

Date: \_\_\_\_\_

PERSONAL FAMILY INFO	SOCIAL SECURITY #	DATE OF BIRTH/DEATH	EXISTING WILL OR TRUST?	U.S. CITIZEN?
<b>HIS full name:</b>				
<b>HER full name:</b>				
<b>Date of Marriage:</b> _____ <b>Is this the first marriage for both of you?</b> _____				
Children/Beneficiaries (FULL NAMES, addresses and SSNs)	Date of Birth (and Death)	Special Concerns		
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
<b>Address</b> (Street, City, State, Zip Code)				
<b>Home</b>		<b>County</b>		
<b>His Business</b>		<b>County</b>		
<b>Her Business</b>		<b>County</b>		
<b>Occupation</b>	His _____	Hers _____		
<b>Telephone</b>	(Hm) ( )	(His Bus.) ( )	(Her Bus.) ( )	
<b>Cell Phone</b>	(His) ( )	(Hers) ( )	<b>Please circle best number/method to use to contact you during business hours</b>	
<b>Fax</b>	(Hm) ( )	(His Bus.) ( )	(Her Bus.) ( )	
<b>E-mail</b>	(His) _____	(Hers) _____		
<b>Accountant</b>	<b>Address/Phone</b>			
<b>Investment Advisor</b>	<b>Address/Phone</b>			
<b>Insurance Agent</b>	<b>Address/Phone</b>			
<b>Total Gifts made in past</b> (over \$13,000 per individual per year) \$ _____				

**ASSETS** (Value as of this date)In **HIS**  
name only - \$In **HER**  
name only- \$**JOINTLY** owned  
by both of you - \$

<b>Home</b> [year acquired]			
<b>Other Real Estate</b> [year acquired]			
<b>Checking and Savings Accounts</b>			
<b>Certificates of Deposit</b>			
<b>Bonds</b>			
<b>Stocks and Mutual Funds</b>			
<b>Notes and Land Contracts</b>			
<b>Pension, Profit Sharing, §401(k) Accounts</b>			
<b>IRAs</b>			
<b>Life Insurance Death Benefits (Term)</b>			
<b>Life Insurance Death Benefits (Permanent)</b>			
<b>Annuities</b>			
<b>Partnership Interests</b>			
<b>Closely-Held Corporations</b>			
<b>Sole Proprietorships</b>			
<b>Farm Machinery &amp; Equipment</b>			
<b>Grain &amp; Hay</b>			
<b>Livestock</b>			
<b>Personal Effects:</b> Household, cars, jewelry, furs, china, antiques, art works, etc.			
<b>Miscellaneous</b>			
<b>TOTAL ASSETS</b>			

**LIABILITIES**

<b>Real Estate Mortgages</b>			
<b>Other Loans, Notes, Accounts</b>			
<b>Loans on Life Insurance</b>			
<b>TOTAL LIABILITIES</b>			
<b>NET WORTH</b>			
<b>Possible Future Inheritance</b>			