

PERSONAL INFORMATION

FULL LEGAL NAME

DATE

TOWN/CITY, STATE OF RESIDENCE

MAILING ADDRESS (HOME)

TELEPHONE #'S (BEST WAY TO REACH YOU)

EMAIL ADDRESS

SEND MAIL TO: RESIDENCE BUSINESS

DATE OF BIRTH: _____

CHILDREN:	AGE:	SPOUSE'S CHILDREN	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU: MARRIED Y N

NAME OF SPOUSE:

DIVORCED Y N

PRENUPTIAL AGREEMENT? Y N

WIDOWED Y N

DATE DIVORCE BECAME FINAL: _____

DATE OF DEATH: _____

IF YOU ARE OR HAVE BEEN MARRIED, HAVE YOU EVER LIVED IN ANY OF THE FOLLOWING
"COMMUNITY PROPERTY" STATES? (PLEASE CIRCLE)

ARIZONA	LOUISIANA	NEVADA	CALIFORNIA
COLORADO	IDAHO	TEXAS	NEW MEXICO

PLEASE IDENTIFY THE PROFESSIONAL ADVISORS WITH WHOM YOU WORK (IF ANY)

ACCOUNTANT: _____ ATTORNEY: _____

INSURANCE: _____ INVESTMENT ADVISOR/BROKER: _____

OTHER: _____

DO YOU HAVE A WILL: Y N

A TRUST OF ANY KIND: Y N

A LIVING WILL: Y N

POWERS OF ATTORNEY Y N

IF YOU HAVE MINOR CHILDREN, WHOM MIGHT YOU NAME AS GUARDIAN?

WHO OR WHAT PROFESSIONALS, CLOSE FRIENDS OR FAMILY MIGHT YOU NAME TO HANDLE YOUR FINANCIAL AFFAIRS (EXECUTOR, TRUSTEE, AGENT UNDER POWER OF ATTORNEY)?

WHO MIGHT YOU NAME TO MAKE HEALTH CARE DECISIONS FOR YOU?

DO YOU HAVE A SAFE DEPOSIT BOX? Y N WHERE?

WHO HAS ACCESS TO THE BOX?

HAVE YOU MADE ANY TAXABLE GIFTS? Y N IF SO, WHEN? _____
PLEASE PROVIDE A COPY OF EACH GIFT TAX RETURN THEM FILED

PLEASE DESCRIBE YOUR DISABILITY COVERAGE (IF ANY)

ARE YOU A BENEFICIARY OF ANY TRUST CURRENTLY IN EXISTENCE? Y N

ARE YOU A TRUSTEE OF ANY TRUST? Y N

PLEASE DESCRIBE ANY WISHES YOU MIGHT HAVE REGARDING THE HANDLING OF YOUR PERSON AFTER YOUR DEATH. FOR EXAMPLE, CREMATION VERSUS BURIAL.

PLEASE DESCRIBE ANY ADDITIONAL PERSONAL, FAMILY OR FINANCIAL CIRCUMSTANCES OR CONSIDERATIONS THAT MIGHT IMPACT OR SHOULD BE CONSIDERED IN EVALUATING YOUR ESTATE PLANNING NEEDS (HEALTH CONCERNS, ADOPTED CHILDREN, PARENTS, SIBLINGS, OR OTHER FAMILY MEMBERS WITH SPECIAL NEEDS, EXPECTED INHERITANCES, AND SO ON)

PLEASE LIST ALL REAL ESTATE OWNED BY YOU BY ADDRESS AND TOWN AND THE MANNER
IN WHICH IT IS OWNED AND WHETHER ANY OTHER PARTY HAS AN OWNERSHIP INTEREST

PARCEL ADDRESS	TOWN, STATE	JOINT OR CO-OWNER (DESCRIBE)
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PLEASE DESCRIBE AS PRECISELY AS POSSIBLE HOW YOU WISH TO DISTRIBUTE ALL
YOUR PROPERTY UPON DEATH. (Property held jointly or in accounts with named beneficiaries
will not pass through the will, but according to the terms of ownership): _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION HERE THAT COULD ASSIST ME IN
ADVISING YOU: _____

WE OFTEN RECOMMEND THAT YOU EXECUTE A GENERAL POWER OF ATTORNEY TO APPOINT A REPRESENTATIVE TO HANDLE YOUR AFFAIRS IF YOU ARE UNABLE TO BE PHYSICALLY PRESENT TO MANAGE THEM OR IF YOU ARE TEMPORARILY OR PERMANENTLY INCAPACITATED (Please list your primary and alternate choice for this person here: _____

_____.

IN SOME SITUATIONS, WE RECOMMEND THAT YOU CONSIDER A LIFE ESTATE DEED TO AVOID PROBATE AND TO ASSIST WITH MEDICAID PLANNING (THIS IS AN ADDITIONAL COST). I recommend that we discuss whether or not this is a good fit for you. _____

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