

INFORMATION SHEET
(Please Print)

DATE: ___/___/___

Husband Full Legal Name: _____
(ex. John Edward Doe)

_____/_____/_____
Age Birth Date

Husband Signature Name: _____
(if different) (ex. John E. Doe)

____-____-_____
Social Security Number

Wife Full Legal Name: _____
(ex. Jane Ellen Doe)

_____/_____/_____
Age Birth Date

Wife Signature Name: _____
(if different) (ex. Jane E. Doe)

____-____-_____
Social Security Number

Date of Marriage: ___/___/___ County of Residence: _____

Husband's Occupation: _____ Retired? Y N

Wife's Occupation: _____ Retired? Y N

Home Address: _____

Mailing Address: _____
(if different) _____

Home Phone: (____) _____ - _____

Fax Number: (____) _____ - _____

Husband:

Work Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Wife:

Work Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Husband:

Email Address: _____

Wife:

Email Address: _____

FAMILY INFORMATION

Full Name of Child Address, City, State, Zip	Social Security #	Birth Date	Child of: (Husband/Wife/Joint)	Marital Status	# of Children
1. _____ _____ _____	_____ - _____	____/____/____	_____	_____	_____
2. _____ _____ _____	_____ - _____	____/____/____	_____	_____	_____
3. _____ _____ _____	_____ - _____	____/____/____	_____	_____	_____
4. _____ _____ _____	_____ - _____	____/____/____	_____	_____	_____
5. _____ _____ _____	_____ - _____	____/____/____	_____	_____	_____
6. _____ _____ _____	_____ - _____	____/____/____	_____	_____	_____

- 7. Are all of the above persons U.S. citizens? Yes No
 If yes, explain: _____
- 8. Do any of your children or grandchildren require special attention:
 (Consider, for example, their educational, mental, or physical needs) Yes No
 If yes, explain: _____
- 9. Did you and your spouse ever sign a pre- or post-marriage contract? Yes No
 If yes, explain: _____
- 10. Are there any persons other than minor children who are dependent upon you? Yes No
 If yes, explain: _____
- 11. Does any family member currently receive Social Security or other benefits? Yes No
- 12. Do you presently qualify for veteran disability exemptions? Yes No
- 13. Do you presently have a Living Trust? Yes No
 If yes, full name of trust: _____

14. Have you ever filed a Federal gift tax return?

Yes No

LIST OF ASSETS
(approximate fair market value)

Real Property: (Address)	Husband	Wife	Joint
15. _____	\$ _____	\$ _____	\$ _____
16. _____	\$ _____	\$ _____	\$ _____
17. _____	\$ _____	\$ _____	\$ _____
18. _____	\$ _____	\$ _____	\$ _____
Automobiles: (Year & Make)			
19. _____	\$ _____	\$ _____	\$ _____
20. _____	\$ _____	\$ _____	\$ _____
21. _____	\$ _____	\$ _____	\$ _____
Savings and Checking Accounts:			
22. _____	\$ _____	\$ _____	\$ _____
23. _____	\$ _____	\$ _____	\$ _____
24. _____	\$ _____	\$ _____	\$ _____
C.D.'s:			
25. _____	\$ _____	\$ _____	\$ _____
26. _____	\$ _____	\$ _____	\$ _____
Mutual Funds/Money Accounts:			
27. _____	\$ _____	\$ _____	\$ _____
28. _____	\$ _____	\$ _____	\$ _____
Stocks or Bonds:			
29. _____	\$ _____	\$ _____	\$ _____
30. _____	\$ _____	\$ _____	\$ _____
Business Interests:			
31. _____	\$ _____	\$ _____	\$ _____
32. _____	\$ _____	\$ _____	\$ _____
Valuable Personal Property:			
33. _____	\$ _____	\$ _____	\$ _____
34. _____	\$ _____	\$ _____	\$ _____

Life Insurance:

	Insurance Co.	Insured	Policy Owner	Beneficiary	Death Benefit
35.	_____	_____	_____	_____	_____
36.	_____	_____	_____	_____	_____
37.	_____	_____	_____	_____	_____
38.	_____	_____	_____	_____	_____

Benefits:

	Pension/Profit Sharing	Beneficiary	Value
39.	_____	_____	\$ _____
40.	_____	_____	\$ _____

	IRAs	Beneficiary	Value
41.	_____	_____	\$ _____
42.	_____	_____	\$ _____

Future Inheritance:

43. Are you or your spouse anticipating any inheritance in the next 5-10 years? Yes No
 Please estimate the possible amount. \$ _____ *Self* \$ _____ *Spouse*

Other Assets:	Husband	Wife	Joint
44. _____	\$ _____	\$ _____	\$ _____
45. _____	\$ _____	\$ _____	\$ _____

LIST OF LIABILITIES

	Husband	Wife	Joint
46. Home Mortgage	_____	_____	_____
47. Secondary Real Property Loan	_____	_____	_____
47. Notes:	_____	_____	_____
48. Loans against Life Insurance	_____	_____	_____
49. Other Obligations:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

IMPORTANT INFORMATION

Please list the names, phone numbers and addresses of your Key Advisors:

Accountant: _____

Bank/Banker: _____

Financial Advisor: _____

Insurance Agent: _____

Please list the names and addresses of close family members or friends that will be named in your Estate Planning documents, either as beneficiaries or as Trustees/Agents:

1. Name: _____
Relationship: _____
Address: _____
C/S/Z: _____

2. Name: _____
Relationship: _____
Address: _____
C/S/Z: _____

3. Name: _____
Relationship: _____
Address: _____
C/S/Z: _____

4. Name: _____
Relationship: _____
Address: _____
C/S/Z: _____

Please return this questionnaire to our offices upon completion. Thank you!