

Help us get to know you by sharing a bit of what's on your mind. For example, what motivated you to schedule this meeting (check all that apply)?

- | | | |
|---|---|---|
| <input type="checkbox"/> We recently moved to Florida or are considering becoming Florida residents | <input type="checkbox"/> It's been a while since we last planned our affairs and it's time to review and update | <input type="checkbox"/> A trusted advisor recommended that we speak with an estate planning attorney |
| <input type="checkbox"/> There has been a change in our personal or family circumstances | <input type="checkbox"/> One or both of us is facing health challenges | <input type="checkbox"/> We're interested in planning our affairs and would like to learn more |
| <input type="checkbox"/> Others depend on us and we need to provide for the prospect of something happening to both of us | <input type="checkbox"/> We've been putting it off now and it's now time to get it done | <input type="checkbox"/> Other (please explain): _____
_____ |

Tell us something about:

My full legal name:		Spouse/Partner's full legal name:	
Please call me:		Spouse/Partner's prefers to be called:	
My social security number:	Driver's License number:	Spouse/Partner's social security #:	Spouse/Partner's Drive's License #:
My date of birth:	Age:	Spouse/Partner's date of birth:	Age:
My occupation (retired check here <input type="checkbox"/> if retired and state former occupation):		Spouse/Partner's occupation check here <input type="checkbox"/> if retired and state former occupation)	
My company's name (if working):		Spouse/Partner's company name (if working):	
My work phone number (if working):		Spouse/Partner's work phone number (if working):	
My complete work address (if working):		Spouse/Partner's complete work address (if working):	
My health is: <input type="checkbox"/> Excellent; <input type="checkbox"/> OK; <input type="checkbox"/> Challenging; <input type="checkbox"/> Not so good		Spouse/Partner's health is: <input type="checkbox"/> Excellent; <input type="checkbox"/> OK; <input type="checkbox"/> Challenging; <input type="checkbox"/> Not so good	
I am a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse/Partner is a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email communication is welcomed. My email address is:		<input type="checkbox"/> Spouse/Partner's welcomes communication by email. Their email address is:	
My cell phone number and its area code::		Spouse/Partner's cell phone number and its area code:	
I have been previously married: <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse/Partner has been previously married: <input type="checkbox"/> Yes <input type="checkbox"/> No	
We were married to each other on (anniversary date):			
Permanent home address (street, city, state, zip):		Phone number at this address (with area code):	
Seasonal home address (street, city, state, zip):		Phone number at this address (with area code):	
Have either of you ever resided in of Arizona, California, Idaho, Louisiana, New Mexico, Texas, Washington State, or Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CONTINUED ON BACK

- Please tell us a little something about your **children and other people** you care about.
- For now, all we need is the information below. Additional information will be collected in the next planning phase

#1 Child's full legal name:	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Whose child is this? <input type="checkbox"/> Ours <input type="checkbox"/> Mine <input type="checkbox"/> Spouse's	Child's Marital Status: <input type="checkbox"/> Single; <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Does child have kids? <input type="checkbox"/> Yes; <input type="checkbox"/> No How many?
#2 Child's full legal name:	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Whose child is this? <input type="checkbox"/> Ours <input type="checkbox"/> Mine <input type="checkbox"/> Spouse's	Child's Marital Status: <input type="checkbox"/> Single; <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Does child have kids? <input type="checkbox"/> Yes; <input type="checkbox"/> No How many?
#3 Child's full legal name:	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Whose child is this? <input type="checkbox"/> Ours <input type="checkbox"/> Mine <input type="checkbox"/> Spouse's	Child's Marital Status: <input type="checkbox"/> Single; <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Does child have kids? <input type="checkbox"/> Yes; <input type="checkbox"/> No How many?
#4 Child's full legal name:	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Whose child is this? <input type="checkbox"/> Ours <input type="checkbox"/> Mine <input type="checkbox"/> Spouse's	Child's Marital Status: <input type="checkbox"/> Single; <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Does child have kids? <input type="checkbox"/> Yes; <input type="checkbox"/> No How many?
Special Person's Full Legal Name	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you: <input type="checkbox"/> Parent <input type="checkbox"/> Other Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other:	Marital Status: <input type="checkbox"/> Single; <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Special Person's Full Legal Name	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you: <input type="checkbox"/> Parent <input type="checkbox"/> Other Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other:	Marital Status: <input type="checkbox"/> Single; <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	

Experience has taught us that clients will often consult with others when doing this kind of work. Who (outside the family) might advise you and how can they be reached?

CPA's Name & Firm Affiliation:	Complete Street Address:	Phone	Email address
Financial Advisor's Name & Firm Affiliation:	Complete Street Address:	Phone	Email address
Insurance Advisor's Name & Firm Affiliation:	Complete Street Address:	Phone	Email address
Banker's Name & Bank Affiliation	Complete Street Address:	Phone	Email address
Other Advisor's Name & Affiliation	Complete Street Address:	Phone	Email address

Please summarize your estate in the table below. Use your best estimate of values. Disregard what you paid for an item or what it was worth when you inherited it. Attach additional pages if needed.

	\$\$ in My Name	\$\$ in Spouse/Partner's Name	\$\$ in Joint Names	Debt on Asset
Real Estate				
IRAs/401(k)s/Retirement Plan Accts				
Annuities				
Death Benefit of Life Insurance				
Private Business Interests				
Brokerage Accounts & Mutual Funds				
Publicly Traded Stocks/Bonds Individually Held				
Cash and Cash Equivalents				
Money Owed to You (Receivables)				
Vehicles, Boats, Planes, & Other Toys				
Collections and Collectibles				
Household Goods/Furnishings/ Personal Effects				
Other				
TOTAL				