

Please help us to assist you by filling out this form for your initial consultation.

CONFIDENTIAL PERSONAL INFORMATION CHECKLIST

We recognize that this information is of a personal nature. We assure you that all information provided to this office will be treated confidentially and will not be revealed to anyone outside of this office without your permission.

GENERAL INFORMATION

Date: _____

Name (as you want it on legal documents) _____

Street Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____

Cell phone _____ Email _____

Date of Birth _____ Soc. Sec. #: _____

Employer _____ Position _____

Physician name _____ Phone _____

Children's Names	Address and Phone No.	DOB	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESTATE PLANNING QUESTIONS (Circle your answer)		
1. Are you a US citizen	Yes	No
3. Do you have any dependents with Special Needs	Yes	No
4. Would any of your family contest your wishes	Yes	No
5. Do you have Long Term Care Insurance	Yes	No
6. Do you need a referral for Financial Planning	Yes	No

My primary planning concerns are: _____

DOCUMENTS TO BRING WITH YOU

Please provide copies of these documents and any documents relating to other assets you own.

- Wills and Trusts
- Powers of Attorney
- Health Care Powers/Living Wills
- Life Insurance and Annuity contracts
- IRA and Retirement Plan statements
- Deeds and real estate tax bills
- Recent Statement from Banks and Brokerages
- Corporation or business papers
- Copies of stocks and bonds you hold
- Copies of Car and boat titles or registrations

FINANCIAL INFORMATION

1. Do you own a HOME or any other REAL ESTATE?

Address	Name(s) on Title	Mortgage Amount	Market Value

2. Do you own any other TITLED PROPERTY (car, boat, etc.)?

Description	Market Value

3. Do you have any BANK ACCOUNTS (Please indicate if account is a CD)?

Name of Bank	Name(s) on Title	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Do you have any RETIREMENT FUNDS (IRA's, 401K's, etc.)?

Company Name	Account Owner	Beneficiary	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Do you have any BROKERAGE ACCOUNTS (other than Retirement Accounts)?

Name of Brokerage	Name(s) on Title	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Do you hold any STOCKS, BONDS or MUTUAL FUNDS (outside a brokerage acct)?

Name of Company	Name(s) on Title	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Do you have any LIFE INSURANCE POLICIES and/or ANNUITIES?

Company Name	Policy Owner	Insured	Beneficiary	Face Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Do you have a BUSINESS INTEREST/OWNERSHIP?

Company Name	Your Percentage	Market Value
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9. Do you have any COLLECTIBLES (antiques, coins, jewelry, etc.)?

Description	Market Value
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10. Does anyone OWE YOU money (mortgage, personal loan, etc.)?

Name of Person who owes	Amount owed
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11. Do you have a SAFE DEPOSIT BOX?

Name of Bank	Names on Box	Value of Contents
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12. Do you own any PATENTS or COPYRIGHTED material (or ever sold any copyrighted material)?

TOTAL ESTATE VALUE \$ _____

13. What is your MONTHLY INCOME?

Source	Amount
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Please let me know if someone referred you to us that we may thank.

Referred by: _____

Phone: _____

Do you have any specific questions?
