

Appointment Date		
Referred By		Signing Date

CONTACT INFORMATION

Client Name		D.O.B.	/ /
Spouse if Married or in a Domestic Partnership		D.O.B.	/ /
Address		Client Phone	
City		Spouse Phone	
State, Zip		Email	

FAMILY MEMBERS

Child #	AGE	Spouse	#GC
Child #1			
Child #2			
Child #3			
Child #4			

BEQUESTS AND BENEFICIARIES

(A) Children - equal shares per stirpes		(B) Other - per the table below	
AMT/%	NAME/RELATIONSHIP	AMT/%	NAME/RELATIONSHIP

RESPONSIBLE PARTIES

	CLIENT	SPOUSE
Executor		
Alternate(s)		
Guardian, if any		
Alternate(s)		
Trustee, if any		
Alternate(s)		
Independent Trustee		
Healthcare Agent		
Alternate(s)		
Power of Attorney		
Alternate(s)		

Plan: Assets

ASSETS	DESCRIPTION	OWNER Client, Spouse or Joint	VALUE
Real Property Primary Residence			\$
Real Property Vacation or Rental			\$
Bank Accounts Checking Savings CDs			\$
Retirement Accounts IRAs 401k 403b 457 Pension PSP			\$
Non Retirement Accounts Stocks/Bonds Mutual Funds			\$
Life Insurance and Annuities			\$
Other Collections Art Jewelry Expected Inheritance Foreign Assets			\$
		TOTAL	\$

INCOME	DESCRIPTION	OWNER Client, Spouse or Joint	VALUE
Monthly Pension			\$
Monthly SS			\$
RMD (Required Minimum Distribution)			\$
		TOTAL	\$

SPECIAL CONCERNS			
Special Needs	<input type="checkbox"/>	Substance Abuse Concerns	<input type="checkbox"/>
		Divorce Decree or Pre-nup.?	<input type="checkbox"/>

ESTATE PLANNING TEAM			
Financial Advisor	<input type="text"/>	Phone	<input type="text"/>
Accountant/CPA	<input type="text"/>	Phone	<input type="text"/>
LTC/LI/Insurance	<input type="text"/>	Phone	<input type="text"/>