

# PERSONAL INFORMATION FORM

Please complete this document to the best of your ability prior to attending your initial consultation. Many of the questions will not apply to you. Please do not be concerned if you are unsure of your answers at this point. We will review your options and make suggestions at our meeting.



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**In preparation for the meeting, you do not need to gather all of your documents and asset information (although you are welcome to bring your documents if you wish). Of greater importance is to give careful thought to the following questions. *Please do not be concerned if you are unsure of your answers at this point.* We will review your options and make suggestions at our meeting.**

**Who do you want to make medical decisions for you if you are unable to communicate:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Who do you want to handle your finances if you become mentally disabled?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Who will handle your affairs and distribute your assets at the time of your death?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Who will receive your assets when you die?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**When will your beneficiaries receive their distributions? For what purpose?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

# PERSONAL INFORMATION

*(Please Print)*

**Client # 1**

**Date Completed** \_\_\_\_\_

Full Legal Name \_\_\_\_\_

How you sign your name on legal documents \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone(\_\_\_\_\_) \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Telephone (\_\_\_\_\_) \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married: Date \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

**Client # 2 (Spouse)**

Full Legal Name \_\_\_\_\_

How you sign your name on legal documents \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone(\_\_\_\_\_) \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Telephone (\_\_\_\_\_) \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married: Date \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

# CHILDREN'S INFORMATION

## Child #

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone(\_\_\_\_\_) \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: \_\_\_\_\_

### Gr grandchildren's Names

### Parents

### Ages

### Special Needs

|       |       |       |                          |
|-------|-------|-------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |

## Child #

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone(\_\_\_\_\_) \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: \_\_\_\_\_

### Gr grandchildren's Names

### Parents

### Ages

### Special Needs

|       |       |       |                          |
|-------|-------|-------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |

# CHILDREN'S INFORMATION

(Please Print)

## Child #

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone(\_\_\_\_\_) \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: \_\_\_\_\_

### Grandchildren's Names

### Parents

### Ages

### Special Needs

|       |       |       |                          |
|-------|-------|-------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |

## Child #

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone(\_\_\_\_\_) \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: \_\_\_\_\_

### Grandchildren's Names

### Parents

### Ages

### Special Needs

|       |       |       |                          |
|-------|-------|-------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |

# OTHER DEPENDENTS

Friends or relatives who are dependents. (Use Full Legal Name)

| Name  | Relationship | Special Needs            |
|-------|--------------|--------------------------|
| _____ | _____        | <input type="checkbox"/> |
| _____ | _____        | <input type="checkbox"/> |
| _____ | _____        | <input type="checkbox"/> |

## PROFESSIONAL ADVISORS (Optional)

Name of CPA: \_\_\_\_\_ Company \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

Name of Fin. Advisor: \_\_\_\_\_ Company \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

Name of Family Attorney: \_\_\_\_\_ Company \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

Name of Stock Broker: \_\_\_\_\_ Company \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

# IMPORTANT FAMILY QUESTIONS

| Please Check “Yes” or “No” for Your Answer  | YES | NO |
|---|-----|----|
| Do you have a child with a learning disability?   |     |    |
| Do any of your children receive governmental support or benefits?   |     |    |
| Do you have any adopted children?   |     |    |
| Do any of your children have special education, medical, or physical needs?   |     |    |
| Are any of your children institutionalized?   |     |    |
| Are you or your spouse receiving social security, disability, or other governmental benefits?                               |     |    |
| Do you provide primary or other major financial support to adult children?  |     |    |
| Have either you or your spouse been divorced?   |     |    |
| Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)                    |     |    |
| Have you and your spouse ever signed a pre- and/or post-marriage contract? (Please furnish a copy.)                         |     |    |
| Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.) |     |    |
| Have you or your spouse ever filed Federal or State <i>gift</i> tax returns? (Please furnish a copy.)                       |     |    |
| Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)         |     |    |
| Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)                      |     |    |
| Are you and your spouse United States citizens?   |     |    |
| If you answered “NO,” are either you or your spouse a resident or a non-resident alien?                                     |     |    |

# CASH ACCOUNTS

TYPE: Checking Account "CA" ∪ Savings Account "SA" ∪ Certificate of deposits "CD" ∪ Safety Deposit Box "SD". (*Indicate type below.*)

| Name of Institution and Branch | Type  | Account #    | Owner | Amount |
|--------------------------------|-------|--------------|-------|--------|
| _____                          | _____ | _____        | _____ | _____  |
| Address: _____                 |       | Phone: _____ |       |        |

| Name of Institution and Branch | Type  | Account #    | Owner | Amount |
|--------------------------------|-------|--------------|-------|--------|
| _____                          | _____ | _____        | _____ | _____  |
| Address: _____                 |       | Phone: _____ |       |        |

| Name of Institution and Branch | Type  | Account #    | Owner | Amount |
|--------------------------------|-------|--------------|-------|--------|
| _____                          | _____ | _____        | _____ | _____  |
| Address: _____                 |       | Phone: _____ |       |        |

| Name of Institution and Branch | Type  | Account #    | Owner | Amount |
|--------------------------------|-------|--------------|-------|--------|
| _____                          | _____ | _____        | _____ | _____  |
| Address: _____                 |       | Phone: _____ |       |        |

| Name of Institution and Branch | Type  | Account #    | Owner | Amount |
|--------------------------------|-------|--------------|-------|--------|
| _____                          | _____ | _____        | _____ | _____  |
| Address: _____                 |       | Phone: _____ |       |        |

**TOTAL \$** \_\_\_\_\_

Are any funds electronically deposited or withdrawn from any of the above accounts?

Yes  No

Are you named as a coowner on any accounts owned by someone else (i.e. parents, siblings, grandchildren, etc.)?

Yes  No

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

# INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money market "MM" ∪ Investment "I" ∪ Cash Management "CM" ∪ Or other account that is in a street name. (*Indicate type below.*)

| Name of Brokerage Firm | Type  | Account #    | Owner | Amount |
|------------------------|-------|--------------|-------|--------|
| _____                  | _____ | _____        | _____ | _____  |
| Address: _____         |       | Phone: _____ |       |        |

| Name of Brokerage Firm | Type  | Account #    | Owner | Amount |
|------------------------|-------|--------------|-------|--------|
| _____                  | _____ | _____        | _____ | _____  |
| Address: _____         |       | Phone: _____ |       |        |

| Name of Brokerage Firm | Type  | Account #    | Owner | Amount |
|------------------------|-------|--------------|-------|--------|
| _____                  | _____ | _____        | _____ | _____  |
| Address: _____         |       | Phone: _____ |       |        |

| Name of Brokerage Firm | Type  | Account #    | Owner | Amount |
|------------------------|-------|--------------|-------|--------|
| _____                  | _____ | _____        | _____ | _____  |
| Address: _____         |       | Phone: _____ |       |        |

| Name of Brokerage Firm | Type  | Account #    | Owner | Amount |
|------------------------|-------|--------------|-------|--------|
| _____                  | _____ | _____        | _____ | _____  |
| Address: _____         |       | Phone: _____ |       |        |

**TOTAL \$** \_\_\_\_\_

Are any funds electronically deposited or withdrawn from any of the above accounts?  
 Yes  No

Are you named as a coowner on any accounts owned by someone else (i.e. parents, siblings, grandchildren, etc.)?  
 Yes  No

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

# STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in family business or non-publicly-traded company should be listed under “Corporate Business and Professional Interests.” Stocks held in a **street name** or **investment account** should be listed under “Investment Accounts”.

| Name of Stock  | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____  | _____            | _____ | _____             |
| Please provide name and address of Transfer Company: Name: _____ |                  |       |                   |
| Address: _____ Phone: _____                                      |                  |       |                   |
| _____  |                  |       |                   |

| Name of Stock  | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____  | _____            | _____ | _____             |
| Please provide name and address of Transfer Company: Name: _____ |                  |       |                   |
| Address: _____ Phone: _____                                      |                  |       |                   |
| _____  |                  |       |                   |

| Name of Stock  | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____  | _____            | _____ | _____             |
| Please provide name and address of Transfer Company: Name: _____ |                  |       |                   |
| Address: _____ Phone: _____                                      |                  |       |                   |
| _____  |                  |       |                   |

| Name of Stock  | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____  | _____            | _____ | _____             |
| Please provide name and address of Transfer Company: Name: _____ |                  |       |                   |
| Address: _____ Phone: _____                                      |                  |       |                   |
| _____  |                  |       |                   |

| Name of Stock   | Number of Shares | Owner               | Fair Market Value |
|---|------------------|---------------------|-------------------|
| _____   | _____            | _____               | _____             |
| <b>Please provide name and address of Transfer Company: Name:</b> _____ |                  |                     |                   |
| <b>Address:</b> _____   |                  | <b>Phone:</b> _____ |                   |
| _____   |                  | _____               |                   |

**TOTAL \$** \_\_\_\_\_

Are any of the above referenced stock pledged as collateral on any loans?  Yes  No

Are you named as a co-owner on any stock owned by someone else (i.e. parents, siblings, grandchildren, etc.)?  Yes  No

## PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property. *(Indicate type below and give a lump sum value for miscellaneous items.)*

| Type  | Owner | Value | Is there a lien against the asset?                       |
|-------|-------|-------|--|
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                  |                    |                                     |
|----------------------------------|--------------------|-------------------------------------|
| <b>Car Insurance Agent</b> _____ | <b>Phone</b> _____ | <b>Policy #</b> _____               |
| <b>Address</b> _____             | <b>City</b> _____  | <b>State</b> _____ <b>Zip</b> _____ |

**TOTAL \$** \_\_\_\_\_

## RETIREMENT PLANS

TYPE: Profit Sharing (PS) v H.R. 10 v IRA v SEP v 401(k) *(Indicate type below.)*

| Company Name  | Type of Plan | Beneficiary Upon Your Death | Owner | Value |
|---|--------------|-----------------------------|-------|-------|
| _____   | _____        | _____                       | _____ | _____ |
| Address: _____  |              | Phone: _____                |       |       |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                             |       |       |

| Company Name  | Type of Plan | Beneficiary Upon Your Death | Owner | Value |
|---|--------------|-----------------------------|-------|-------|
| _____   | _____        | _____                       | _____ | _____ |
| Address: _____  |              | Phone: _____                |       |       |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                             |       |       |

| Company Name  | Type of Plan | Beneficiary Upon Your Death | Owner | Value |
|---|--------------|-----------------------------|-------|-------|
| _____   | _____        | _____                       | _____ | _____ |
| Address: _____  |              | Phone: _____                |       |       |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                             |       |       |

| Company Name  | Type of Plan | Beneficiary Upon Your Death | Owner | Value |
|---|--------------|-----------------------------|-------|-------|
| _____   | _____        | _____                       | _____ | _____ |
| Address: _____  |              | Phone: _____                |       |       |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                             |       |       |

| Company Name  | Type of Plan | Beneficiary Upon Your Death | Owner | Value |
|---|--------------|-----------------------------|-------|-------|
| _____   | _____        | _____                       | _____ | _____ |
| Address: _____  |              | Phone: _____                |       |       |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                             |       |       |

**TOTAL \$** \_\_\_\_\_

# PENSION PLANS

| Company Name  | Beneficiary Upon<br>Your Death | Owner | Value |
|---|--------------------------------|-------|-------|
| _____   | _____                          | _____ | _____ |
| Address: _____ Phone: _____   |                                |       |       |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |       |       |

| Company Name  | Beneficiary Upon<br>Your Death | Owner | Value |
|---|--------------------------------|-------|-------|
| _____   | _____                          | _____ | _____ |
| Address: _____ Phone: _____   |                                |       |       |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |       |       |

| Company Name  | Beneficiary Upon<br>Your Death | Owner | Value |
|---|--------------------------------|-------|-------|
| _____   | _____                          | _____ | _____ |
| Address: _____ Phone: _____   |                                |       |       |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |       |       |

| Company Name  | Beneficiary Upon<br>Your Death | Owner | Value |
|---|--------------------------------|-------|-------|
| _____   | _____                          | _____ | _____ |
| Address: _____ Phone: _____   |                                |       |       |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |       |       |

**TOTAL \$** \_\_\_\_\_

# LIFE INSURANCE POLICIES

TYPE: Term ∪ Whole life ∪ Variable or Universal life ∪ Split dollar ∪ Group life ∪ Second-To-Die (Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

| Company Name               | Insured | Policy #     | Owner                        | Type of Policy | Face Amount | Cash Value |
|----------------------------|---------|--------------|------------------------------|----------------|-------------|------------|
| _____                      | _____   | _____        | _____                        | _____          | _____       | _____      |
| Address: _____             |         | Phone: _____ |                              | Agent: _____   |             |            |
| Primary Beneficiary: _____ |         |              | Secondary Beneficiary: _____ |                |             |            |

| Company Name               | Insured | Policy #     | Owner                        | Type of Policy | Face Amount | Cash Value |
|----------------------------|---------|--------------|------------------------------|----------------|-------------|------------|
| _____                      | _____   | _____        | _____                        | _____          | _____       | _____      |
| Address: _____             |         | Phone: _____ |                              | Agent: _____   |             |            |
| Primary Beneficiary: _____ |         |              | Secondary Beneficiary: _____ |                |             |            |

| Company Name               | Insured | Policy #     | Owner                        | Type of Policy | Face Amount | Cash Value |
|----------------------------|---------|--------------|------------------------------|----------------|-------------|------------|
| _____                      | _____   | _____        | _____                        | _____          | _____       | _____      |
| Address: _____             |         | Phone: _____ |                              | Agent: _____   |             |            |
| Primary Beneficiary: _____ |         |              | Secondary Beneficiary: _____ |                |             |            |

| Company Name               | Insured | Policy #     | Owner                        | Type of Policy | Face Amount | Cash Value |
|----------------------------|---------|--------------|------------------------------|----------------|-------------|------------|
| _____                      | _____   | _____        | _____                        | _____          | _____       | _____      |
| Address: _____             |         | Phone: _____ |                              | Agent: _____   |             |            |
| Primary Beneficiary: _____ |         |              | Secondary Beneficiary: _____ |                |             |            |

**TOTAL \$** \_\_\_\_\_

Are any of the above referenced insurance policies pledged as collateral on any loans?  Yes  No

# ANNUITIES

| Company Name               | Annuitant | Account #    | Owner                        | Face Amount  | Cash Value |
|----------------------------|-----------|--------------|------------------------------|--------------|------------|
| _____                      | _____     | _____        | _____                        | _____        | _____      |
| Address: _____             |           | Phone: _____ |                              | Agent: _____ |            |
| Primary Beneficiary: _____ |           |              | Secondary Beneficiary: _____ |              |            |

| Company Name               | Annuitant | Account #    | Owner                        | Face Amount  | Cash Value |
|----------------------------|-----------|--------------|------------------------------|--------------|------------|
| _____                      | _____     | _____        | _____                        | _____        | _____      |
| Address: _____             |           | Phone: _____ |                              | Agent: _____ |            |
| Primary Beneficiary: _____ |           |              | Secondary Beneficiary: _____ |              |            |

| Company Name               | Annuitant | Account #    | Owner                        | Face Amount  | Cash Value |
|----------------------------|-----------|--------------|------------------------------|--------------|------------|
| _____                      | _____     | _____        | _____                        | _____        | _____      |
| Address: _____             |           | Phone: _____ |                              | Agent: _____ |            |
| Primary Beneficiary: _____ |           |              | Secondary Beneficiary: _____ |              |            |

| Company Name               | Annuitant | Account #    | Owner                        | Face Amount  | Cash Value |
|----------------------------|-----------|--------------|------------------------------|--------------|------------|
| _____                      | _____     | _____        | _____                        | _____        | _____      |
| Address: _____             |           | Phone: _____ |                              | Agent: _____ |            |
| Primary Beneficiary: _____ |           |              | Secondary Beneficiary: _____ |              |            |

Are you receiving any regular distributions from any annuity contracts?  Yes  No  
 If "yes," do the distributions have "survivorship" or "period certain" provisions?  Yes  No  
 Survivorship  Period Curtain

**TOTAL \$** \_\_\_\_\_

# BONDS

TYPE: US Savings Bonds ∪ Corporate Bonds ∪ Municipal Bonds ∪ Treasury Bills (*Indicate type below.*)

| Type  | Owner | Face Value |
|-------|-------|------------|
| _____ | _____ | _____      |
| _____ | _____ | _____      |
| _____ | _____ | _____      |
| _____ | _____ | _____      |
| _____ | _____ | _____      |
| _____ | _____ | _____      |
| _____ | _____ | _____      |

**TOTAL \$** \_\_\_\_\_

# MONIES OWED TO YOU

TYPE: Promissory notes payable to you ∪ Other monies owed to you  
*(Please provide a copy of any promissory notes.)*

| Name of Debtor | Date Due | Owed To | Current Balance | Promissory Note  |
|----------------|----------|---------|-----------------|--|
| _____          | _____    | _____   | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____          | _____    | _____   | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____          | _____    | _____   | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**TOTAL \$** \_\_\_\_\_

## PARTNERSHIP & LLC's INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.  
(Please provide a copy of the Partnership Agreement.)

Name of Partnership or LLC \_\_\_\_\_

Owners \_\_\_\_\_ Value \_\_\_\_\_

Who holds Partnership or LLC papers \_\_\_\_\_ Phone: \_\_\_\_\_

Is this a "Professional" Partnership or LLC?  Yes  No

Entity Type:  General Partnership  Limited Partnership  Limited Liability Company

Name of General Partner or Managing Member \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

## CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.  
(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)

Company \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_

Owner \_\_\_\_\_ Value \_\_\_\_\_

Is there a Buy/Sell Agreement  Yes  No      Is this an "S-Corporation"  Yes  No

Is this a "Professional" Corporation?  Yes  No

TOTAL \$ \_\_\_\_\_

# SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

|   |                                |              |              |
|---|--------------------------------|--------------|--------------|
| <b>Name of Business</b>   | <b>Description of Business</b> | <b>Owner</b> | <b>Value</b> |
| _____   | _____                          | _____        | _____        |
| Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |              |              |
| Business Insurance Agent _____ Phone _____ Policy # _____                                   |                                |              |              |
| Address _____ City _____ State _____ Zip _____  |                                |              |              |

|   |                                |              |              |
|---|--------------------------------|--------------|--------------|
| <b>Name of Business</b>   | <b>Description of Business</b> | <b>Owner</b> | <b>Value</b> |
| _____   | _____                          | _____        | _____        |
| Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |              |              |
| Business Insurance Agent _____ Phone _____ Policy # _____                                   |                                |              |              |
| Address _____ City _____ State _____ Zip _____  |                                |              |              |

**TOTAL \$** \_\_\_\_\_

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

|                    |              |
|--------------------|--------------|
| <b>Description</b> | <b>Value</b> |
| _____              | _____        |
| _____              | _____        |

**TOTAL \$** \_\_\_\_\_

# OIL, GAS, AND MINERAL INTERESTS

TYPE: Lease  Overriding royalty  Fee mineral estate  Working interest  Pooling agreement, etc. *(Please provide copy of Agreement, Certificate, or Deed.)*

|               |               |                       |
|---------------|---------------|-----------------------|
| Company _____ | Type _____    | Name _____            |
| Address _____ | City _____    | State _____ Zip _____ |
| County _____  | Phone # _____ |                       |
| Owner _____   | Value _____   |                       |

|               |               |                       |
|---------------|---------------|-----------------------|
| Company _____ | Type _____    | Name _____            |
| Address _____ | City _____    | State _____ Zip _____ |
| County _____  | Phone # _____ |                       |
| Owner _____   | Value _____   |                       |

**TOTAL \$ \_\_\_\_\_**

## OTHER ASSETS

TYPE: Any property you own that does not fit into any listed category.

| Description | Owner | Value |
|-------------|-------|-------|
| _____       | _____ | _____ |
| _____       | _____ | _____ |
| _____       | _____ | _____ |
| _____       | _____ | _____ |

**TOTAL \$ \_\_\_\_\_**

# REAL PROPERTY

TYPE: Land ∪ Buildings ∪ Homes ∪ Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ∪ Tenants in common (TC) ∪ Tenancy by the entireties (TBE) *(Please provide a copy of the Deed or Agreement relating to each property.)*

|   |                       |                                    |                          |
|---|-----------------------|------------------------------------|--------------------------|
| <b>Address</b> _____  | <b>Owner</b>          | <b>Mortgage Amount</b>             | <b>Fair Market Value</b> |
| <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____                                   | _____                 | _____                              | _____                    |
| <b>County</b> _____   |                       |                                    |                          |
| <b>Do you have a mortgage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                                    |                          |
| <b>Lender</b> _____   | <b>Loan #</b> _____   |                                    |                          |
| <b>Address</b> _____  |                       |                                    |                          |
| <b>Home Insurance Agent</b> _____   | <b>Phone</b> _____    |                                    |                          |
| <b>Company</b> _____  | <b>Policy #</b> _____ |                                    |                          |
| <b>Address</b> _____  | <b>City</b> _____     | <b>State</b> _____                 | <b>Zip</b> _____         |
| <b>What year did you buy this property?</b> _____                                       |                       | <b>How much did you pay?</b> _____ |                          |
| <b>Please provide a copy of your Title Insurance Policy</b>                             |                       |                                    |                          |

|   |                       |                                    |                          |
|---|-----------------------|------------------------------------|--------------------------|
| <b>Address</b> _____  | <b>Owner</b>          | <b>Mortgage Amount</b>             | <b>Fair Market Value</b> |
| <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____                                   | _____                 | _____                              | _____                    |
| <b>County</b> _____   |                       |                                    |                          |
| <b>Do you have a mortgage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                                    |                          |
| <b>Lender</b> _____   | <b>Loan #</b> _____   |                                    |                          |
| <b>Address</b> _____  |                       |                                    |                          |
| <b>Home Insurance Agent</b> _____   | <b>Phone</b> _____    |                                    |                          |
| <b>Company</b> _____  | <b>Policy #</b> _____ |                                    |                          |
| <b>Address</b> _____  | <b>City</b> _____     | <b>State</b> _____                 | <b>Zip</b> _____         |
| <b>What year did you buy this property?</b> _____                                       |                       | <b>How much did you pay?</b> _____ |                          |
| <b>Please provide a copy of your Title Insurance Policy</b>                             |                       |                                    |                          |

|  |                             |                        |                          |
|--|-----------------------------|------------------------|--------------------------|
| Address _____  | <b>Owner</b>                | <b>Mortgage Amount</b> | <b>Fair Market Value</b> |
| City _____ State _____ Zip _____   | _____                       | _____                  | _____                    |
| County _____   |                             |                        |                          |
| Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |                        |                          |
| Lender _____   | <b>Loan #</b>               | _____                  |                          |
| Address _____  |                             |                        |                          |
| Home Insurance Agent _____   | <b>Phone</b>                | _____                  |                          |
| Company _____  | <b>Policy #</b>             | _____                  |                          |
| Address _____  | City _____                  | State _____            | Zip _____                |
| What year did you buy this property? _____                                       | How much did you pay? _____ |                        |                          |
| <b>Please provide a copy of your Title Insurance Policy</b>                      |                             |                        |                          |

|  |                             |                        |                          |
|--|-----------------------------|------------------------|--------------------------|
| Address _____  | <b>Owner</b>                | <b>Mortgage Amount</b> | <b>Fair Market Value</b> |
| City _____ State _____ Zip _____   | _____                       | _____                  | _____                    |
| County _____   |                             |                        |                          |
| Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |                        |                          |
| Lender _____   | <b>Loan #</b>               | _____                  |                          |
| Address _____  |                             |                        |                          |
| Home Insurance Agent _____   | <b>Phone</b>                | _____                  |                          |
| Company _____  | <b>Policy #</b>             | _____                  |                          |
| Address _____  | City _____                  | State _____            | Zip _____                |
| What year did you buy this property? _____                                       | How much did you pay? _____ |                        |                          |
| <b>Please provide a copy of your Title Insurance Policy</b>                      |                             |                        |                          |

**TOTAL \$ \_\_\_\_\_**

**ASSETS\***

**CLIENT #1    CLIENT # 2**

|  | <i><b>AMOUNT</b></i> |  |
|--|----------------------|--|
| Cash Accounts                              |                      |  |
| Investment Accounts                        |                      |  |
| Stocks                                     |                      |  |
| Personal Effects                           |                      |  |
| Retirements Plans                          |                      |  |
| Pension Plans                              |                      |  |
| Life Insurance Policies                    |                      |  |
| Annuities                                  |                      |  |
| Bonds                                      |                      |  |
| Monies Owed to You                         |                      |  |
| Partnership & LLC's Interests              |                      |  |
| Corporate Business Interests               |                      |  |
| Sole Proprietorship Interests              |                      |  |
| Anticipated Inheritance, Gift, or Judgment |                      |  |
| Oil, Gas, and Mineral Interests            |                      |  |
| Other Assets                               |                      |  |
| Real Property                              |                      |  |
| <b>TOTAL ASSETS</b>                        |                      |  |

**LIABILITIES**

**CLIENT #1   CLIENT # 2**  
***AMOUNT***

|                               |  |  |
|-------------------------------|--|--|
| Loans payable                 |  |  |
| Accounts payable              |  |  |
| Real estate mortgages payable |  |  |
| Loans against life insurance  |  |  |
| Unpaid taxes                  |  |  |
| Other obligations             |  |  |
|                               |  |  |
|                               |  |  |
| <b>TOTAL LIABILITIES</b>      |  |  |
| <b>NET ESTATE</b>             |  |  |

\* *Joint Tenancy (JT), Tenancy in Common (TC), and Community Property (CP) values go 1/2 in Client #1's column and 1/2 in Client #2's column.*