

INDIVIDUAL PRELIMINARY INFORMATION

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

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

DATE OF BIRTH: _____

SSN: _____

HOME ADDRESS _____

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

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

Send Mail Where? Home _____ Office _____ Other _____

OCCUPATION: _____

PLACE OF EMPLOY: _____

WORK ADDRESS: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE: _____

FAX: _____

EMAIL: _____

CHILDREN: (1) _____	AGE: ____	# of Grandkids
address: _____ _____		
phone: _____		
(2) _____	____	____
address: _____ _____		
phone: _____		
(3) _____	____	____
address: _____ _____		
phone: _____		
(4) _____	____	____
address: _____ _____		
phone: _____		
(5) _____	____	____
address: _____ _____		
phone: _____		
(6) _____	____	____
address: _____ _____		
phone: _____		
(7) _____	____	____
address: _____ _____		
phone: _____		

ASSET INFORMATION	VALUE	COMMENTS
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	=====	

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

Did anyone refer you to us? Yes ___ No___ If yes, whom may we thank? _____

What topics would you like to discuss at your appointment?

WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?

	Name(s)	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____

WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?
(Two persons can serve together as long as they are married.)

	Name(s)	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR BUSINESS POWER OF ATTORNEY?
(This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

	Name(s)	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY

1. _____
Address: _____
Phone: _____

2. _____
Address: _____
Phone: _____

3. _____
Address: _____
Phone: _____

DOC985