



PERSONAL INFORMATION (CONFIDENTIAL)

(Please Print)

How did you hear about our firm? _____

Client # 1

Full Legal Name _____

Name used when signing legal documents _____

Nickname _____ Birthdate _____

Home address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Employer _____ Job _____ Business Telephone (____) _____

Email address _____ County of Residence _____

Married: Date _____ Divorced: Date _____ Widowed : Date _____ Single

Client # 2

Full Legal Name _____

Name used when signing legal documents _____

Nickname _____ Birthdate _____

Home address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Employer _____ Job _____ Business Telephone (____) _____

Email address _____

CHILDREN

Check the Special Needs Box if any child is (expected to be) unable to support him/herself as an adult.

Name	Parent (H, W, or both)	Birthdate	Special Needs ?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS

Other friends or relatives who are dependents, aside from children. (Use Full Legal Name)

Name	Relationship	Special Needs
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____ Company _____
 Phone # _____ City & State _____

Name of Fin. Advisor: _____ Company _____
 Phone # _____ City & State _____

IMPORTANT FAMILY QUESTIONS

Please Check “Yes” or “No” for Your Answer	YES	NO
Do you have any adopted children?		
Do any of your children/grandchildren have a learning disability, special education, medical, or physical needs?		
Are you or your spouse or children receiving social security, disability, or other governmental benefits?		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed please furnish a copy)		
Have you or your spouse ever filed a Federal or State <i>gift</i> tax returns? (Please furnish a copy)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish a copy of these documents)		
Are you (and your spouse if married) United States citizens?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)		
Do you provide major financial support to adult children?		

BRIEF FINANCIAL SUMMARY

Don't spend more than 5 minutes on this – exact figures are NOT needed.
 Jointly owned property values go ½ in Client #1's column, ½ in Client #2's column.

ASSETS

CLIENT #1 CLIENT # 2
AMOUNT

Cash Accts. (Checking, Sav., Money Mkt., CD)		
Mutual Funds (<i>except</i> IRA/retirement plans)		
Stocks		
Bonds (government, corporate or US savings)		
Retirements Plans (IRA, 401(k), 403(b), etc.)		
Life Ins. Policies & Annuities (Death Benefit)		
Money other people owe you		
Partnership / LLC/ Business Interests		
Real Estate (house, & vac. house & timeshares)		
Anticipated inheritance, gift, or judgment		
Other assets: _____		
Total Assets		

LIABILITIES

CLIENT #1 CLIENT # 2

Loans/accounts payable		
Real estate mortgages payable		
Loans taken against life insurance		
Unpaid taxes		
Other debts or liabilities: _____		
Total Liabilities		

APPROXIMATE NET FAMILY “ESTATE”

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