

Client's Objectives: _____

NOTE: Please bring the following Documents to our meeting, if available and applicable:

- (a) Will(s)
- (b) Durable Power(s) of Attorney
- (c) Deed to residence
- (d) Last two years tax returns
- (e) Life and health insurance policies
- (f) Any other documents or information you deem relevant.

B. MARITAL INFORMATION

Date and Place of Marriage: _____

Have either of you been married previously? _____

If yes, give each prior spouse's name and address, date of death, or divorce from prior spouse; the title, location, and case number of probate or divorce court:

C. CHILDREN AND GRANDCHILDREN

Children of present marriage (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by putting "D" and give date of death next to name.) Please indicate whether any deceased child left any surviving children.

<u>Name</u>	<u>Address</u>	<u>Birthdate</u>	<u>Spouse</u>
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_____ (Check here and enter additional information on back if more than four children.)

Please list names and relationship of grandchildren, parents, brothers, sisters, grandparents, nieces, nephews, cousins, and other persons if relevant to specific bequeaths. Note if any of those listed are dependent on you for support.

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. GENERAL INFORMATION

	Spouse 1	Spouse 2
Write Yes or No for each spouse:		
Do you receive Social Security?	_____	_____
Are you self-employed?	_____	_____
Have you ever been appointed to a fiduciary status (executor, trustee, attorney-in-fact, etc.) under any legal documents	_____	_____
If so, please describe _____		
Are you involved in a lawsuit?	_____	_____
If yes, please explain _____		

Do any family members require special attention? (Explain - use back of page if necessary.)
Think, for example, about their health and general financial status, including needs and prospects.

Is anyone in your family receiving or likely to receive governmental benefits other than a retirement pension? If so, whom and for what condition?

Other than as described above, is anyone at risk because of medical condition or family history for becoming seriously ill disabled? If so, whom and for what condition?

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care (at least two persons in priority order):

Spouse 1: _____

Spouse 2: _____

If you were unable to carry out your financial business, whom would you trust and want to pay bills, make investment decisions and carry out other transactions for you (Either jointly or in order of priority if more than one)

Spouse 1: _____

Spouse 2: _____

E. HEALTH CARE INFORMATION

Spouse 1: Do you have: Medicare: Part A _____ Part B _____ HMO _____

Supplemental Insurance? _____

Long Term Care Insurance? _____

Do you receive Medicaid Benefits? _____ Veteran's Benefits? _____

Spouse 2: Do you have: Medicare: Part A _____ Part B _____ HMO _____

Supplemental Insurance? _____

Long Term Care Insurance? _____

Do you receive Medicaid Benefits? _____ Veteran's Benefits? _____

F. DOCUMENTS

If you have any of the documents described below, enter the date of the document on the line. If you do not have the document, leave blank.

	Husband	Wife
Will	_____	_____
Durable Power of Attorney	_____	_____
Health Care Proxy	_____	_____
Living Will	_____	_____
Living, Revocable, or Other Trust	_____	_____

G. INCOME AND EXPENSES

1. Income. Enter monthly amount for each spouse and total:
Spouse 1: Spouse 2: Total

Social Security:	_____	_____	_____
Pension:	_____	_____	_____
IRA:	_____	_____	_____
Rental Income:	_____	_____	_____
Other:	_____	_____	_____

2. Expenses. If paid jointly, enter only under total.

	<u>Spouse 1:</u>	<u>Spouse 2:</u>	<u>Total</u>
Housing:	_____	_____	_____
Utilities:	_____	_____	_____
Real Estate Taxes:	_____	_____	_____
Health including private care at home:	_____	_____	_____
Insurance:	_____	_____	_____
Prescription Drugs:	_____	_____	_____
Other:	_____	_____	_____

H. ASSETS AND LIABILITIES (Fill in current fair market value of your assets)

1. Real Estate

Owner	Location	Estimated Value	Mortgage Balance	Cost Basis
(a) _____	_____	\$ _____	\$ _____	\$ _____
(b) _____	_____	\$ _____	\$ _____	\$ _____
(c) _____	_____	\$ _____	\$ _____	\$ _____

Do you receive a senior citizen's or veteran's tax reduction on your residence? _____

How much do you pay each year in real estate taxes? _____

2. Cash, Bank Accounts, Certificates of Deposit and Savings Bonds

Owner	Description (type of account)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Enter additional Accounts on back.

3. Stocks and Bonds

(a) Stocks

Owner	Description (Individually held, brokerage account, or mutual fund)	Shares	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(b) Savings Bonds

Owner	Description	Date	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. Life Insurance

Owner (insured)	Company	Face Amount	Cash Value	Beneficiary(s)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

5. Retirement Benefits (Include Pension, Keough, IRA, 401K accounts, etc.)

Owner	Description	Value	Beneficiary
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

6. Mortgages, Notes and Annuities

Owner	Description	Value	Beneficiary
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

7. Business Interest(s) (Not described elsewhere.)

8. Miscellaneous (Not described elsewhere.)

9. Liabilities (Debt owed by you, contractual and leasehold obligations, pending lawsuits and claims, etc.)

Name of Debtor	Description	Amount	When Due
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

