

**CLIENT INFORMATION**  
**[Strictly Confidential]**

Legal Name: \_\_\_\_\_

Other Names used: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

Marital Status:  Never married  Divorced  Widowed  Married

If married, name of Spouse: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

<b>CHILDREN:</b>	<input type="checkbox"/> No	<b>AGE or DOB</b>
_____		_____
_____		_____
_____		_____
_____		_____

· Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

	<b><u>YES</u></b>	<b><u>NO</u></b>
· Any deceased children?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, name: \_\_\_\_\_

If yes, survived by issue?

If yes, name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

	<u><b>YES</b></u>	<u><b>NO</b></u>
· Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
· Do you have any relatives (other than children) who depend on you for all or part of their support?	<input type="checkbox"/>	<input type="checkbox"/>
· Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?	<input type="checkbox"/>	<input type="checkbox"/>
· Do you wish to disinherit any of your children, grandchildren or any other close relative?	<input type="checkbox"/>	<input type="checkbox"/>
· If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue?	<input type="checkbox"/>	<input type="checkbox"/>
· Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?	<input type="checkbox"/>	<input type="checkbox"/>
· Do you expect to inherit substantial assets (\$100,000 +)?	<input type="checkbox"/>	<input type="checkbox"/>
· Do you have an existing Will?	<input type="checkbox"/>	<input type="checkbox"/>
· Have you ever executed a trust (either revocable or irrevocable)?	<input type="checkbox"/>	<input type="checkbox"/>
· Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>
· Do you have an existing General Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>
· Do you currently hold any assets in Joint Tenancy with another person?	<input type="checkbox"/>	<input type="checkbox"/>

- The name of the person(s) that you want to be the decision maker concerning your estate upon your death:

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- The name of the person(s) that you want to raise a child that is under 18 (if applicable):

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- The name of the person(s) that you want to make any major medical decisions on your behalf:

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- In general, state how you want your estate distributed among your beneficiaries?

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- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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# END-OF-LIFE DECISIONS

**Initial the statement which best states your desires:**

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

\_\_\_\_\_

(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

\_\_\_\_\_

YES   NO

\_\_\_   \_\_\_   Should your health care agent have the authority to make a disposition of a part or parts of your body (i.e., make any anatomical gifts)?

\_\_\_   \_\_\_   Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law.

\_\_\_   \_\_\_   Do you wish to designate a primary physician?

# BURIAL WISHES

At my death, I wish to be:       cremated       buried.

If cremation, I would like my ashes disposed as follows:

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If buried, I would like my remains interred as follows:

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I have already made arrangements at:

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# ESTIMATED\* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</u>
. REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____
. SECURITIES: (stocks, bonds, mutual funds)	\$ _____
. CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
. BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____
. RETIREMENT PLANS: (IRA, 401k, etc.**)	\$ _____
. VEHICLES: (autos, R.V., boat)	\$ _____
. PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____
<b>TOTAL:</b>	\$ _____

\* Use best guess; this can be a “ballpark” estimate.

\*\* Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

# LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH VALUE</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____