Personal Profile

for

____

Prepared by: __________________________________

Date: ____

PLEASE USE INK
WHEN COMPLETING THIS FORM

Earley Law Offices

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PERSONAL INFORMATION

(Please Print Clearly in Black or Blue Ink***)***

Client # 1

Date Completed_____________

Full Legal Name____Maiden Name__________________

How you sign your name on legal documents____

Nickname_________________ Birth date_____________Social Security Number_________________

Email:____Cell Phone________________________

❑ Employed ❑ Retired ❑ Self-Employed ❑ Unemployed - Please fill out Employer info below:

(Prev/Cur) Employer_______________________ Position___________Work Phone _______________

Work address_____________________________________City______________State___ Zip________

❑ Married: Date ________ ❑ Divorced: Date__________ ❑ Widowed: Date_________ ❑ Single

❑ U.S. Citizen ❑ Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Client # 2

Full Legal Name____Maiden Name__________________

How you sign your name on legal documents____

Nickname_________________ Birth date_____________Social Security Number_________________

Email:____Cell Phone________________________

❑ Employed ❑ Retired ❑ Self-Employed ❑ Unemployed - Please fill out Employer info below:

(Prev/Cur) Employer_______________________ Position___________Work Phone _______________

Work address_____________________________________City______________State___ Zip________

❑ Married: Date ________ ❑ Divorced: Date__________ ❑ Widowed: Date_________ ❑ Single

❑ U.S. Citizen ❑ Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Address

Home Address____________________________City___________________State______Zip________

County of Residence_______________________Home telephone______________________________

Website: ____ Fax Number: _____________________

Alternate address_____________________________City_______________State______Zip________

County___________________________________Alternate telephone___________________________

CHILDREN'S INFORMATION

Child # 1

Child is: ❑ **Joint** ❑ **Client #1's** ❑ **Client #2's**

Child's Full Legal Name____Birth date______________

Home Address____________________________City____________________State_______Zip_________

Home Phone __________________ Cell Phone__________________ Work Phone __________________

Email ____________________________________Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: ____________________________

Grandchildren's Names	**Parents**	**Ages**	**Special Needs**
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑

Child # 2

Child is: ❑ **Joint** ❑ **Client #1's** ❑ **Client #2's**

Child's Full Legal Name____Birth date______________

Home Address____________________________City____________________State_______Zip_________

Home Phone __________________ Cell Phone__________________ Work Phone __________________

Email ____________________________________Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: ____________________________

Grandchildren's Names	**Parents**	**Ages**	**Special Needs**
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑

Child # 3

Child is: ❑ **Joint** ❑ **Client #1's** ❑ **Client #2's**

Child's Full Legal Name____Birth date______________

Home Address__________________________City____________________State_______Zip_________

Home Phone __________________ Cell Phone__________________ Work Phone __________________

Email ____________________________________Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: ____________________________

Grandchildren's Names	**Parents**	**Ages**	**Special Needs**
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑

Child # 4

Child is: ❑ **Joint** ❑ **Client #1's** ❑ **Client #2's**

Child's Full Legal Name____Birth date_______________

Home Address_____________________________City___________________State_______Zip_________

Home Phone __________________ Cell Phone__________________ Work Phone __________________

Email _____________________________________Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: ____________________________

Grandchildren's Names	Parents	Ages	Special Needs
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑

Child # 5

Child is: ❑ **Joint** ❑ **Client #1's** ❑ **Client #2's**

Child's Full Legal Name____Birth date_______________

Home Address_____________________________City___________________State_______Zip_________

Home Phone __________________ Cell Phone__________________ Work Phone __________________

Email _____________________________________Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: ____________________________

Grandchildren's Names	Parents	Ages	Special Needs
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑

Child # 6

Child is: ❑ **Joint** ❑ **Client #1's** ❑ **Client #2's**

Child's Full Legal Name____Birth date_______________

Home a Address___________________________City___________________State_______Zip_________

Home Phone __________________ Cell Phone__________________ Work Phone __________________

Email _____________________________________Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: ____________________________

Grandchildren's Names	Parents	Ages	Special Needs
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑
______________________	__________	__________	❑

OTHER:

Potential Helpers (Trustee/Personal Rep/Health Care Agent/POA Agent), **Additional Children,** or **Other Dependents:** Friends or relatives who are dependents**. WE NEED THEIR INFORMATION.**

❑ **Potential Helper** ❑ **Child #7** **[**❑ **Joint** ❑ **Client #1's** ❑ **Client #2's]** ❑ **Dependent** Relationship:_________

Full Legal Name____Birth date_______________

Home Address_______________________________City____________________State_______Zip_________

Home Phone ___________________ Cell Phone___________________ Work Phone ___________________

Email _______________________________________Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: ______________________________

❑ **Potential Helper** ❑ **Child #8** **[**❑ **Joint** ❑ **Client #1's** ❑ **Client #2's]** ❑ **Dependent** Relationship:_________

Full Legal Name____Birth date_______________

Home Address_______________________________City____________________State_______Zip_________

Home Phone ___________________ Cell Phone___________________ Work Phone ___________________

Email _______________________________________Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: ______________________________

❑ **Potential Helper** ❑ **Child #9** **[**❑ **Joint** ❑ **Client #1's** ❑ **Client #2's]** ❑ **Dependent** Relationship:_________

Full Legal Name____Birth date_______________

Home Address_______________________________City____________________State_______Zip_________

Home Phone ___________________ Cell Phone___________________ Work Phone ___________________

Email _______________________________________Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: ______________________________

FAMILY DOCTOR(S)

Primary Physician for: ❑ Myself (Single) ❑ Husband ❑ Wife ❑ Both

Name of Physician ____Phone_________________________

Name of Medical Facility____

Address____

City/State/Zip____ Fax________________________

Primary Physician for: ❑ Myself (Single) ❑ Husband ❑ Wife ❑ Both

Name of Physician ____Phone_________________________

Name of Medical Facility____

Address____

City/State/Zip____ Fax________________________

OTHER PROFESSIONAL ADVISORS

Name of Personal **Banker**: ____
Company____
Address____________________________City_________________________State________Zip_____________
Phone # _________________________ Fax # __________________ E-Mail:______________________________

Name of **Financial Advisor**: ____
Company____
Address____________________________City_________________________State________Zip_____________
Phone # _________________________ Fax # __________________ E-Mail:______________________________

Name of **Financial Advisor**: ____
Company____
Address____________________________City_________________________State________Zip_____________
Phone # _________________________ Fax # __________________ E-Mail:______________________________

Name of **Financial Advisor**: ____
Company____
Address____________________________City_________________________State________Zip_____________
Phone # _________________________ Fax # __________________ E-Mail:______________________________

Name of **Stock Broker**: ____
Company____
Address____________________________City_________________________State________Zip_____________
Phone # _________________________ Fax # __________________ E-Mail:______________________________

Name of **Life Insurance** Agent: ____
Company____
Address____________________________City_________________________State________Zip_____________
Phone # _________________________ Fax # __________________ E-Mail:______________________________

Name of _______________ **Insurance** Agent: ____
Company____
Address____________________________City_________________________State________Zip_____________
Phone # _________________________ Fax # __________________ E-Mail:______________________________

Name of **CPA**: ____
Company____
Address____________________________City_________________________State________Zip_____________
Phone # _________________________ Fax # __________________ E-Mail:______________________________

Name of **Family Attorney**: ____
Company____
Address____________________________City_________________________State________Zip_____________
Phone # _________________________ Fax # __________________ E-Mail:______________________________

IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- and/or post-marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Are you and your spouse United States citizens?		
If you answered "NO," are either you or your spouse a resident or a non-resident alien?		

CASH ACCOUNTS

TYPE: Checking Account "CA" ◆ Savings Account "SA" ◆ Certificate of deposits "CD" ◆ Safety Deposit Box "SD". (*Indicate type below*.)

Name of Institution ______________________________ Phone ______________

Address of **Local** Branch ______________________________

City/State/Zip ______________________________ Fax ______________

Type of Acct	Account Number	Owner	Fair Market Value

Name of Institution ______________________________ Phone ______________

Address of **Local** Branch ______________________________

City/State/Zip ______________________________ Fax ______________

Type of Acct	Account Number	Owner	Fair Market Value

Name of Institution ______________________________ Phone ______________

Address of **Local** Branch ______________________________

City/State/Zip ______________________________ Fax ______________

Type of Acct	Account Number	Owner	Fair Market Value

- Are any funds electronically deposited or withdrawn from any of the above accounts? ❑ Yes ❑ No
- Are you named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, grandchildren, etc.)? ❑ Yes ❑ No

TOTAL $______________

- Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

Name of Brokerage Firm/Advisor ______________________________

Advisor's Address ______________________________ Phone ______________

City/State/Zip ______________________________ Fax ______________

Type of Acct	Account Number	Owner	Fair Market Value

Name of Brokerage Firm/Advisor ______________________________

Advisor's Address ______________________________ Phone ______________

City/State/Zip ______________________________ Fax ______________

Type of Acct	Account Number	Owner	Fair Market Value

Name of Brokerage Firm/Advisor ______________________________

Advisor's Address ______________________________ Phone ______________

City/State/Zip ______________________________ Fax ______________

Type of Acct	Account Number	Owner	Fair Market Value

Name of Brokerage Firm/Advisor ______________________________

Advisor's Address ______________________________ Phone ______________

City/State/Zip ______________________________ Fax ______________

Type of Acct	Account Number	Owner	Fair Market Value

- Are any funds electronically deposited or withdrawn from any of the above accounts? ❑ Yes ❑ No
- Are you named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, grandchildren, etc.)? ❑ Yes ❑ No

TOTAL $________

- Note: If Account is in your name (or your spouse's name)
- for the benefit of a minor, please specify and give minor's name.

STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in family business or non-publicly-traded company should be listed under "Corporate Business and Professional Interests." Stocks held in a **street name** or **investment account** should be listed under "Investment Accounts".

Name of Stock ____ Stock Symbol ________
Name of Transfer Company ____
Address ____
City/State/Zip ___________________________________ Phone ______________________
Website ____ Email ________________________

Account Number(s)	Certificate Number(s)	Owner	✓ if have certificate(s)	Number of Shares	Fair Market Value

Name of Stock ____ Stock Symbol ________
Name of Transfer Company ____
Address ____
City/State/Zip ___________________________________ Phone ______________________
Website ____ Email ________________________

Account Number(s)	Certificate Number(s)	Owner	✓ if have certificate(s)	Number of Shares	Fair Market Value

- Are you named as a co-owner on any stock owned by someone else (i.e. parents, siblings, grandchildren, etc.)? ❑ Yes ❑ No
- Are any of the above referenced stock pledged as collateral on any loans? ❑ Yes ❑ No

TOTAL $__________

BONDS

TYPE: US Savings Bonds ◆ Corporate Bonds ◆ Municipal Bonds ◆ Treasury Bills (*Put type below*.)

Type	Owner	Face Value

TOTAL $__________

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, ATVs, motorcycles and all other valuable non-business personal property. (*Give a lump sum value for miscellaneous items*.)

Type (car, truck, boat, ATV, trailer, etc.)	**Description (make, model, etc) (Vehicles: include color)**	**Owner**	**Value**	**Is there a lien against the asset?**
______________	____________________________	_______	__________	❑ Yes ❑ No
______________	____________________________	_______	__________	❑ Yes ❑ No
______________	____________________________	_______	__________	❑ Yes ❑ No
______________	____________________________	_______	__________	❑ Yes ❑ No
______________	____________________________	_______	__________	❑ Yes ❑ No
______________	____________________________	_______	__________	❑ Yes ❑ No
______________	____________________________	_______	__________	❑ Yes ❑ No

TOTAL $__________

INSURANCE: ❑ AUTO ❑ HOME ❑ BOAT ❑ TRAILER ❑ OTHER: ________________________

Name of Company ____________________________________ Policy No. ______________________

Name of Insurance Agency ________________________________ Name of Agent ________________

Agent's Address ____ Phone ______________________

City/State/Zip ____ Fax ________________________

Website ________________________________ Email _____________________________________

INSURANCE: ❑ AUTO ❑ HOME ❑ BOAT ❑ TRAILER ❑ OTHER: ________________________

Name of Company ____________________________________ Policy No. ______________________

Name of Insurance Agency ________________________________ Name of Agent ________________

Agent's Address ____ Phone ______________________

City/State/Zip ____ Fax ________________________

Website ________________________________ Email _____________________________________

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ◆ H.R. 10 ◆ IRA ◆ SEP ◆ 401(k) (*Indicate type below.*)

❑ I can change beneficiaries online.

Company Name ______________________________ Advisor ______________

Advisor's Address ______________________________ Phone ______________

City/State/Zip ______________________________ Fax ______________

Type of Acct	Account Number	Owner	Beneficiary Upon Your Death	Are you currently receiving benefits from this plan?	Fair Market Value
				❑ Yes ❑ No	
				❑ Yes ❑ No	
				❑ Yes ❑ No	

❑ I can change beneficiaries online.

Company Name ______________________________ Advisor ______________

Advisor's Address ______________________________ Phone ______________

City/State/Zip ______________________________ Fax ______________

Type of Acct	Account Number	Owner	Beneficiary Upon Your Death	Are you currently receiving benefits from this plan?	Fair Market Value
				❑ Yes ❑ No	
				❑ Yes ❑ No	
				❑ Yes ❑ No	

❑ I can change beneficiaries online.

Company Name ______________________________ Advisor ______________

Advisor's Address ______________________________ Phone ______________

City/State/Zip ______________________________ Fax ______________

Type of Acct	Account Number	Owner	Beneficiary Upon Your Death	Are you currently receiving benefits from this plan?	Fair Market Value
				❑ Yes ❑ No	
				❑ Yes ❑ No	
				❑ Yes ❑ No	

*Do not need to fill in contact info, if info is under Professional Advisors.

TOTAL $__________

ANNUITIES

❑ I can change beneficiaries online.

Company Name ______________________ Advisor ______________

Advisor's Address ______________________ Phone ______________

City/State/Zip ______________________ Fax ______________

Owner	Annuitant	Policy #	Current Beneficiary(s)	Cash Value	Face Amount

❑ I can change beneficiaries online.

Company Name ______________________ Advisor ______________

Advisor's Address ______________________ Phone ______________

City/State/Zip ______________________ Fax ______________

Owner	Annuitant	Policy #	Current Beneficiary(s)	Cash Value	Face Amount

❑ I can change beneficiaries online.

Company Name ______________________ Advisor ______________

Advisor's Address ______________________ Phone ______________

City/State/Zip ______________________ Fax ______________

Owner	Annuitant	Policy #	Current Beneficiary(s)	Cash Value	Face Amount

❑ I can change beneficiaries online.

Company Name ______________________ Advisor ______________

Advisor's Address ______________________ Phone ______________

City/State/Zip ______________________ Fax ______________

Owner	Annuitant	Policy #	Current Beneficiary(s)	Cash Value	Face Amount

Are you receiving any regular distributions from any annuity contracts? ❑ Yes ❑ No

If "yes," do the distributions have "survivorship" or "period certain" provisions? ❑ Yes ❑ No

❑ Survivorship ❑ Period Certain

TOTAL $__________

PENSION PLANS

Fundable means there can be a beneficiary after you and your spouse are gone.

Company Name ______________________________ Agent ______________

Agent's Address ____________________________ Phone ______________

City/State/Zip _____________________________ Fax ______________

Owner	Plan ID #	Current Beneficiary(s)	Value	Is this fundable?	Are you currently receiving benefits from this plan? ❑ Yes ❑ No
				❑ Yes ❑ No	

Company Name ______________________________ Agent ______________

Agent's Address ____________________________ Phone ______________

City/State/Zip _____________________________ Fax ______________

Owner	Plan ID #	Current Beneficiary(s)	Value	Is this fundable?	Are you currently receiving benefits from this plan? ❑ Yes ❑ No
				❑ Yes ❑ No	

Company Name ______________________________ Agent ______________

Agent's Address ____________________________ Phone ______________

City/State/Zip _____________________________ Fax ______________

Owner	Plan ID #	Current Beneficiary(s)	Value	Is this fundable?	Are you currently receiving benefits from this plan? ❑ Yes ❑ No
				❑ Yes ❑ No	

Company Name ______________________________ Agent ______________

Agent's Address ____________________________ Phone ______________

City/State/Zip _____________________________ Fax ______________

Owner	Plan ID #	Current Beneficiary(s)	Value	Is this fundable?	Are you currently receiving benefits from this plan? ❑ Yes ❑ No
				❑ Yes ❑ No	

*Do not need to fill in contact info, if info is under Professional Advisors.

TOTAL $__________

LIFE INSURANCE POLICIES

TYPE: Term ◆ Whole life ◆ Variable or Universal life ◆ Split dollar ◆ Group life ◆ Second-To-Die (*Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation"*).

❑ I can change beneficiaries online.
Name of Company ______________________________ **❑ Provided Through Work**

Name of Agent/Representative ______________________________ **Phone** ______________

Agent Address ______________________________ **Website** ______________________

City/State/Zip ______________________________ **Email** ______________________

Owner	**Insured**	**Policy #**	**Type** (above)	**Current Beneficiary(s)**	**Cash Value**	**Face Amount**

❑ I can change beneficiaries online.
Name of Company ______________________________ **❑ Provided Through Work**

Name of Agent/Representative ______________________________ **Phone** ______________

Agent Address ______________________________ **Website** ______________________

City/State/Zip ______________________________ **Email** ______________________

Owner	**Insured**	**Policy #**	**Type** (above)	**Current Beneficiary(s)**	**Cash Value**	**Face Amount**

❑ I can change beneficiaries online.
Name of Company ______________________________ **❑ Provided Through Work**

Name of Agent/Representative ______________________________ **Phone** ______________

Agent Address ______________________________ **Website** ______________________

City/State/Zip ______________________________ **Email** ______________________

Owner	**Insured**	**Policy #**	**Type** (above)	**Current Beneficiary(s)**	**Cash Value**	**Face Amount**

Face Amount TOTAL $______________

Are any of the above referenced insurance policies pledged as collateral on any loans? ❑ Yes ❑ No

MONIES OWED TO YOU

TYPE: Promissory notes payable to you ◆ Other monies owed to you ◆ Land Contracts

(Please provide a copy of any promissory notes and Land Contracts.)

Name of Debtor_______________________________________ **Original Amount owed** _____________

Address ____ **Current Balance** __________________

City/State/Zip ____ Owed **to** ___________________________

Promissory Note: ❑ Yes ❑ No Original date of Note or Agreement ________________________

Land Contract: ❑ Yes ❑ No Recorded: ❑ Yes ❑ No Date of Land Contract __________________

Name of Debtor_______________________________________ **Original Amount owed** _____________

Address ____ **Current Balance** __________________

City/State/Zip ____ **Owed to** ___________________________

Promissory Note: ❑ Yes ❑ No Original date of Note or Agreement ________________________

Land Contract: ❑ Yes ❑ No Recorded: ❑ Yes ❑ No Date of Land Contract __________________

TOTAL $________________

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description	**Value**
____	__________________________________
____	__________________________________

TOTAL $__________

BUSINESS INTERESTS

TYPE: Sole Proprietorship, General and Limited Partnerships, Limited Liability Company, Corp.

(Please provide a copy of the Partnership Agreement, Corp. book and any Buy/Sell agreements.)

Type of Business: ❑ Sole Prop. ❑ General Partnership ❑ Limited Partnership ❑ LLC
❑ Corporation: Is this an "S-Corporation" ❑ Yes ❑ No Is there a **Buy/Sell Agreement** ❑Yes ❑No
Number of shares ___________

Is this a "Professional" Partnership, LLC, or Corp? ❑ Yes ❑ No

Name of Business____**Value**______________________

Owner(s)____**% of Ownership** _____________

Bus Address ____

Name of General Partner or Managing Member_______________________________________

Address ____

Who holds Partnership or LLC papers____________________**Phone:**_____________________

Business Insurance Agent ______________________ Phone _____________ Policy #__________

Address ________________________City________________________ State_____Zip__________

Description of Business ____

Type of Business: ❑ Sole Prop. ❑ General Partnership ❑ Limited Partnership ❑ LLC
❑ Corporation: Is this an "S-Corporation" ❑ Yes ❑ No Is there a **Buy/Sell Agreement** ❑Yes ❑No
Number of shares ___________

Is this a "Professional" Partnership, LLC, or Corp? ❑ Yes ❑ No

Name of Business____**Value**______________________

Owner(s)____**% of Ownership** _____________

Bus Address ____

Name of General Partner or Managing Member_______________________________________

Address ____

Who holds Partnership or LLC papers____________________**Phone:**_____________________

Business Insurance Agent ______________________ Phone _____________ Policy #__________

Address ________________________City________________________ State_____Zip__________

Description of Business ____

TOTAL $_____________

REAL PROPERTY

(Please provide a copy of the Deed and Tax Statement for each property.)

Address (or nearest road) ___________________________ **City** ______________ **State** ___ **Zip** _______
Owner: __________________ **Mortgage amount: $**___________ **Fair Market Value: $**_____________
Acres _______**Type:** ❑ Land Only ❑ Land & Buildings ❑ Condo ❑ Time Share **PID#** _____________________
Use: ❑ Single Family ❑ Multi-_____ units ❑ Agricultural ❑ Commercial ❑ Recreational ❑ ? _______
County _________________ ❑ Township ❑Village ❑ City of: _________________________________
What year did you buy this property? __________ **How much did you pay?** _____________________
❑ Providing Deed ❑ Providing Abstract ❑ Don't have a deed or abstract

***LOAN INFO: Do you have a mortgage? ❑ Yes ❑ No Loan #**___________________________
Lender ________________________________ **Address**_______________________________________

***INS INFO: Company** ______________________ **Agent** ______________________________
Agent Address ________________________ **City**______________ **State**_____ **Zip**__________
Phone __________________ **Policy #**_______________ ***Please provide a copy of your Title Insurance Policy***

Address (or nearest road) ___________________________ **City** ______________ **State** ___ **Zip** _______
Owner: __________________ **Mortgage amount: $**___________ **Fair Market Value: $**_____________
Acres _______**Type:** ❑ Land Only ❑ Land & Buildings ❑ Condo ❑ Time Share **PID#** _____________________
Use: ❑ Single Family ❑ Multi-_____ units ❑ Agricultural ❑ Commercial ❑ Recreational ❑ ? _______
County _________________ ❑ Township ❑Village ❑ City of: _________________________________
What year did you buy this property? __________ **How much did you pay?** _____________________
❑ Providing Deed ❑ Providing Abstract ❑ Don't have a deed or abstract

***LOAN INFO: Do you have a mortgage? ❑ Yes ❑ No Loan #**___________________________
Lender ________________________________ **Address**_______________________________________

***INS INFO: Company** ______________________ **Agent** ______________________________
Agent Address ________________________ **City**______________ **State**_____ **Zip**__________
Phone __________________ **Policy #**_______________ ***Please provide a copy of your Title Insurance Policy***

Address (or nearest road) ___________________________ **City** ______________ **State** ___ **Zip** _______
Owner: __________________ **Mortgage amount: $**___________ **Fair Market Value: $**_____________
Acres _______**Type:** ❑ Land Only ❑ Land & Buildings ❑ Condo ❑ Time Share **PID#** _____________________
Use: ❑ Single Family ❑ Multi-_____ units ❑ Agricultural ❑ Commercial ❑ Recreational ❑ ? _______
County _________________ ❑ Township ❑Village ❑ City of: _________________________________
What year did you buy this property? __________ **How much did you pay?** _____________________
❑ Providing Deed ❑ Providing Abstract ❑ Don't have a deed or abstract

***LOAN INFO: Do you have a mortgage? ❑ Yes ❑ No Loan #**____________________________
Lender ________________________________ **Address**_______________________________________

***INS INFO: Company** ______________________ **Agent** ______________________________
Agent Address ________________________ **City**______________ **State**_____ **Zip**__________
Phone __________________ **Policy #**_______________ ***Please provide a copy of your Title Insurance Policy***

TOTAL $________________

OIL, GAS, AND MINERAL INTERESTS

Lease ◆ Overriding royalty ◆ Fee mineral estate ◆ Working interest ◆ Pooling agreement, etc.
(Please provide copy of Agreement, Certificate, or Deed.)

Company______________________Type________________Name___________________________

Address_________________________________City__________________State______Zip_______

County__________________________________Phone #____________________________________

Owner__________________________________Value______________________________________

TOTAL $__________

OTHER ASSETS

Any property you own that does not fit into any other listed category.

Description	**Owner**	**Value**
___________________________________	_____________________	______________
___________________________________	_____________________	______________

TOTAL $_____________

ASSETS*	CLIENT #1	CLIENT # 2
	AMOUNT	
Cash Accounts		
Investment Accounts		
Stocks		
Bonds		
Personal Effects		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Monies Owed to You		
Partnership & LLC's Interests		
Corporate Business Interests		
Sole Proprietorship Interests		
Oil, Gas, and Mineral Interests		
Anticipated Inheritance, Gift, or Judgment		
Other Assets		
Real Property		
TOTAL ASSETS		

LIABILITIES	CLIENT #1	CLIENT # 2
	AMOUNT	
Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		
NET ESTATE		
ANNUAL INCOME		

THINGS TO BRING TO YOUR APPOINTMENT

IMPORTANT FINANCIAL PAPERS

(You do not need to make copies as we will copy them and send originals back with you.)

❑ **Real Estate** - provide deed(s), lease(s), contract(s) or other evidence of your ownership and the full legal description, as well as a property tax statement, for each parcel/property owned (including time shares, oil, gas, mineral or water rights). **If deeds aren't provided, we'll order them at your expense.**

❑ **Bank Account** statements (checking, savings, etc.)

❑ **Investment/Brokerage Account** statements (mutual funds, stocks, bonds, etc.)

❑ **Stock Certificates and Stock Account Statements** (certificates, dividend reinvestment, direct registration, book entry, etc.)

❑ **Savings Bonds/Bond Certificates** - provide a copy of the certificate(s) and/or book entry statement

❑ **IRA and Retirement Plan** statements

❑ **Life Insurance** policies and periodic statements - provide the policy or a policy report which shows the policy number, owner, insured and benefit amount

❑ **Annuity** Policy documents and periodic statements - provide the contract and a periodic report which shows the contract number, owner(s), annuitant, and benefit amount

❑ **Notes/Other Receivables**- provide the promissory note, land contract, agreement, or other written evidence of the debt owed to you

❑ **Vehicle** titles, **Boat, Snowmobile, Motorcycle** titles/registration cards, etc.

❑ **Business and Professional Interests, Sole Proprietorships, Partnership Interests** - provide any stock or membership certificates, partnership agreements, partnership certificates, or other written evidence of the entity and your ownership interest in it.

❑ **Other** - provide written evidence of the asset and your ownership interest

IMPORTANT LEGAL PAPERS

❑ Decree of dissolution
❑ Pre-nuptial or post-nuptial agreement
❑ Copy of any will or trust agreement currently in force
❑ Copy of any state or federal gift tax return previously filed
❑ Copy of any trust under which client is a beneficiary or hold any power of appointment
❑ Copy of any living will, health care power of attorney or general power of attorney currently in force
❑ Copy of any business partnership agreements, stock or membership certificates, or written evidence of entity or ownership interest in business.

Don't Forget Your Personal Calendar!