

PERSONAL INFORMATION

(Please Print)

Client # 1

Date Completed _____

Full Legal Name _____

Driver's License No. _____ Issue date: _____ Exp. Date: _____

(Please provide copy of your driver's license)

How you sign your name on legal documents _____

Gender _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Business Telephone () _____

Business address _____ City _____ State _____ Zip _____

Cell phone () _____ Veteran or spouse of veteran: _____

Single Married: Date _____ Divorced: Date _____

Widowed: Date _____ U.S. Citizen

Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Email address (optional): _____

Client # 2

Full Legal Name _____

Driver's License No. _____ Issue date: _____ Exp. Date: _____

(Please provide copy of your driver's license)

How you sign your name on legal documents _____

Gender _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Business Telephone () _____

Business address _____ City _____ State _____ Zip _____

Cell phone () _____ Veteran or spouse of veteran: _____

Single Married: Date _____ Divorced: Date _____

Widowed: Date _____ U.S. Citizen

Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Email address (optional): _____

CHILDREN'S INFORMATION

Child # 1

Child's Full Legal Name _____

Gender _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Education _____ HIPAA _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Cell phone (____) _____

Email address (optional): _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Gender	Parents	Birthdates	Special Needs
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Child # 2

Child's Full Legal Name _____

Gender _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Education _____ HIPAA _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Cell phone (____) _____

Email address (optional): _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Gender	Parents	Birthdates	Special Needs
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Child # 3

Child's Full Legal Name _____

Gender _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Education _____ HIPAA _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Cell phone (____) _____

Email address (optional): _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Gender	Parents	Birthdates	Special Needs
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Child # 4

Child's Full Legal Name _____

Gender _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Education _____ HIPAA _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Cell phone (____) _____

Email address (optional): _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Gender	Parents	Birthdates	Special Needs
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Child # 5

Child's Full Legal Name _____

Gender _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Education _____ HIPAA _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Cell phone (____) _____

Email address (optional): _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Gender	Parents	Birthdates	Special Needs
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Child # 6

Child's Full Legal Name _____

Gender _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Education _____ HIPAA _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Cell phone (____) _____

Email address (optional): _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Gender	Parents	Birthdates	Special Needs
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS OR BENEFICIARIES

Friends or relatives who are dependents or beneficiaries.

Dependent # 1

Dependent's Full Legal Name _____

Relationship: _____

Gender _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____

Business address _____ City _____ State _____ Zip _____

Business telephone _____ Cell phone _____

Email address (optional): _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Dependent # 2

Dependent's Full Legal Name _____

Relationship: _____

Gender _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____

Business address _____ City _____ State _____ Zip _____

Business telephone _____ Cell phone _____

Email address (optional): _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Name of Financial Advisor: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Name of Family Attorney: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Name of Stock Broker: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Life Insurance Agent: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Personal Banker: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

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 gift tax returns? (Please furnish a copy.)		
Do you, spouse or any children have catastrophic creditor issues?		
Have you or your spouse completed previous wills, trusts, Powers of Attorney or Living Wills 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". *(Please provide a copy of latest statement.)* If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money Market “MM” ♦ Investment Account “IA” ♦ Cash Management “CM” ♦ or Other Account “OA”. *(Please provide a copy of latest statement.)* If you hold individual stock certificates, please indicate those under “Stocks” on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under “Corporate and Professional Business Interests.” Stocks held in a **Street Account** or **Investment Account** should be listed under “Investment Accounts”. If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

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

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TOTAL \$ _____

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	Indicate Primary Driver for Automobiles	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
_____	_____	_____	_____	<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
_____	_____	_____	_____	<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
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL \$ _____

Name of Car Insurance Agent _____

Policy # _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) *(Indicate type below.)* Please provide a copy of your Retirement Plan Summary Agreement.

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

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

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

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

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

TOTAL \$ _____

PENSION PLANS

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

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

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

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

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

TOTAL \$ _____

INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability ♦ Long Term Care (*Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation"*). Please provide a copy of the declaration page or policy.

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: _____			

Face Amount TOTAL \$ _____

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

ANNUITIES

Please provide a copy of each annuity contract.

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$_____	\$_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$_____	\$_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$_____	\$_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$_____	\$_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

TOTAL \$ _____

BONDS

TYPE: US Savings Bonds

Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*) If you are named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner. Please provide the original bonds.

Type	Owner	Face Value	Social Security # on Bond Face
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company
Name of General Partner or Managing Member _____

Name of Partnership or LLC _____
Owners _____ Value _____
Who holds Partnership or LLC papers _____ Phone: _____
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company _____	Address _____	Phone: _____
Number of Shares _____	% of Ownership _____	
Owner _____	Value _____	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company _____	Address _____	Phone: _____
Number of Shares _____	% of Ownership _____	
Owner _____	Value _____	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TOTAL \$ _____

SOLE PROPRIETORSHIP INTERESTS

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

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

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
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.

Description	Value	Receive through
_____	_____	_____
_____	_____	_____

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 other 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.)*

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

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

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

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

TOTAL \$ _____

ASSETS*	CLIENT #1	CLIENT # 2
	AMOUNT	
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		
TOTAL ASSETS		
LIABILITIES	CLIENT #1	CLIENT # 2
	AMOUNT	
Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		
NET ESTATE		
ANNUAL INCOME		

* The value of assets owned in co-ownership with a spouse should be divided equally between the two columns. If an asset is owned in co-ownership with someone other than a spouse, the full value of that asset should be reported under that client's column.