



PARTNER/SPOUSE PRELIMINARY INFORMATION (exactly as you'd like it to appear on your documents)

LAST NAME: _____ PARTNER LAST NAME: _____

FIRST NAME: _____ PARTNER FIRST NAME: _____

MIDDLE: _____ MIDDLE: _____

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

Name I prefer to be called: _____ Name I prefer to be called: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

SSN: _____ SSN: _____

HOME ADDRESS _____

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

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

CELL PHONE: _____ (NAME) CELL PHONE: _____ (NAME)

U.S. Citizen? Yes _____ No _____ (Country: _____) U.S. Citizen? Yes _____ No _____ (Country: _____)

Send Mail Where? Home _____ Office _____ Other _____

Where is the best place to reach each of you? _____

Name _____

Name _____

PREFERRED EMAIL: _____

OCCUPATION: _____

PLACE OF EMPLOY: _____

WORK PHONE: _____

FAX: _____

Is email a good way to reach you? Yes _____ No _____ If so, at which address? Name _____ Name _____ Both _____

Would you like to be added to our e-newsletter (includes important client updates & estate planning information) Yes _____ No _____

CHILDREN: (1) _____ D.O.B.: _____

address: _____

phone: _____

PARENTS (if not from this marriage): _____

D.O.B.: _____

(2) _____

address: _____

phone: _____

PARENTS (if not from this marriage): _____

D.O.B.: _____

(3) _____

address: _____

phone: _____

PARENTS (if not from this marriage): _____

(4) _____ D.O.B.: _____

address: _____

phone: _____

PARENTS (if not from this marriage): _____

(5) _____ D.O.B.: _____

address: _____

phone: _____

PARENTS (if not from this marriage): _____

Please just fill out the following information to the best of your knowledge. This is not meant to be time consuming. We will let you know if you need to provide additional information.

Values may be approximate.

| <u>ASSET INFORMATION</u> | <u>VALUE</u> | <u>COMMENTS</u> |
|--------------------------------------|--------------|-----------------|
| 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: | ===== | |

Do you have any pets? _____ (Yes/No) If yes, what kind: _____

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

How did you hear about us? _____

If referred, whom may we thank? _____

Are you currently working with a financial planner/advisor? Yes ___ No ___
If no, would you be interested in talking to someone regarding your options? Yes ___ No ___

Are you currently working with an insurance agent? Yes ___ No ___
If no, would you be interested in talking to someone regarding your options? Yes ___ No ___

Are you currently working with a CPA? Yes ___ No ___
If no, would you be interested in talking to someone regarding your options? Yes ___ No ___

What topics would you like to discuss at your appointment?
