



INFORMATION SHEET
(Please Print)

DATE: ___/___/___

Husband Full Legal Name: _____
(ex. John Edward Doe)

_____/_____/_____
Age Birth Date

Husband Signature Name: _____
(if different) (ex. John E. Doe)

____-____-_____
Social Security Number

Wife Full Legal Name: _____
(ex. Jane Ellen Doe)

_____/_____/_____
Age Birth Date

Wife Signature Name: _____
(if different) (ex. Jane E. Doe)

____-____-_____
Social Security Number

Date of Marriage: ___/___/___ County of Residence: _____

Husband's Occupation: _____ Retired? Y N

Wife's Occupation: _____ Retired? Y N

Home Address: _____

Mailing Address: _____
(if different) _____

Home Phone: (____) _____ - _____

Fax Number: (____) _____ - _____

Husband:

Work Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Wife:

Work Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Husband:

Email Address: _____

Wife:

Email Address: _____

FAMILY INFORMATION

Full Name of Child Address, City, State, Zip	Social Security #	Birth Date	Child of: (Husband/Wife/Joint)	Marital Status	# of Children
1. _____ _____ _____	_____ - _____	___/___/___	_____	_____	_____
2. _____ _____ _____	_____ - _____	___/___/___	_____	_____	_____
3. _____ _____ _____	_____ - _____	___/___/___	_____	_____	_____
4. _____ _____ _____	_____ - _____	___/___/___	_____	_____	_____
5. _____ _____ _____	_____ - _____	___/___/___	_____	_____	_____
6. _____ _____ _____	_____ - _____	___/___/___	_____	_____	_____

7. Are all of the above persons U.S. citizens? Yes No
 If yes, explain: _____
8. Do any of your children or grandchildren require special attention:
 (Consider, for example, their educational, mental, or physical needs) Yes No
 If yes, explain: _____
9. Did you and your spouse ever sign a pre- or post-marriage contract? Yes No
 If yes, explain: _____
10. Are there any persons other than minor children who are dependent upon you? Yes No
 If yes, explain: _____
11. Does any family member currently receive Social Security or other benefits? Yes No
12. Do you presently qualify for veteran disability exemptions? Yes No
13. Do you presently have a Living Trust? Yes No
 If yes, full name of trust: _____

14. Have you ever filed a Federal gift tax return?

Yes No

LIST OF ASSETS
(approximate fair market value)

Real Property: (Address)	Husband	Wife	Joint
15. _____	\$ _____	\$ _____	\$ _____
16. _____	\$ _____	\$ _____	\$ _____
17. _____	\$ _____	\$ _____	\$ _____
18. _____	\$ _____	\$ _____	\$ _____
Automobiles: (Year & Make)			
19. _____	\$ _____	\$ _____	\$ _____
20. _____	\$ _____	\$ _____	\$ _____
21. _____	\$ _____	\$ _____	\$ _____
Savings and Checking Accounts:			
22. _____	\$ _____	\$ _____	\$ _____
23. _____	\$ _____	\$ _____	\$ _____
24. _____	\$ _____	\$ _____	\$ _____
C.D.'s:			
25. _____	\$ _____	\$ _____	\$ _____
26. _____	\$ _____	\$ _____	\$ _____
Mutual Funds/Money Accounts:			
27. _____	\$ _____	\$ _____	\$ _____
28. _____	\$ _____	\$ _____	\$ _____
Stocks or Bonds:			
29. _____	\$ _____	\$ _____	\$ _____
30. _____	\$ _____	\$ _____	\$ _____
Business Interests:			
31. _____	\$ _____	\$ _____	\$ _____
32. _____	\$ _____	\$ _____	\$ _____
Valuable Personal Property:			
33. _____	\$ _____	\$ _____	\$ _____
34. _____	\$ _____	\$ _____	\$ _____

Life Insurance:

	Insurance Co.	Insured	Policy Owner	Beneficiary	Death Benefit
35.	_____	_____	_____	_____	_____
36.	_____	_____	_____	_____	_____
37.	_____	_____	_____	_____	_____
38.	_____	_____	_____	_____	_____

Benefits:

	Pension/Profit Sharing	Beneficiary	Value
39.	_____	_____	\$ _____
40.	_____	_____	\$ _____
	IRAs	Beneficiary	Value
41.	_____	_____	\$ _____
42.	_____	_____	\$ _____

Future Inheritance:

43. Are you or your spouse anticipating any inheritance in the next 5-10 years? Yes No
Please estimate the possible amount. \$ _____ *Self* \$ _____ *Spouse*

Other Assets:	Husband	Wife	Joint
44. _____	\$ _____	\$ _____	\$ _____
45. _____	\$ _____	\$ _____	\$ _____

LIST OF LIABILITIES

	Husband	Wife	Joint
46. Home Mortgage	_____	_____	_____
47. Secondary Real Property Loan	_____	_____	_____
47. Notes:	_____	_____	_____
48. Loans against Life Insurance	_____	_____	_____
49. Other Obligations:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

IMPORTANT INFORMATION

Please list the names, phone numbers and addresses of your Key Advisors:

Accountant: _____

Bank/Banker: _____

Financial Advisor: _____

Insurance Agent: _____

Please list the names and addresses of close family members or friends that will be named in your Estate Planning documents, either as beneficiaries or as Trustees/Agents:

1. Name: _____
Relationship: _____
Address: _____
C/S/Z: _____

2. Name: _____
Relationship: _____
Address: _____
C/S/Z: _____

3. Name: _____
Relationship: _____
Address: _____
C/S/Z: _____

4. Name: _____
Relationship: _____
Address: _____
C/S/Z: _____

Please return this questionnaire to our offices upon completion. Thank you!