans, Credit Cards, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROXIMATE VALUE OF TOTAL NET ESTATE: \$** \_\_\_\_\_



**FIDUCIARIES**

**23. EXECUTOR AND ALTERNATE (in the event first choice is unable to serve)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**24. TRUSTEE(S) AND ALTERNATE (in the event first choice is unable to serve)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**25. GUARDIAN AND ALTERNATE OF MINOR CHILDREN OR INCOMPETENTS  
(if both parents are deceased)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**DISPOSITION OF ESTATE**

The questions below are the type of questions we will ask you at your initial consult. You do not need to fill out every question. They are intended to inform you of possible options for the disposition (disbursement) of your estate.

26. Do you have any burial instructions? (i.e. cremation, burial in family plot) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Do you wish to make any specific bequests of real estate, cash, vehicles, etc. to persons or charities? Y\_\_\_ N\_\_\_

28. Do you want to give items or personal property (i.e. jewelry, furniture, art, etc.) to anyone? Y\_\_\_ N\_\_\_



29. Tangible Personal Property: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

If they don't survive, then to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How would you like your personal property to be divided if you have listed more than one beneficiary?

\_\_\_\_\_

30. Residue of Estate to: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

If they don't survive, then to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How would you like the residue of your estate to be divided if you have listed more than one beneficiary?

\_\_\_\_\_

31. Disposition of loans or advances made or to be made? \_\_\_\_\_

\_\_\_\_\_

32. Exercise of powers of appointment or disposition? \_\_\_\_\_

\_\_\_\_\_

33. Payment of inheritance, estate, death taxes?

*(paid out of your estate or each beneficiary to be responsible for their portion?)*

\_\_\_\_\_

34. Medicaid Planning? \_\_\_\_\_

35. Asset Protection - Create a Trust?: \_\_\_\_\_

36. Are there any special or financial needs that should be taken into consideration for yourself, spouse/life-partner or dependents/beneficiaries? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**FINANCIAL DURABLE POWER OF ATTORNEY.**

37. Would you like us to review, update or draft a Financial Durable POA? \_\_\_\_ Yes \_\_\_\_ No

38. Agent and Alternate (*in the event first choice is unable to serve*)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY WITH LIVING WILL**

39. Would you like us to review, update or draft a new Health Care POA? \_\_\_\_ Yes \_\_\_\_ No

40. Agent and Alternate (*in the event first choice is unable to serve*)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

