



Any instructions (where to leave messages, where NOT to leave messages, etc.)

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single (including widowed)

Self - Soc. Sec. # (last 4 digits) \_\_\_\_ Spouse - Soc. Sec. # (last 4 digits) \_\_\_\_

Existing Documents (please mark appropriate box for client and spouse, if any)

	SELF	SPOUSE
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have an individual trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a joint trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you presently have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Health Care Proxy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please bring copies of any existing estate planning documents with you to our meeting.**

Were there any previous marriages? ☐ Yes ☐ No ☐ Yes ☐ No

Details: \_\_\_\_\_

Do you own a farm or business? ☐ Yes ☐ No

Owners: \_\_\_\_\_

Business Name: \_\_\_\_\_

Are you a U.S. citizen? ☐ Yes ☐ No ☐ Yes ☐ No

Are you a Veteran? If yes, which branch? \_\_\_\_\_ ☐ Yes ☐ No ☐ Yes ☐ No

Do you have a long-term care insurance policy? ☐ Yes ☐ No ☐ Yes ☐ No

With which company? \_\_\_\_\_

Any serious illnesses, disabilities or health concerns? ☐ Yes ☐ No ☐ Yes ☐ No

Any mental health illnesses or concerns? ☐ Yes ☐ No ☐ Yes ☐ No

Any intended beneficiaries with mental health concerns? ☐ Yes ☐ No ☐ Yes ☐ No

**CHILDREN, FAMILY, FRIENDS, CHARITIES, OTHERS RELEVANT TO PLANNING**  
(attach additional sheets if necessary)

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Age \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Age \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Age \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Age \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Age \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Age \_\_\_\_\_

**INCOME INFORMATION** (*attach additional sheets if necessary*)

Approximate values are acceptable to enable us to make the proper recommendations.

	SELF	SPOUSE
Are you still working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer (Self):	_____	
Employer (Spouse):	_____	
Approximate monthly income (Self):	_____	
Approximate monthly income (Spouse):	_____	

**OTHER INCOME:**

*\*\* Note, please only list income being received, not anticipated; for example, if you have not yet started Social Security, no need to list this*

Social Security (Self)	Monthly Amount	\$ _____
Social Security (Spouse)	Monthly Amount	\$ _____
Pension (Self)	<u>Company:</u> _____ Monthly Amount	\$ _____
Pension (Spouse)	<u>Company:</u> _____ Monthly Amount	\$ _____
RMD (Self)	<u>Company:</u> _____ Monthly Amount	\$ _____
RMD (Spouse)	<u>Company:</u> _____ Monthly Amount	\$ _____
Other Income (Self)	<u>Describe:</u> _____ Monthly Amount	\$ _____
Other Income (Spouse)	<u>Describe:</u> _____ Monthly Amount	\$ _____

**ASSET INFORMATION - DO NOT INCLUDE ACCOUNT NUMBERS**

*(attach additional sheets if necessary)*

Please list asset information in the appropriate category below. Attach a separate page if necessary. While exact amounts are not necessary, a realistic estimate for each account is required to provide us with the information required to make the proper recommendations.

**REAL ESTATE**

Personal Residence Address: \_\_\_\_\_

Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_

Mortgage: ☐ Yes ☐ No Value (est.) \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Vacant Land: \_\_\_\_\_

Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_

Mortgage: ☐ Yes ☐ No Value (est.) \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Vacation Home: \_\_\_\_\_

Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_

Mortgage: ☐ Yes ☐ No Value (est.) \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Other Real Property: \_\_\_\_\_

Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_

Mortgage: ☐ Yes ☐ No Value (est.) \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

**BANK AND CREDIT UNION ACCOUNTS**

1. Bank Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_

Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

2. Bank Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_

Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

3. Bank Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_

Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

4. Bank Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_

Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

**BROKERAGE/INVESTMENT ACCOUNTS** (NON-RETIREMENT MONEY ONLY)

5. Institution's Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_  
Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_
6. Institution's Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_  
Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_
7. Institution's Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_  
Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_
8. Institution's Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_  
Owned: ☐ Self only ☐ Spouse only ☐ Joint ☐ Other \_\_\_\_\_

**LIFE INSURANCE**

9. Company's Name: \_\_\_\_\_ Person Insured: \_\_\_\_\_  
Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
Beneficiary/Beneficiaries: \_\_\_\_\_
10. Company's Name: \_\_\_\_\_ Person Insured: \_\_\_\_\_  
Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
Beneficiary/Beneficiaries: \_\_\_\_\_

**RETIREMENT ACCOUNTS**

11. Institution's Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_  
Owned: ☐ Self only ☐ Spouse only Receiving Distributions? ☐ Yes ☐ No  
Type of Account: ☐ IRA ☐ ROTH IRA ☐ 401(k) ☐ 403(b) ☐ Deferred Compensation  
Beneficiary(ies): \_\_\_\_\_
12. Institution's Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_  
Owned: ☐ Self only ☐ Spouse only Receiving Distributions? ☐ Yes ☐ No  
Type of Account: ☐ IRA ☐ ROTH IRA ☐ 401(k) ☐ 403(b) ☐ Deferred Compensation  
Beneficiary(ies): \_\_\_\_\_
13. Institution's Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_  
Owned: ☐ Self only ☐ Spouse only Receiving Distributions? ☐ Yes ☐ No  
Type of Account: ☐ IRA ☐ ROTH IRA ☐ 401(k) ☐ 403(b) ☐ Deferred Compensation  
Beneficiary(ies): \_\_\_\_\_
14. Institution's Name: \_\_\_\_\_ Approximate Value: \$ \_\_\_\_\_  
Owned: ☐ Self only ☐ Spouse only Receiving Distributions? ☐ Yes ☐ No  
Type of Account: ☐ IRA ☐ ROTH IRA ☐ 401(k) ☐ 403(b) ☐ Deferred Compensation  
Beneficiary(ies): \_\_\_\_\_

**BUSINESS OWNERSHIP**

15. Business Name \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Type: ☐ C Corp ☐ S Corp ☐ LLC ☐ Partnership ☐ Other  
Description/details: \_\_\_\_\_

**OTHER ASSETS:**

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**DEBTS AND LIABILITY INFORMATION** *(attach additional sheets if necessary)*

Please list approximate debts and liabilities. While exact amounts are not necessary, a realistic estimate for each account is required to provide us with the information required to make the proper recommendations.

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Have gifts ever been made? ☐ Yes ☐ No ☐ Unsure

Have gift tax returns ever been filed? ☐ Yes ☐ No ☐ Unsure

If yes, please provide a basic description of the types of gifts, frequency of gifts, recipients, and any particular purposes for gifting:

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**OBJECTIVES FOR PLANNING**

Please identify the primary objective in engaging in long term care planning (i.e., paying for care, asset preservation, providing for spouse or disabled children, etc.). There are no 'right' or 'wrong' answers, but understanding objectives will enable us to design the most suitable plan.

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**GENERAL NOTES AND QUESTIONS**

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### ESTATE PLANNING APPOINTMENTS

*(please include second page for spouse if applicable)*

1. **Personal Representative (Executor)** *\*\*NOTE: if not listed above, please provide legal name, address and phone number; you may name Co-Executors to serve together if you wish*

This person is responsible for offering your Will to the Surrogate's Court for probate, collecting assets, paying bills and making distributions in accordance with the provisions of your Will.

Executor: \_\_\_\_\_

Successor Executor: \_\_\_\_\_

Second Successor Executor: \_\_\_\_\_

2. **Health Care Proxy (Health Care Agent)** *\*\*NOTE: only one Agent may be named at a time; you may have as many successors as you wish; if not listed above, please provide legal name address and phone number.*

This person makes medical decisions on your behalf if you become unable to do so.

Primary Agent: \_\_\_\_\_

Successor Agent: \_\_\_\_\_

Second Successor Agent: \_\_\_\_\_

3. **Power of Attorney Agent** *\*\*NOTE: if not listed above, please provide legal name, address and phone number; you may name Co-Agents to serve together if you wish*

This person has authority over your finances, can be given broad powers to manage trusts, assets, beneficiary designations and gifting.

Primary Agent: \_\_\_\_\_

Successor Agent: \_\_\_\_\_

Second Successor Agent: \_\_\_\_\_



**Provisions for Minors or Persons with Disabilities**

1. **Guardian designation** *\*\*NOTE: if not listed above, please provide legal name, address and phone number; you may name Co-Guardians to serve together if you wish*

This person is appointed by the Court and will have authority to assist the minor or the person with disabilities with day to day living.

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Successor Guardian: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

2. **Trustee** *\*\*a Testamentary Trust comes into existence through your Will; the Trustee may be the same as the Executor but does not have to be. If not listed above, please provide legal name address and phone number. You may name co-Trustees if you wish.*

This person manages the assets that would otherwise be given to a person until a certain age or until that person is no longer disabled.

Trustee: \_\_\_\_\_  
Successor Trustee: \_\_\_\_\_