

# INDIVIDUAL PRELIMINARY INFORMATION

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

JR., SR. II, III, IV? \_\_\_\_\_

Name I prefer to be called: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SSN: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME CITY: \_\_\_\_\_ HOME STATE: \_\_\_\_\_ HOME ZIP: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

Send Mail Where? Home \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_

How do you prefer for mail to be addressed? (i.e. "Mr. and Mrs.") \_\_\_\_\_

Where is the best place to reach you? \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOY: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**# of Grandkids**

<b>CHILDREN: (1)</b> _____	<b>AGE:</b> _____	_____
<b>address:</b> _____		
_____		
<b>phone:</b> _____		
<b>(2)</b> _____	_____	_____
<b>address:</b> _____		
_____		
<b>phone:</b> _____		
<b>(3)</b> _____	_____	_____
<b>address:</b> _____		
_____		
<b>phone:</b> _____		
<b>(4)</b> _____	_____	_____
<b>address:</b> _____		
_____		
<b>phone:</b> _____		
<b>(5)</b> _____	_____	_____
<b>address:</b> _____		
_____		
<b>phone:</b> _____		
<b>(6)</b> _____	_____	_____
<b>address:</b> _____		
_____		
<b>phone:</b> _____		
<b>(7)</b> _____	_____	_____
<b>address:</b> _____		
_____		
<b>phone:</b> _____		

**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**

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**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? \_\_\_\_\_

Would you like for this referral source to be copied on correspondence? Yes \_\_\_ No \_\_\_

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: \_\_\_\_\_

Where do you plan to keep your original documents? \_\_\_\_\_