

CLIENT INFORMATION

(protected by attorney-client privilege)

DATE: _____

If assisting an estate admin/probate, this packet should be filled out with information on the deceased individual.

CLIENT 1
FULL NAME: _____ (What should we call you?)
NICKNAME: _____ ("____") AGE: _____ U.S. CITIZEN? Y/N
*Social Security Number: _____ D.O.B _____ HEALTH: _____
e-mail: _____
Excellent/Good/Fair/Poor

CLIENT 2 (SPOUSE):
FULL NAME: _____ ("____") AGE: _____ U.S. CITIZEN? Y/N
* Social Security Number: _____ D.O.B _____ HEALTH: _____
e-mail: _____
Excellent/Good/Fair/Poor

ADDRESS: _____ MAILING: _____

COUNTY: _____

PHONE: HOME: _____ CLIENT 1 CELL: _____ CLIENT 2 CELL: _____

WK Phone (Client 1): _____ COMPANY: _____ YEARS _____
Retired? Y/N

WK Phone (Client 2): _____ COMPANY: _____ YEARS _____
Retired? Y/N

MILITARY SERVICE: DATES OF ACTIVE DUTY: _____ to _____ RETIRED FROM SERVICE? Y/N MILITARY DISABILITY? _____%

MARITAL: YEARS MARRIED _____ PREVIOUS MARRIAGE(s)? Client 1: Y/N Children from previous marriage? Y/N

Client 2: Y/N Children from previous marriage? Y/N

(OR SPECIFY HEIRS AT LAW IF NO SPOUSE OR DESCENDANTS)

CHILDREN:	MENT/PHYS	Male/	FULL NAME	NICKNAME	AGE	MARITAL	# OF
DISABILITY	Female			(What do you call them?)		STATUS	CHILDREN
_____	_____	_____	_____	("____")	_____	_____	_____
_____	_____	_____	_____	("____")	_____	_____	_____
_____	_____	_____	_____	("____")	_____	_____	_____
_____	_____	_____	_____	("____")	_____	_____	_____
_____	_____	_____	_____	("____")	_____	_____	_____
_____	_____	_____	_____	("____")	_____	_____	_____
_____	_____	_____	_____	("____")	_____	_____	_____

Do you have any deceased children? Y/N Name(s) _____ D.o.D _____ # of Children _____

CLIENT 1 PARENTS LIVING: Y/N INHERITANCE LIKELY? Y/N LIKELY TO SUPPORT PARENTS? Y/N

CLIENT 2 PARENTS LIVING: Y/N INHERITANCE LIKELY? Y/N LIKELY TO SUPPORT PARENTS? Y/N

NOTES: _____

REFERRED BY: _____

SEMINAR ATTENDED: _____

Client Name _____

Date: _____

Do you own any real estate?

Address	Owner	Estimated Value	Mortgage Balance

Do you own any time shares?

Address	Owner	Estimated Value

Bank Accounts:

Type (Checking, Saving...)	Bank held at	Owner	Amount

Certificate of Deposits (CD): (do not include CDs that are held in an IRA account – list those under the IRA Section on the following page)

Bank held at	Owner	Amount

Brokerage /Stock & Bond Account: (Include only the accounts or portion of the accounts that are Non-IRA and Non-Retirement – IRA accounts and other retirement accounts are listed on the following page)

Held at	Owner	Amount

Stocks: Not Held in Brokerage or Stock Account (you hold the actual stock certificate):

Company	Owner	Amount

Bonds: Not Held in a Brokerage Account (you hold the actual bond certificate)

Type/Company	Owner	Amount

Client Name _____

Date: _____

Business (Interest): (Do you own a Business – what is your % ownership, what is its value and is entity taxed as a Sub Chapter S entity)

Legal Name of Business	% Ownership	Value of % ownership	Taxed as an S entity (S Status) Yes or No

Safety Deposit Box:

Location: _____

Contents: _____

Approx. Value of Items in your Home (Jewelry, Art, Guns, Furniture, Silver, etc.): \$ _____

Vehicles:

Type	Owner	Value

Other Debts:

Type	Owner	Value

Do you have accounts for minors? If yes, please fill out the following:

Type (529, UTMA, etc.)	Held at	Custodian/Owner	Beneficiary

Have you gifted anything to any family or friends in the last 5 years? If yes, what is the amount?

Annuities: Non-qualified (If annuity is "Qualified"/held in an IRA, list in IRA section below)

Financial Institution	Owner	Value	Beneficiaries (if any)

IRA:

Financial Institution	Owner	Value	Beneficiaries (if any)

401K:

Company/ Financial Institution	Owner	Value	Beneficiaries (if any)

Client Name _____

Date: _____

Other Retirement Accounts:

Financial Institution	Owner	Value	Beneficiaries (if any)

Health Savings Accounts:

Company/ Financial Institution	Owner	Value	Beneficiaries (if any)

Life Insurance:

Insurance Company	Owner	Cash Value	Death Benefit	Beneficiaries (if any)

Do you own Life Insurance insuring someone else (i.e. children or grandchildren)

Company	Owner	Cash Value	Death Benefit	Beneficiaries (if any)

Do you have any other trust agreements? If yes, please list: _____

Long Term Care Insurance:

Insurance Company	Owner	Amount per Day	Length of Policy

Income:

Do you receive Social Security? If yes, how much monthly? Client 1: \$ _____/month

Client 2 : \$ _____/month

Do you have any pensions? If yes, how much and from what company(s)? _____

For your pensions, are there any survivor benefits that you or your spouse will receive? If yes, how much and from which company(s)? _____

Do you have any other income (minimum distribution from IRA, rental income, annuity income, etc.)? _____

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Advisors (If you have any of the following, please list their name and the firm for which they work, if any):

How satisfied are you with their services?

CPA or Tax Return Preparer: _____

Not Somewhat Very

Current Financial Advisor: _____

Current Insurance Advisor: _____

Do you have an attorney to handle other matters? _____