

# Legacy Wealth Planning Consultation

Date \_\_\_\_\_  Married    Widowed    Divorced    Single

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your "Signature Name" \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse/Partner "Signature Name" \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Permission to Contact**

I authorize the law firm to occasionally mail, fax or email information to me. I understand that I can unsubscribe to communication from the firm at any time and I also understand that the law firm will not share or sell my contact information to anyone. I prefer to be contacted at the email address listed above.

Signature: \_\_\_\_\_

Children's Full Names	Sex	Date of Birth	Parent (Wife/Husband/Both)	Married (Y or N)	Number of Grandchildren

**My estate has the following assets:**

- Real Estate                                       IRA/Retirement Plans                       Partnerships  
 Stocks, Bonds, Mutual Funds                       Life Insurance                                       Certificates of Deposit

**Approximate gross value of my entire estate: \$** \_\_\_\_\_

**I have questions about the following services your firm offers:**

- Medicaid Planning                       Trust Administration/Probate                       Business Planning

**Please check one of the following boxes:**

- I am ready to proceed with the creation of my Legacy Wealth Plan.  
 I am not interested in creating a Legacy Wealth Plan at this time. I'm here for general information only.  
 I already have a Living Trust or Will drafted by another attorney and would like a review.  
 I need the following questions answered before I am ready to proceed with the creation of my Legacy Wealth Plan: \_\_\_\_\_  
 \_\_\_\_\_