

INFORMATION SHEET

(Please Print)

Full Legal Name: _____ _____ / ____ / ____
(ex. John Edward Doe) Age Birth Date

Signature Name: _____ ____ - ____ - ____
(if different) *(ex. John E. Doe)* Social Security Number

Occupation: _____ Retired? Y N

Home Address: _____ Bus. Address: _____

Home Phone: (____) - _____ Business Phone: (____) - _____

Mobile Phone: (____) - _____ Fax Number: (____) - _____

Email Address: _____ County of Residence: _____

PERSONAL INFORMATION

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

7. Are all of the above persons U.S. citizens? _____
8. Do any of your children or grandchildren require special attention: (Consider, for example, their educational, mental, or physical needs.) _____
9. Did you and your spouse ever sign a pre- or post-marriage contract? _____
10. Are there any persons other than minor children who are dependent upon you? _____
11. Does any family member receive Soc. Sec. or other benefits? _____
Do you presently qualify for veteran disability exemptions? _____
12. Do you presently have a Living Trust? _____ Ever file a Federal Gift Tax Return? _____

LIST OF ASSETS
(*approx. fair market value*)

Real Property: (Address)	Value
13. _____	\$ _____
14. _____	\$ _____
15. _____	\$ _____
16. _____	\$ _____

Automobiles: (Year & Make)	
17. _____	\$ _____
18. _____	\$ _____
19. _____	\$ _____

Savings and Checking Accounts:	
20. _____	\$ _____
21. _____	\$ _____
22. _____	\$ _____

C.D.'s:	
23. _____	\$ _____
24. _____	\$ _____

Mutual Funds/Money Accounts:	
25. _____	\$ _____
26. _____	\$ _____

Stocks or Bonds:	
27. _____	\$ _____
28. _____	\$ _____

Business Interests:

29. _____ \$ _____
30. _____ \$ _____

Valuable Personal Property:

31. _____ \$ _____
32. _____ \$ _____

Life Insurance:

	Insurance Co.	Insured	Policy Owner	Beneficiary	Death Benefit
33.	_____	_____	_____	_____	\$ _____
34.	_____	_____	_____	_____	\$ _____
35.	_____	_____	_____	_____	\$ _____

Benefits:

	Pension/Profit Sharing	Beneficiary	Value
36.	_____	_____	\$ _____
37.	_____	_____	\$ _____
	IRAs	Beneficiary	Value
38.	_____	_____	\$ _____
39.	_____	_____	\$ _____

Future Inheritance:

40. Are you anticipating any inheritance in the next 5-10 years? Yes No
If so, please estimate the possible amount. \$ _____

	Other Assets	Value
41.	_____	\$ _____
42.	_____	\$ _____

LIST OF LIABILITIES

Liability	Amount
43. Home Mortgage	\$ _____
44. Other Real Property Encumbrances	\$ _____
45. Notes/Personal Loans:	\$ _____
46. Loans against Life Insurance	\$ _____
47. Other Obligations (please list):	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

KEY ADVISORS

Accountant: Name: _____
Company: _____
Contact No. (_____) - _____

Bank/Banker: Name: _____
Company: _____
Contact No. (_____) - _____

Financial Advisor: Name: _____
Company: _____
Contact No. (_____) - _____

Insurance Agent: Name: _____
Company: _____
Contact No. (_____) - _____