



**Certified Public Accountant:** \_\_\_\_\_  
(name)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Financial Advisor:** \_\_\_\_\_  
(name)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 2. CHILDREN

List all children. Copy and attach additional pages if needed.

**Please confirm how your child's name appears on a Government Issued ID. Total number of children:** \_\_\_\_\_

**1.** \_\_\_\_\_  
(FULL LEGAL NAME) (date of birth)

PARENT:  Client #1  Client #2  Both  Male  Female

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address:  Same \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Deceased \_\_\_\_\_ Child has surviving children?  Yes  No  
(date of death)

Adopted \_\_\_\_\_  
(date of adoption)

**2.** \_\_\_\_\_  
(FULL LEGAL NAME) (date of birth)

PARENT:  Client #1  Client #2  Both  Male  Female

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address:  Same \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Deceased \_\_\_\_\_ Child has surviving children?  Yes  No  
(date of death)

Adopted \_\_\_\_\_  
(date of adoption)

**3.** \_\_\_\_\_  
(FULL LEGAL NAME) (date of birth)

PARENT:  Client #1  Client #2  Both  Male  Female

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address:  Same \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Deceased \_\_\_\_\_ Child has surviving children?  Yes  No  
(date of death)

Adopted \_\_\_\_\_  
(date of adoption)

4. \_\_\_\_\_ (FULL LEGAL NAME) \_\_\_\_\_ (date of birth)

PARENT:  Client #1  Client #2  Both  Male  Female

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address:  Same \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Deceased \_\_\_\_\_ (date of death) Child has surviving children?  Yes  No

Adopted \_\_\_\_\_ (date of adoption)

5. \_\_\_\_\_ (FULL LEGAL NAME) \_\_\_\_\_ (date of birth)

PARENT:  Client #1  Client #2  Both  Male  Female

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address:  Same \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Deceased \_\_\_\_\_ (date of death) Child has surviving children?  Yes  No

Adopted \_\_\_\_\_ (date of adoption)

### SECTION 3. OTHER AGENTS/BENEFICIARIES

If you wish to designate individuals other than your children, please provide their information below.

1. \_\_\_\_\_ (FULL LEGAL NAME) \_\_\_\_\_ (date of birth)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address:  Same \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Male  Female Relationship: \_\_\_\_\_

2. \_\_\_\_\_ (FULL LEGAL NAME) \_\_\_\_\_ (date of birth)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address:  Same \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Male  Female Relationship: \_\_\_\_\_

## SECTION 4. ASSETS AND INCOME

### A. FIXED MONTHLY INCOME

	CLIENT #1	CLIENT #2	JOINT
1. Social Security:	\$ _____	\$ _____	<input type="checkbox"/>
2. Pension:	\$ _____	\$ _____	<input type="checkbox"/>
3. _____:	\$ _____	\$ _____	<input type="checkbox"/>
4. _____:	\$ _____	\$ _____	<input type="checkbox"/>
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<input type="checkbox"/>

### B. NON-FIXED MONTHLY INCOME

	CLIENT #1	CLIENT #2	JOINT
1. Interest:	\$ _____	\$ _____	<input type="checkbox"/>
2. Dividends:	\$ _____	\$ _____	<input type="checkbox"/>
3. _____:	\$ _____	\$ _____	<input type="checkbox"/>
4. _____:	\$ _____	\$ _____	<input type="checkbox"/>
5. _____:	\$ _____	\$ _____	<input type="checkbox"/>
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<input type="checkbox"/>

### C. CASH AND BANK ACCOUNTS (CD, Checking, Savings, etc.)

Name of Bank/Branch	Type of Account	Balance/Value	How Title Held
<i>Big Bank/Main St.</i> <i>(sample)</i>	<i>Savings</i>	<i>\$ xx,xxx.xx</i>	<i>Jointly w/son</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D. SECURITIES (Bonds, Marketable Securities, etc.)**

Name of Company	# Shares/Face Val.	Current Val.	How Title Held
<i>Acme Corp.</i> <small>(sample)</small>	<i>xx Shares</i>	<i>\$ x,xxx.xx</i>	<i>Sole owner</i>

**E. RETIREMENT ACCOUNTS (IRA, 401(k), 403b, Keoghs, etc.)**

Name of Institution	Owner	Beneficiary	Contingent Bene.	Current Value
<i>Big Broker</i> <small>(sample)</small>	<i>Client</i>	<i>Spouse</i>	<i>Children</i>	<i>\$ xx,xxx.xx</i>

**F. NON-RETIREMENT ANNUITIES**

Name of Institution	Owner	Beneficiary	Contingent Bene.	Current Value
<i>Big Broker</i> <small>(sample)</small>	<i>Client</i>	<i>Spouse</i>	<i>Children</i>	<i>\$ xx,xxx.xx</i>

# SECTION 5. REAL ESTATE

## PRIMARY RESIDENCE

A. Owners \_\_\_\_\_

PLEASE PROVIDE A COPY OF THE DEED AND MOST RECENT TAX BILL.

Fair Market Value: \$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_

Is it a Reverse Mortgage?  Yes  No

B. If the property was PURCHASED, please provide the following:

1. Date of purchase: \_\_\_\_\_

2. Purchase Price: \$ \_\_\_\_\_

C. If the property was INHERITED, please provide the following:

1. Month/Year Inherited: \_\_\_\_\_

2. Value when Inherited: \$ \_\_\_\_\_

### D. REAL ESTATE OTHER THAN PRIMARY RESIDENCE (Including Timeshares, Co-Ops, Vacant Land, Etc.)

<u>Address</u>	<u>How Title Held</u>	<u>Cost (Basis)</u>	<u>Market Value</u>	<u>Mortgage Balance</u>
<u>123 Main Street</u> <i>(sample)</i>	<u>\$xxx,xxx.xx</u>	<u>Joint tenant</u>	<u>\$xxx,xxx.xx</u>	<u>\$xxx,xxx.xx</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## SECTION 6. INSURANCE

### A. INSURANCE: LIFE

Name of Insurer	Type of Policy	Beneficiary	Cash Surrender Value	Death Benefit Value
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<i>Acme Insurance</i> <small>(sample)</small>	<i>Whole Life</i>	<i>Spouse, then children</i>	<i>\$10,000</i>	<i>\$10,000</i>
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### B. INSURANCE: LONG-TERM CARE

Name of Insurer	Type of Policy	Beneficiary	Cash Surrender Value	Death Benefit Value
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<i>Acme Insurance</i> <small>(sample)</small>	<i>Whole Life</i>	<i>Spouse, then children</i>	<i>\$10,000</i>	<i>\$10,000</i>
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### C. INSURANCE: HEALTH

Name of Insurer	Type of Policy	Beneficiary	Cash Surrender Value	Death Benefit Value
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<i>Acme Insurance</i> <small>(sample)</small>	<i>Whole Life</i>	<i>Spouse, then children</i>	<i>\$10,000</i>	<i>\$10,000</i>
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Do you have supplemental health insurance?  Yes Cost per month: \_\_\_\_\_  
 No

### D. BUSINESS INTERESTS

Please provide a short description giving the name, location, percentage owned, names and relationship of co-owners, and the form of ownership (i.e., sole proprietorship, closely held corporation, partnership, etc.). Please bring a copy of any agreements, financial statements, etc.

**E. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES**

Briefly describe or give the name of the trust in which the client has an interest, or the person who is the source of the inheritance. Please provide a copy of the instrument which creates the interest, if available. If not, please advise how we may obtain a copy.

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**F. OTHER**

If the client has any property interests not described above, including 529 plans, please explain the nature of the interests and the estimated value each.

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**G. PERSONAL PROPERTY**

	MARKET VALUE	HOW TITLE HELD
Home Furnishings:	\$ _____	\$ _____
Cars, RVs, Boats, etc.:	\$ _____	\$ _____
Jewels, Fur, etc.:	\$ _____	\$ _____
Firearms:	\$ _____	\$ _____
_____:	\$ _____	\$ _____
<i>(other: collectibles, etc.)</i>		
_____:	\$ _____	\$ _____

**SECTION 7. CLIENT GOALS**

What are your goals for your estate plan?

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Signature \_\_\_\_\_

*\*I have answered the above questions accurately and to the best of my ability. I understand that any recommendations made will be based on the information given and any additional or varying information may negate any advice that was previously provided to me.*