

Full Name	Address	Telephone Number	Date of Birth
Spouse's Name	Names and Dates of Birth of Grandchildren		

Client 1's Parents (if living):

Full Name(s)	Address	Telephone Number
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Client 2's Parents (if living):

Full Name(s)	Address	Telephone Number
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Client 1's Siblings (or next closest relatives):

Full Name	Address	Telephone Number
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Full Name	Address	Telephone Number
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Client 2's Siblings (or next closest relatives):

Full Name	Address	Telephone Number
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Full Name	Address	Telephone Number
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ASSET INFORMATION

	<u>Client 1:</u>	<u>Client 2:</u>	<u>Joint:</u>
A. <u>Cash:</u>			
1. Checking Accounts	_____	_____	_____
2. Savings Accounts	_____	_____	_____
3. Other (explain)	_____	_____	_____
B. <u>Stocks, Bonds, Mutual Funds:</u>			
1. Stocks (attach list)	_____	_____	_____
2. Bonds	_____	_____	_____
3. Mutual Funds	_____	_____	_____
4. Savings Bonds	_____	_____	_____
5. Other (explain)	_____	_____	_____

C. Real Estate (net of mortgages):

- 1. Principal Residence _____
- 2. Business Real Estate _____
- 3. Other (explain) _____

D. Retirement Assets:

- 1. IRAs _____ N/A
- 2. 401(k) Plans _____ N/A
- 3. Profit Sharing Plans _____ N/A
- 4. Pension Plans _____ N/A
- 5. Other (explain) _____ N/A

E. Other Assets:

- 1. Business Assets _____
- 2. Automobiles _____
- 3. Jewelry _____
- 4. Household Furnishings _____
- 5. Collectibles _____

F. Life Insurance:

Company	Type of Insurance	Policy Number(s)	Insured	Face Value	Cash Surrender Value	Owner	Beneficiary

G. Liabilities:

	<u>Client 1:</u>	<u>Client 2:</u>	<u>Joint:</u>
1. Please List	_____	_____	_____
	_____	_____	_____

H. Long Term Care

	Yes	No
Do you own any long term care insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about long term care for you or family member?	<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS MATTERS

If you answer 'yes' to any of the following questions, please provide full details below:

	<u>Client 1:</u>		<u>Client 2:</u>	
	Yes	No	Yes	No
Do you operate a business or have an ownership interest in a business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, is there a buy/sell agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe your ownership interest in the business (e.g. name of company; percentage you own, other owners/principals; type of business).

What are your future plans for your business?

ADDITIONAL INFORMATION

If you answer 'yes' to any of the following questions, please provide full details below:

	<u>Client 1:</u>		<u>Client 2:</u>	
	Yes	No	Yes	No
Have you previously executed a Will or Trust? (Please provide copies of <u>any</u> estate planning documents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Trustee or Beneficiary of any Trust (not created by you) currently in existence? (Please provide copies of <u>any</u> of these estate planning documents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to inherit any property from parents or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you previously made any gifts in excess of \$13,000? (If so, please provide amounts and dates of gifts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you hold any asset jointly with anyone other than your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your immediately family have a trademark, patent or copyright?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have specific burial instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of the following apply?				
Adopted children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children born of a prior marriage or born out-of-wedlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deceased children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property settlement agreement regarding a prior marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenuptial agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in your family disabled? (if so, describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you providing care for an elder or disabled relative? (if so, describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you have a premarital agreement, divorce settlement, etc., please provide us with copies.

Additional Information/Special Instructions/Issues:

Information Regarding Your Advisors:

	<u>Accountant:</u>	<u>Investment Advisor:</u>
Name:	_____	_____
Address:	_____	_____
Telephone Numbers:	_____	_____
	<u>Insurance Agent:</u>	<u>Other:</u>
Name:	_____	_____
Address:	_____	_____
Telephone Numbers:	_____	_____

How were you referred to our office?
