ESTATE PLANNING

CONFIDENTIAL CLIENT INFORMATION

CLIENT 1

Name ______________________________

Date of Birth ______________________________

SSN ______________________________

Cell Phone ______________________________

Text ○ Yes ○ No

Email Address ______________________________

US Citizen ○ Yes ○ No

Date of Marriage ______________________________

Prior Marriage ○ Yes ○ No

Name ______________________________

How Terminated ○ Death ○ Divorce

CLIENT 2

Name ______________________________

Date of Birth ______________________________

SSN ______________________________

Cell Phone ______________________________

Text ○ Yes ○ No

Email Address ______________________________

US Citizen ○ Yes ○ No

Prior Marriage ○ Yes ○ No

Name ______________________________

How Terminated ○ Death ○ Divorce

LEGAL RESIDENCE

Address ______________________________

City/State______________________________

Zip ______________________________

Home Phone ______________________________

Legal Documents (Current)

Last Will and Testament .... ○ Yes ○ No

Trust .... ○ Yes ○ No

Durable Power of Attorney - Financial .... ○ Yes ○ No

Durable Power of Attorney - Healthcare .... ○ Yes ○ No

Beneficiaries

Children, Grandchildren, and Other Beneficiaries. In the notes column, identify any children by a prior marriage, any beneficiary who has special needs, and/or who are not U.S. citizens.

Name	Date of Birth	Relationship	Notes

Attorney-in-Fact

AGENT FOR HEALTHCARE POWER OF ATTORNEY

Who would you choose to make healthcare decisions on your behalf in the event you cannot personally make your wishes known? You can name as many as 4, but we recommend at least 2.

AGENT FOR FINANCIAL POWER OF ATTORNEY

In the event you're unable to do so, who would you choose to pay your bills, write checks, and manage your assets not held in trust? You can name as many as 4, but we recommend at least 2.

Assets & Investments

BANK ACCOUNTS, CREDIT UNION ACCOUNTS, & CERTIFICATE OF DEPOSITS

Name of Bank	Owner	Type of Acct.	Estimated Value

IRAS, 401KS, DEFERRED COMPENSATION, ANNUITIES, STOCKS, MUTUAL FUNDS, BONDS, & 529s

Company	Owner	Type of Acct.	Estimated Value

REAL ESTATE ASSETS

Property Address	How Titled	Estimated Value

LIFE INSURANCE POLICIES

Company Name	Covered Person	Type of Insurance	Cash Value

Other Information