DATE: ________

CLIENT ESTATE INFORMATION FORM

This form will assist us in formulating your estate plan. Please use an approximate value for each asset. It might be helpful to review a copy of your last financial statement (bank statement, brokerage account statement, etc.) for approximate values. It is not necessary to list account numbers.

YOUR NAME: ____

SPOUSE'S NAME: ____

ADDRESS: ____

CITY: ______________________________ **STATE:** _______ **ZIP:** __________

HOME PHONE NUMBER: (_______)______________________

CELL PHONE NUMBER: (_______)______________________

REAL ESTATE*

Please use the following descriptions in the TYPE column below.

(Primary Residence, Land, Vacation Home, Rental Property, Time Share)

Type	County Where Located	Owner (choose one) Client	Spouse	Joint	Trust	Asset Value
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	

*PLEASE BRING A COPY OF YOUR GENERAL WARRANTY DEED WITH YOU TO YOUR APPOINTMENT

BANK ACCOUNTS

Please use the following descriptions in the TYPE Column below.

(Checking, Savings, CD, Money Market [not held in a brokerage account])

Type	Name of Institution	Owner (choose one) Client	Spouse	Joint	Trust	Asset Value
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	

INVESTMENTS

Please use the following descriptions in the TYPE Column below.

(Bonds, Certificated Stock, Brokerage Accounts, Mutual Fund Accounts)

Type	Name of Institution	Owner (choose one) Client	Spouse	Joint	Trust	Asset Value
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	

Please use the following descriptions in the TYPE Column below.

(401k, 403b, IRAs, Annuities, Stock Options, Other)

RETIREMENT PLANS

Type	Company/Beneficiary	Owner (choose one) Client	Spouse	Joint	Asset Value
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	

Please use the following descriptions in the TYPE Column below.

(Term Policy, Whole Life Policy, Universal Life Policy, Variable Life Policy)

INSURANCE

Type	Carrier/Beneficiary	Owner (choose one) Client	Spouse	Joint	Trust	Face Value
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	

BUSINESS VENTURES

Please use the following descriptions in the TYPE Column below.

(General Partnership, Ltd. Partnership, C Corporation, S Corporation, Sole Proprietorship, LLC)

Type	Name of Corporation	Owner (choose one)				Value of Entity
		Client	Spouse	Joint	Trust	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	

OTHER

Please use the following descriptions in the TYPE Column below.

(Cars, Boats, Trailers, Collectables, Miscellaneous)

Type	Description	Owner (select below)				Asset Value
		Client	Spouse	Joint	Trust	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	

LIABILITIES

Please use the following descriptions in the TYPE Column below.

(Mortgage, Personal Loan, Other Loans)

Type	Name of Institution	Owner (choose one)				Amount Owed
		Client	Spouse	Joint	Trust	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	