

ADVISORS

Accountant:	Phone:
Stockbroker:	Phone:
Insurance Agent:	Phone:
Banker:	Phone:
Primary Care Physician:	Phone:
Other:	Phone:

FINANCIAL INFORMATION

PLEASE PROVIDE ESTIMATED VALUES TO THE NEAREST THOUSAND DOLLARS

ASSETS	Husband	Wife	Joint
<u>CHECKING ACCOUNT (S)</u>			
Institution Name:			
Account Number:			
Institution Name:			
Account Number:			
<u>SAVINGS ACCOUNT (S)</u>			
Institution Name:			
Account Number:			
Institution Name:			
Account Number:			
<u>CERT OF DEPOSIT (S)</u>			
Institution Name:			
Account Number:			
Institution Name:			
Account Number:			
<u>IRA ACCOUNT (S)</u>			
Institution Name:			
Account Number:			
Institution Name:			
Account Number:			
<u>REAL ESTATE</u>			
Location:			
Value:			
Mortgage:			
Net Value:			
Location:			
Value:			
Mortgage:			
Net Value:			
Location:			
Value:			
Mortgage:			
Net Value:			

	Husband	Wife	Joint
<u>STOCKS AND BONDS</u> <u>(Excluding own business)</u>			
<u>BROKERAGE ACCTS</u> <u>(Excluding IRAs)</u> Firm's Name: Account Number:			
Firm's Name: Account Number:			
Firm's Name: Account Number:			
<u>MONEY MARKET ACCTS</u> Fund Name: Value:			
Fund Name: Value:			
<u>CLOSELY HELD BUSINESS</u> Attach buy/sell agreements			
C corporations			
S corporations			
Partnerships			
LLC's			
<u>LIFE INSURANCE</u> Company: Policy Owner: Policy Amount: Beneficiary:			
Company: Policy Owner: Policy Amount: Beneficiary:			
<u>ANNUITIES</u> Company: Policy Owner: Policy Amount: Beneficiary:			
<u>PENSION, PROFIT SHARING, STOCK BONUS OR OTHER RETIREMENT PLAN (S)</u> Plan: Description: Beneficiary:			
Plan: Description: Beneficiary:			
Plan: Description: Beneficiary:			
<u>SAFE DEPOSIT BOXES</u> Institution Name: Key Location:			
<u>INTERESTS IN ESTATES AND TRUSTS</u>			

	Husband	Wife	Joint
<u>PERSONAL PROPERTY</u>			
Antiques/Collections:			
Automobiles:			
Household Furnishings:			
Other:			
TOTAL ASSETS:			
<u>LIABILITIES</u>			
Lending Institution:			
Principal:			
Lending Institution:			
Principal:			
TOTAL LIABILITIES:			
NET ESTATE:			

Additional Questions to be covered at our meeting:

1. What are the three main goals you would like to accomplish with estate planning?
2. What will your net worth be in 5 years?
3. How should your property be divided at your death?
4. Who will you name as **Guardian and Conservator** of your minor children, if any?
5. Who should receive your property if none of your immediate family survives you?
6. Who should handle the administration of your estate as **Personal Representative or Trustee**?
7. Who are you giving **Durable Power of Attorney** to (ability to make financial decisions for you if you become unable to so do)?
 Husband's First Person: _____ Wife's First Person: _____
 Husband's Second Person: _____ Wife's Second Person: _____
8. Who will be your **Patient Advocate** (ability to make medical decisions for you if you are unable)?
 Husband's First Person: _____ Wife's First Person: _____
 Husband's Second Person: _____ Wife's Second Person: _____
9. Are both of you US citizens?
10. Have you ever made a gift in excess of \$10,000? If yes when and did you file a gift tax return?
11. Is there anything of special interest about your objectives?
12. Were either of you previously married?
13. Who were you referred by? How did you choose our firm?

For office use only
Date Sent: _____
File: _____
Disk: _____
QB Entry: _____
Date Entered: _____