

IF YOU ARE SINGLE, WIDOWED OR DIVORCED, SIMPLY PROVIDE YOUR PERSONAL INFORMATION AND DISREGARD ALL REFERENCES TO A SPOUSE

FULL NAME			
DATE OF BIRTH	SMOKER? <input type="checkbox"/> YES <input type="checkbox"/> NO	CITIZENSHIP	OCCUPATION
WITHIN THE PAST FIVE YEARS HAVE YOU CONSULTED A PHYSICIAN, MEDICAL PRACTITIONER OR BEEN CONFINED TO A HOSPITAL, CLINIC OR MEDICAL FACILITY?			
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DETAILS:			

SPOUSE'S FULL NAME			
DATE OF BIRTH	SMOKER? <input type="checkbox"/> YES <input type="checkbox"/> NO	CITIZENSHIP	OCCUPATION
WITHIN THE PAST FIVE YEARS HAVE YOU CONSULTED A PHYSICIAN, MEDICAL PRACTITIONER OR BEEN CONFINED TO A HOSPITAL, CLINIC OR MEDICAL FACILITY?			
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DETAILS:			

HOME ADDRESS	CITY, STATE, ZIP	HOME PHONE	BEST TIME TO CALL
MAILING ADDRESS	CITY, STATE, ZIP	WORK PHONE	BEST TIME TO CALL

ASSETS & LIABILITIES

Key: Use to indicate how title is held:

H=Husband's separate W=Wife's separate CP=Community property JT=Joint tenancy TC=Tenancy in common TE=Tenancy by the entirety

DESCRIPTION OF ASSETS	FAIR MARKET VALUE	LIABILITY	NET VALUE	HOW TITLE IS HELD
RESIDENCE				
OTHER REAL ESTATE				
STOCKS & BONDS				
BUSINESS INTERESTS				
CASH IN BANKS (CD'S, MONEY MARKETS, ETC)				
NOTES RECEIVABLE				
PERSONAL EFFECTS (AUTOS, BOATS, ETC.)				
RETIREMENT PLAN (NOT RECEIVING INCOME)				
VALUE OF ALL ANNUITIES				
OTHER ASSETS				
OTHER DEBTS				
TOTAL VALUES				

LIFE INSURANCE

(Please list additional policies on separate paper)

COMPANY	INSURED	OWNER	BENEFICIARY	POLICY DATE	FACE AMOUNT	CASH VALUE

CHARITABLE GIFT

Total value of assets that you will bequeath, based on current designation, to charities at your death.

You? \$

Spouse? \$

INCOME

Joint annual gross earned income \$

Joint annual gross income from investments \$

CHILDREN

(List ALL living children: S=Self SP=Spouse J=Joint)

NAME	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PARENT <input type="checkbox"/> S <input type="checkbox"/> SP <input type="checkbox"/> J	NAME	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PARENT <input type="checkbox"/> S <input type="checkbox"/> SP <input type="checkbox"/> J

GRANDCHILDREN

(If you are planning to leave an inheritance to any of your grandchildren, please indicate below: S=Self SP=Spouse J=Joint)

NAME	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	GRANDPARENT <input type="checkbox"/> S <input type="checkbox"/> SP <input type="checkbox"/> J	NAME	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	GRANDPARENT <input type="checkbox"/> S <input type="checkbox"/> SP <input type="checkbox"/> J

Please indicate the estate planning tools you currently have in place:

- | | | |
|---|--|---|
| <input type="checkbox"/> UPDATED WILL | <input type="checkbox"/> FAMILY LIMITED PARTNERSHIP | <input type="checkbox"/> QUALIFIED PERSONAL RESIDENCE TRUST |
| <input type="checkbox"/> CREDIT SHELTER OR BYPASS TRUST | <input type="checkbox"/> FAMILY OR COMMUNITY FOUNDATION | <input type="checkbox"/> COMMON LAW TRUST |
| <input type="checkbox"/> REVOCABLE LIVING TRUST | <input type="checkbox"/> CHARITABLE TRUST | <input type="checkbox"/> GRANTOR RETAINED INCOME OR ANNUITY TRUST |
| <input type="checkbox"/> MEDICAL POWER OF ATTORNEY | <input type="checkbox"/> IRREVOCABLE LIFE INSURANCE TRUST | <input type="checkbox"/> OFFSHORE ASSET PROTECTION |
| <input type="checkbox"/> DURABLE POWER OF ATTORNEY | <input type="checkbox"/> ESTATE LIQUIDITY THROUGH LIFE INSURANCE | <input type="checkbox"/> OTHER (EXPLAIN) _____ |
| <input type="checkbox"/> FAMILY DYNASTY TRUST | <input type="checkbox"/> LIMITED LIABILITY COMPANY | _____ |

PAYMENT PREFERENCE

My check for \$497, made payable to Estate Planning Specialists, LLC is enclosed

Please charge \$497 to my credit card Mastercard Visa AMEX Discover - Card# _____

Expiration Date: _____