

CONTACT PERSON: _____ **Relationship:** _____
 (if not husband or wife) Last First M.I.

Address: _____
 Street Town State & Zip Code

Telephone: Home: _____ Business: _____
 Fax: _____ Fax: _____
 Cell: _____ E-Mail: _____

NOTE: Please bring the following documents to our meeting, if available/ applicable: (a) Last Will and Testament, (b) Power of Attorney, (c) deed to residence and real properties, (d) last two years tax returns, (e) life and health insurance policies and (f) any other documents or information you deem relevant.

CHILDREN:

- Indicate if: 1. Adopted by placing an "A" next to child's name.
 2. Deceased by placing a "D" next to child's name.
 3. Child of previous marriage (i.e., "child of ____".)

| Name | Address | Phone # | Spouse | S.S. # |
|------|---------|-------------|--------|--------|
| | | H: _____ | | |
| | | C: | | |
| | | H: _____ | | |
| | | C: | | |
| | | H: _____ | | |
| | | C: | | |
| | | H: _____ | | |
| | | C: | | |

(If additional children, please use the back of this sheet)

GRANDCHILDREN:

| Name | Address | Phone # | Age | Parents' names |
|------|---------|---------|-----|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(If additional grandchildren, please use the back of this sheet)

Please list names and relationships of persons who may be dependent on you for support or who may affect your planning.

GENERAL INFORMATION:

Do you receive Social Security?.....
If so, where is the check deposited? _____

Wife Husband
(Yes/No)
_____ _____

Have you been appointed as a fiduciary (executor, trustee, attorney-in-fact, etc.) under any legal documents.....
If so, please describe said documents: _____

Wife Husband
(Yes/No)
_____ _____

Are you involved in a lawsuit?.....
If so, please explain: _____

Do any family members require special attention? _____ If so, please explain (For example, health, physical, mental, financial status, special and/or individual needs? (Use another sheet if necessary))

GENERAL INFORMATION CONTINUED:

Does anyone in your family receive Social Security Disability ? _____

Does anyone in your family receive Supplemental Security Income? _____

Is anyone at risk because of becoming seriously ill or disabled (due to a medical condition or family history)? _____

If you were unable to make health care decisions for yourself, who would you want to make those decisions for you?(list in order):

1. _____
2. _____
3. _____
4. _____

If you were unable to make financial decisions, who would you want to pay bills, make investment decisions and carry out other financial transactions for you (list in order):

1. _____
 2. _____
 3. _____
 4. _____
-

HEALTH CARE INFORMATION:

| | Wife | Husband |
|--|----------|---------|
| | (Yes/No) | |
| Do you have or receive the following? | | |
| Medicare Part A _____ Part B _____ Part C _____ Part D _____ | _____ | _____ |
| Supplemental Insurance..... | _____ | _____ |
| If yes, name: _____ | | |
| Medicare HMO?..... | _____ | _____ |
| If yes, name: _____ | | |
| Long Term Care insurance..... | _____ | _____ |
| If yes, name: _____ | | |
| Medicaid Benefits?..... | _____ | _____ |
| Veterans Benefits?..... | _____ | _____ |

Telephone: _____ Fax _____ Email: _____

Person who referred you to our office:

Is this person a client of our firm?

Name: _____

() Yes () No

Title: _____ Company: _____

Address: _____
Street Town State & Zip Code

Telephone: Home: _____ Business: _____

Fax: _____ Email: _____

MONTHLY INCOME: Please list your estimated monthly income and health care expenses.

| <u>Income Type</u> | <u>Wife</u> | <u>Husband</u> | <u>Total</u> |
|--------------------------|-------------|----------------|--------------|
| Social Security | _____ | _____ | _____ |
| Interest | _____ | _____ | _____ |
| Dividends | _____ | _____ | _____ |
| Pension Benefits | _____ | _____ | _____ |
| IRA Benefits | _____ | _____ | _____ |
| Rental Income | _____ | _____ | _____ |
| Capital Gains (Losses) | _____ | _____ | _____ |
| Other Taxable Income | _____ | _____ | _____ |
| Other Non-Taxable Income | _____ | _____ | _____ |
| Total Income | _____ | _____ | _____ |

MONTHLY HEALTH CARE EXPENSES:

| | <u>Wife</u> | <u>Husband</u> | <u>Total</u> |
|-----------------------|--------------|----------------|--------------|
| Home Care | _____ | _____ | _____ |
| Insurance Premiums | _____ | _____ | _____ |
| Prescription drugs | _____ | _____ | _____ |
| Nursing Home | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Total Expenses | _____ | _____ | _____ |

ASSETS

Real Estate

| <u>Owner</u> | <u>Location</u> | <u>Estimate Value</u> | <u>Mortgage Balance</u> | <u>Cost Basis</u> |
|--------------|-----------------|-----------------------|-------------------------|-------------------|
| _____ | (a) _____ | _____ | _____ | _____ |
| _____ | (b) _____ | _____ | _____ | _____ |
| _____ | (c) _____ | _____ | _____ | _____ |
| _____ | (d) _____ | _____ | _____ | _____ |

Do you receive a veteran's exemption on your primary residence? ()Yes ()No

Do you receive a senior citizen's exemption on your primary residence? ()Yes ()No
 How much do you pay each year in real estate taxes? _____

Do you believe your property is over assessed?..... ()Yes ()No

If you receive rental income, please describe: _____

Cash, Bank Accounts and Certificates of Deposit

| <u>Owner</u> | <u>Name of Financial Institution</u> | <u>Amount</u> |
|--------------------------|--------------------------------------|---------------|
| Checking Accounts | | |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

| | | |
|--------------------------------------|-------|----------|
| Savings/Money Market Accounts | | |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

| | | |
|--------------------------------|-------|----------|
| Certificates of Deposit | | |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

| | | |
|---|------------------------------------|----------|
| Stocks and Bonds (Individually held) | | |
| | Name of stock and number of shares | |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

| | | |
|---------------------------|-------------------------------|----------|
| Brokerage Accounts | | |
| | Name of Financial Institution | |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Mutual Funds

Name of Financial Institution

| | | |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Savings Bonds

Type

| | | |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Life Insurance

| <u>Owner</u> | <u>Company</u> | <u>Face Amount</u> | <u>Cash Value</u> | <u>Insured</u> | <u>Beneficiary</u> |
|--------------|----------------|--------------------|-------------------|----------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Retirement Benefits

| <u>Owner</u> | <u>Description</u> | <u>Beneficiary</u> | <u>Principal Value</u> |
|--------------|--------------------|--------------------|------------------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

401(K) Plan/Keogh/403(B)**IRA Accounts**

| | | | |
|-------|-------|-------|----------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

Annuities, Mortgages and Notes (money owed to you)

| <u>Owner Value</u> | <u>Description</u> | <u>Beneficiary</u> | <u>Purchase Price</u> |
|--------------------|--------------------|--------------------|-----------------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

Tangible Personal Property

Home Furnishings

| <u>Owner</u> | <u>Location</u> | <u>Value</u> |
|--------------|-----------------|--------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Automobiles

| | | |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Jewels and/or Furs

| | | |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Other (Collections, etc.)

| | | |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Safe Deposit Boxes () Yes () No

Is there a deputy on the box? () Yes () No

| <u>Owner</u> | <u>Location of Box</u> | <u>Contents</u> | <u>Location of Key</u> | <u>Estimated Value</u> |
|--------------|------------------------|-----------------|------------------------|------------------------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |

Business Interest(s) (i.e., partnership, corporate interests or sole proprietorships).

Miscellaneous

GIFTS

Include gifts made in the last five (5) years that are over \$2,000.

| Donor | Donee | Date Given | Value |
|-------|-------|------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

LIABILITIES: (Debt owed by you or your spouse, contractual and leasehold obligations, pending lawsuits and claims, etc.)

| <u>Description</u> | <u>Name of Debtor</u> | <u>Amount</u> | <u>When Due</u> |
|-----------------------------------|-----------------------|---------------|-----------------|
| General Debts | | | |
| Notes and accounts payable by you | _____ | _____ | _____ |
| Loans on life insurance policies | _____ | _____ | _____ |
| Unsecured promissory notes | _____ | _____ | _____ |
| General obligations | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| Mortgage Payables | | | |
| Home Mortgages | _____ | _____ | _____ |
| Other Mortgages | _____ | _____ | _____ |
| Total Liabilities | _____ | _____ | _____ |

SUMMARY OF ASSETS AND LIABILITIES

| ASSETS | Wife's Name | Joint Name | Husband's Name | Total |
|-----------------------------------|-------------|------------|----------------|-------|
| 1. Real Estate | | | | |
| 2. Cash | | | | |
| 3. Checking | | | | |
| 4. Savings/Money Market | | | | |
| 5. Certificates of Deposit | | | | |
| 6. Stocks and bonds | | | | |
| Individually held | | | | |
| Brokerage | | | | |
| Mutual Funds | | | | |
| Savings Bonds | | | | |
| 7. Life Insurance (face value) | | | | |
| 8. Retirement Benefits | | | | |
| 401(K) | | | | |
| IRA Accounts | | | | |
| 9. Annuities, Mortgages and Notes | | | | |
| 10. Personal Property | | | | |
| 11. Business Interests | | | | |
| Total Assets | | | | |
| LIABILITIES | Wife's Name | Joint Name | Husband's Name | Total |
| 1. Debt | | | | |
| 2. Mortgage Payables | | | | |
| Total Liabilities | | | | |
| NET WORTH | | | | |