

# Personal Profile

for

---

*Prepared by:* \_\_\_\_\_

*Date Completed:* \_\_\_\_\_

**PLEASE PRINT CLEARLY AND USE INK  
WHEN COMPLETING THIS FORM**

## **Earley Law Offices**

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Hastings, MN 55033  
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**PERSONAL INFORMATION**  
*(\*\*Please Print Clearly in Black or Blue Ink\*\*)*

**Client 1**

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 Phone \_\_\_\_\_

Website \_\_\_\_\_ Fax Number \_\_\_\_\_

Alternate Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Alternate Phone \_\_\_\_\_

# 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
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

## 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
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

## 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
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

**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 \_\_\_\_\_

<b>Grandchildren's Names</b>	<b>Parents</b>	<b>Ages</b>	<b>Special Needs</b>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

**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: \_\_\_\_\_

<b>Grandchildren's Names</b>	<b>Parents</b>	<b>Ages</b>	<b>Special Needs</b>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

**Child 6**

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: \_\_\_\_\_

<b>Grandchildren's Names</b>	<b>Parents</b>	<b>Ages</b>	<b>Special Needs</b>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

ATTACH ADDITIONAL PAGES IF NECESSARY

**Potential Helpers:** Trustee/Personal Representative/Health Care Agent/Power of Attorney Agent  
**Other Dependents:** Friends or Relatives who are dependents.

**Potential Helper**       **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**       **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**       **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 DOCTORS

**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 \$** \_\_\_\_\_

# 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
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> 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
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> 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
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> 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

**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?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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 \$ \_\_\_\_\_**

# 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.  
 Provided Through Work

Name of Company \_\_\_\_\_

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.  
 Provided Through Work

Name of Company \_\_\_\_\_

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.  
 Provided Through Work

Name of Company \_\_\_\_\_

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 \$ \_\_\_\_\_**

# REAL PROPERTY

Please provide a copy of Deeds, with legal descriptions. (Or we will need to order them, at your expense.)

<b>Home Address</b> (or nearest road if land) _____	
City _____	State: _____ Zip: _____
Owner(s) _____	Mortgage amount: \$ _____
Acres _____	Type: <input type="checkbox"/> Land Only <input type="checkbox"/> Land & Buildings <input type="checkbox"/> Condo <input type="checkbox"/> Time Share PID# _____
Use: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-____ units <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial	
County _____	<input type="checkbox"/> Township <input type="checkbox"/> Village <input type="checkbox"/> City of: _____
Any portion of property sold since your original purchase? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
<input type="checkbox"/> Providing Deed <input type="checkbox"/> Providing Abstract <input type="checkbox"/> Don't have a deed or abstract	
*LOAN INFO: Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Loan # _____	
Lender _____	Address _____
*INS INFO: Company _____ Agent _____	
Agent Address _____	City _____ State _____ Zip _____
Phone _____	Policy # _____ Please provide a copy of your Title Insurance Policy

<b>#2 Address</b> (or nearest road if land): _____	
City _____	State: _____ Zip: _____
Owner(s): _____	Mortgage amount: \$ _____
Acres _____	Type: <input type="checkbox"/> Land Only <input type="checkbox"/> Land & Buildings <input type="checkbox"/> Condo <input type="checkbox"/> Time Share PID# _____
Use: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-____ units <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial	
County _____	<input type="checkbox"/> Township <input type="checkbox"/> Village <input type="checkbox"/> City of: _____
Any portion of property sold since your original purchase? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
<input type="checkbox"/> Providing Deed <input type="checkbox"/> Providing Abstract <input type="checkbox"/> Don't have a deed or abstract	
*LOAN INFO: Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Loan # _____	
Lender _____	Address _____
*INS INFO: Company _____ Agent _____	
Agent Address _____	City _____ State _____ Zip _____
Phone _____	Policy # _____ Please provide a copy of your Title Insurance Policy

ATTACH ADDITIONAL PAGES IF NECESSARY

**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

Legal Name of Business \_\_\_\_\_ Value \_\_\_\_\_

Owner(s) \_\_\_\_\_ % of Ownership \_\_\_\_\_

Business 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

Legal Name of Business \_\_\_\_\_ Value \_\_\_\_\_

Owner(s) \_\_\_\_\_ % of Ownership \_\_\_\_\_

Business 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 \$** \_\_\_\_\_

## 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?  <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

## 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Original date of Note or Agreement _____
Land Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of Land Contract _____

Name of Debtor _____	Original Amount Owed _____
Address _____	Current Balance _____
City/State/Zip _____	Owed To _____
Promissory Note: <input type="checkbox"/> Yes <input type="checkbox"/> No	Original date of Note or Agreement _____
Land Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Recorded: <input type="checkbox"/> Yes <input type="checkbox"/> 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 \$** \_\_\_\_\_

**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		
<b>TOTAL ASSETS</b>		

**LIABILITIES****CLIENT 1    CLIENT 2**  
*AMOUNT*

Loans Payable		
Accounts Payable		
Real Estate Mortgages Payable		
Loans Against Life Insurance		
Unpaid Taxes		
Other Obligations		
<b>TOTAL LIABILITIES</b>		

**NET ESTATE****ANNUAL INCOME**


# THINGS TO BRING TO YOUR APPOINTMENT

## IMPORTANT FINANCIAL PAPERS

*(You do not have to make copies as we can copy them and give the originals back to you.)*

- Real Estate** - provide deed(s), lease(s), land contract(s) or other evidence of your ownership and the full current legal description 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!**