

CLIENT PROFILE (ESTATE PLANNING)

** All information is held strictly confidential.

I. PERSONAL INFORMATION

Full name _____ Full Name of Spouse _____
 Home address _____ City _____ State _____ ZIP _____
 County of Residence _____
 Home number _____ Office _____ Fax _____
 Cell phone _____ email _____ Other _____
 Occupation _____ Employer _____
 Occupation _____ Employer _____
 Social security number _____ DOB: _____
 Spouse SS# _____ DOB: _____
 U.S. Citizen? Yes ___ NO ___ Is your spouse a U.S. Citizen? Yes ___ NO ___
 Marital Status:(circle one) Married Single Divorced Separated Widow(er)
 Any prior marriages? Yes ___ NO ___ If so, how many previous marriages? _____
 How did each marriage end and the year? Death ___ Divorce ___ comments: _____

 Any prior marriages for your Spouse? Yes ___ NO ___ How many? _____
 How did each marriage end and the year? Death ___ Divorce ___ comments: _____

 Do you and your spouse have a prenuptial or postnuptial agreement? _____

II. CHILDREN

Child (1) Full name _____
 Address _____
 Phone No. _____
 Date of birth _____
 Special needs of child _____
 Relationship: Blood Adopted
 Father/Mother info _____

Child (2) Full name _____
 Address _____
 Phone No. _____
 Date of birth _____
 Special needs of child _____
 Relationship: Blood Adopted
 Father/Mother info _____

Child (3) Full name _____
 Address _____
 Phone No. _____
 Date of birth _____
 Special needs of child _____
 Relationship: Blood Adopted
 Father/Mother info _____

**** (use reverse side for additional children)

Deceased children: NO ___ Yes ___ (name/dod) _____

If so, did they leave any surviving children: _____

Names and ages of any surviving children:

III. BUSINESS INTERESTS

Do you and/or your spouse have an ownership interest in one or more closely held business? Y N
If yes, complete the following:

- 1. Name of Business _____
- 2. Type of Business: Corporation Partnership Sole Prop. Other _____
- 3. Brief description of business _____

IV. WILL INFORMATION

- 1. Have you ever made a Will? Yes No
- 2. Who would you like to be the guardian of your children should you and your spouse die an untimely death?

1ST CHOICE

Name: _____

Address: _____

Phone #: _____

2ND CHOICE

Name: _____

Address: _____

Phone #: _____

- 4. Would you like to require a bond of the Guardian?
- 5. Who would you like to serve as executor (manager) of your estate in the event of your death? This person is usually your spouse.

1st Choice

2nd Choice

Name _____

Address _____

Phone _____

**** use reverse side if necessary

- 6. Would you like to specifically disinherit any close relative?

Name: _____

Address: _____

- 7. Would you like to include a "No-Contest Clause" in your will? The effect of this would revoke any gifts made to any beneficiary who contests the will after you die.

- 8. Would you like to direct how to dispose of your remains?

No _____

Yes _____

Cremation _____ Burial _____

V. TRUST INFORMATION

1. Do you have a Trust of any kind? Yes No

2. Trustees

a. Initial Trustee(s)

Name: _____

Address: _____

Phone #: _____

b. Successor Trustee(s)

Name: _____

Address: _____

Phone #: _____

c. Alternate Successor Trustee(s)

Name: _____

Address: _____

Phone #: _____

**** use reverse side for additional Trustees, if necessary

3. Minor beneficiaries

Name(s)/Age to receive inheritance? _____

Custodian? _____

VI. INTENDED BENEFICIARIES

1. Please complete the following for each of your heirs and any other intended major beneficiaries

Name	Relationship to you	Age	Handicaps
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

**** use reverse side for additional beneficiaries, if necessary

2. Specific gifts?

Name of beneficiary	Description of gift
a. _____	_____
b. _____	_____
c. _____	_____

Do you have a safety deposit box? If yes, location: _____

VII. DURABLE POWERS OF ATTORNEY- Fill out this Section in meeting with the attorney

1. Health Care

a. Agent:

Name: _____

Address: _____

Phone #: _____

b. Alternate Agent #1

Name: _____

Address: _____

Phone #: _____

c. Alternate Agent #2

Name: _____

Address: _____

Phone #: _____

Life sustaining treatment? Yes _____ No _____

Do you wish food and hydration to keep you comfortable? _____

Do you wish the use of medications to alleviate pain and suffering even if they may hasten the moment of pain? _____

Do you wish to make any anatomical donations? _____

Should your agent have the authority to perform an autopsy? _____

2. Durable Power of Attorney for Finances - Agent same as Trust?

Yes _____ No _____

If no, please explain: _____

MISCELLANEOUS INFORMATION

How did you find out about this firm?

_____ Newspaper/magazine Advertisement

_____ Yellow page Advertisement

_____ Referral from a friend/client

_____ Other

Additional Comments: _____

VIII. ASSET INFORMATION

REAL PROPERTY

Address	FMV	Mortgage(s) balance
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____

BANK, SAVINGS AND LOAN, CREDIT UNIONS

(Cash, checking accounts, savings accounts, CD's, or money markets):

INSTITUTION	TYPE OF ACCOUNT	APPROX. BALANCE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____

SECURITIES (common stock, preferred stock, corporate bonds, mutual funds):

INSTITUTION	TYPE OF ACCOUNT	APPROX. BALANCE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

RETIREMENT PLANS (IRA, 401K, DEFERRED COMP, ETC)

INSTITUTION	TYPE OF ACCOUNT	APPROX. BALANCE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

ANNUITIES/LIFE INS.

INSTITUTION	TYPE OF ACCOUNT	APPROX. BALANCE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____