

INDIVIDUAL PRELIMINARY INFORMATION

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

JR., SR. II, III, IV? _____

Name I prefer to be called: _____

DATE OF BIRTH: _____

SSN: _____

HOME ADDRESS _____

HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

CELL PHONE: _____

Send Mail Where? Home _____ Office _____ Other _____

How do you prefer for mail to be addressed? (i.e., "Mr." or "Ms.") _____

Where is the best place to reach you? _____

OCCUPATION: _____

PLACE OF EMPLOY: _____

WORK ADDRESS: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE: _____

FAX: _____

EMAIL: _____

CHILDREN: (1) _____	AGE: _____	<u># of Grandkids</u>
address: _____ _____		
phone: _____		
(2) _____	_____	_____
address: _____ _____		
phone: _____		
(3) _____	_____	_____
address: _____ _____		
phone: _____		
(4) _____	_____	_____
address: _____ _____		
phone: _____		
(5) _____	_____	_____
address: _____ _____		
phone: _____		
(6) _____	_____	_____
address: _____ _____		
phone: _____		
(7) _____	_____	_____
address: _____ _____		
phone: _____		

ASSET INFORMATION

VALUE

COMMENTS

Life Insurance

IRAs, 401(k)'s, Profit Sharing, etc.

Residence

Other Real Estate

Stocks, Bonds, Mutual Funds

Cash, CD's Savings, Checking

Notes Where People Owe You Money

Business Interests

Cars, Jewelry, Furniture, etc.

TOTAL ESTATE

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Please provide us with copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Living Wills.

Did anyone refer you to us? Yes ___ No ___ If yes, whom may we thank? _____

Would you like for this referral source to be copied on correspondence? Yes ___ No ___

What topics would you like to discuss at your appointment?

WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?
(Two persons can serve together as long as they are married.)

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR BUSINESS POWER OF ATTORNEY?
(This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY

1. _____
Address: _____
Phone: _____

2. _____
Address: _____
Phone: _____

3. _____
Address: _____
Phone: _____

Where do you plan to keep your original documents? _____