

Personal Information Form “PIF”



Squillace & Associates, P.C.
306 Dartmouth Street, Suite 305
Boston, Massachusetts 02116

Telephone: (617) 716-0300
Fax: (617) 203-9050

Instructions

The purpose of the Personal Information Form is to provide us with a comprehensive picture of you assets and liabilities. Please complete each section as thoroughly as possible.

At the bottom of each section there is a place to total the assets and liabilities. That will be used on the next to last page to provide a quick snapshot of your current personal balance sheet.

In order to provide you with the best service possible, the last page is a complete list of the documents we suggest you attach to this packet. This will assist us in the funding process and save you time.

If the sections do not apply to you, just leave it blank.

If you have any questions at all, please do not hesitate to contact Shawn Hartman, Senior Paralegal, at (617) 716-0300.

We look forward to working with you.

Personal Information for Client One

Full Legal Name _____ Today's Date _____

Nickname _____

Birth Date _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip _____ County _____

Home Telephone _____ Cellular Telephone _____

Personal Email _____

Employer _____ Position _____ Business Telephone () _____

Business Address _____ City _____ State _____ Zip _____

Work Email: _____ Annual Salary _____

I prefer to be contacted during regular business hours by:

Home Phone

Cellular Phone

Work Email

Work Phone

Personal Email

Any Way to Contact Me is Fine

I am currently: Married Divorced Widowed Single Partnered
Date: _____ Date: _____ Date: _____

I am a U.S. Citizen: Yes No

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

My health is: Excellent Good Fair Poor

I have the following health concerns _____

I have safety deposit box: Yes No

Do you have any pets? Yes No

Would you like to discuss providing for them?

Do you have any charitable interests? Yes No

Would you like to discuss charitable giving in your plan?

Personal Information for Client Two

Full Legal Name _____

Nickname _____

Birth Date _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip _____ County _____

Home Telephone _____ Cellular Telephone _____

Personal Email _____

Employer _____ Position _____ Business Telephone (____) _____

Business Address _____ City _____ State _____ Zip _____

Work Email: _____ Annual Salary _____

I prefer to be contacted during regular business hours by:

Home Phone

Cellular Phone

Work Email

Work Phone

Personal Email

Any Way to Contact Me is Fine

I am currently: Married Divorced Widowed Single Partnered
Date: _____ Date: _____ Date: _____

I am a U.S. Citizen: Yes No

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

My health is: Excellent Good Fair Poor

I have the following health concerns _____

I have safety deposit box: Yes No

Do you have any pets? Yes No

Would you like to discuss providing for them?

Do you have any charitable interests? Yes No

Would you like to discuss charitable giving in your plan?

CHILDREN'S INFORMATION

Please list any children you may have.

Child # 1

Child's Full Legal Name _____

Nickname _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County _____

Email Address _____ Employed: Yes No

Parent: Husband Wife Joint Adopted

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

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

Child # 2

Child's Full Legal Name _____

Nickname _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County _____

Email Address _____ Employed: Yes No

Parent: Husband Wife Joint Adopted

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

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

Child # 3

Child's Full Legal Name _____

Nickname _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County _____

Email Address _____ Employed: Yes No

Parent: Husband Wife Joint Adopted

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Birth Date	Special Needs
------------------------------	----------------	-------------------	----------------------

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

Child # 4

Child's Full Legal Name _____

Nickname _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County _____

Email Address _____ Employed: Yes No

Parent: Husband Wife Joint Adopted

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Birth Date	Special Needs
------------------------------	----------------	-------------------	----------------------

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

OTHER DEPENDENTS/ FAMILY

Please list any friends or relatives who are dependents.

Dependent # 1

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Email _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Is the dependent currently employed? Yes No

Can the dependent work? Yes No

Dependent # 2

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Email _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Is the dependent currently employed? Yes No

Can the dependent work? Yes No

OTHER PROFESSIONAL ADVISORS

Please list other professional advisors that you use. We will not contact them without your prior permission and discussion of how to include them in your estate planning.

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: _____

Name of Physician: _____
Company _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Fax # _____ E-Mail: _____

CASH ACCOUNTS

Indicate type below for all bank and credit union accounts- Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD".

If you are a co-owner on any accounts with 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? Yes 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? Yes 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? Yes 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? Yes 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? Yes No

TOTAL \$ _____

INVESTMENT ACCOUNTS

*Please indicate the type of account below for all investment and street accounts-
 Money Market "MM" ♦ Investment Account "IA" ♦ 529/UTMA Account "Coll"
 ♦ Cash Management "CM" ♦ or Other Account "OA".*

If you hold individual stock certificates, please indicate those under "Stocks" on the following page. If you are a co-owner on any accounts with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

IRAs and Annuities should be listed later.

Name of Brokerage Firm	Type	Account #	Owner	Amount
------------------------	------	-----------	-------	--------

Address: _____ Phone: _____
 Are funds electronically deposited or withdrawn from this account? Yes No

Is this account pledged as collateral on any loans? Yes No

Name of Brokerage Firm	Type	Account #	Owner	Amount
------------------------	------	-----------	-------	--------

Address: _____ Phone: _____
 Are funds electronically deposited or withdrawn from this account? Yes No

Is this account pledged as collateral on any loans? Yes No

Name of Brokerage Firm	Type	Account #	Owner	Amount
------------------------	------	-----------	-------	--------

Address: _____ Phone: _____
 Are funds electronically deposited or withdrawn from this account? Yes No

Is this account pledged as collateral on any loans? Yes No

Name of Brokerage Firm	Type	Account #	Owner	Amount
------------------------	------	-----------	-------	--------

Address: _____ Phone: _____
 Are funds electronically deposited or withdrawn from this account? Yes No

Is this account pledged as collateral on any loans? Yes No

TOTAL \$ _____

STOCKS

Please list 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 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
_____	_____	_____	_____

Please provide name and address of Transfer Company: Name: _____
Address: _____ Phone: _____

Is this stock pledged as collateral on any loans? Yes No

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____

Please provide name and address of Transfer Company: Name: _____
Address: _____ Phone: _____

Is this stock pledged as collateral on any loans? Yes No

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____

Please provide name and address of Transfer Company: Name: _____
Address: _____ Phone: _____

Is this stock pledged as collateral on any loans? Yes No

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____

Please provide name and address of Transfer Company: Name: _____
Address: _____ Phone: _____

Is this stock pledged as collateral on any loans? Yes No

TOTAL \$ _____

PERSONAL EFFECTS

Please list major personal effects such as motor vehicles, boats, jewelry, and all other valuable non-business personal property. Indicate item below and give a lump sum value for miscellaneous items.

Item	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
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL \$_____

CAR INSURANCE

Please provide us with your car insurance information so we may keep it in our files. We do not typically fund cars into trusts, but we can discuss this in detail at your design meeting.

Name of Car Insurance Agent _____

Policy # _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

RETIREMENT PLANS

*Please list any retirement plans you have and indicate the type of plan with the following types:
Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k)*

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Account # _____

Address: _____ Phone: _____

Are benefits currently being received from this plan? Yes No

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Account # _____

Address: _____ Phone: _____

Are benefits currently being received from this plan? Yes No

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Account # _____

Address: _____ Phone: _____

Are benefits currently being received from this plan? Yes No

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Account # _____

Address: _____ Phone: _____

Are benefits currently being received from this plan? Yes No

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Account # _____

Address: _____ Phone: _____

Are benefits currently being received from this plan? Yes No

TOTAL \$ _____

PENSION PLANS

Please list all of your pension plans below. Please make sure to provide us with your current beneficiary information.

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Address: _____ Phone: _____

Are you currently receiving benefits from this plan? Yes No

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Address: _____ Phone: _____

Are you currently receiving benefits from this plan? Yes No

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Address: _____ Phone: _____

Are you currently receiving benefits from this plan? Yes No

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Address: _____ Phone: _____

Are you currently receiving benefits from this plan? Yes No

TOTAL \$ _____

INSURANCE POLICIES

Please list any insurance policies below. Indicate type of policy. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation"
Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life
Second-To-Die ♦ Disability ♦ Long Term Care

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____

Address: _____ Phone: _____ Agent: _____
 Primary Beneficiary: _____ Secondary Beneficiary: _____

Is this insurance policies pledged as collateral on any loans? Yes No

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____

Address: _____ Phone: _____ Agent: _____
 Primary Beneficiary: _____ Secondary Beneficiary: _____

Is this insurance policies pledged as collateral on any loans? Yes No

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____

Address: _____ Phone: _____ Agent: _____
 Primary Beneficiary: _____ Secondary Beneficiary: _____

Is this insurance policies pledged as collateral on any loans? Yes No

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____

Address: _____ Phone: _____ Agent: _____
 Primary Beneficiary: _____ Secondary Beneficiary: _____

Is this insurance policies pledged as collateral on any loans? Yes No

Face Amount TOTAL \$ _____

ANNUITIES

Please list any annuities you currently own.

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____

Address: _____ Phone: _____ Agent: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Are regular distributions occurring from this annuity contract? Yes No
If "yes", do the distributions have "survivorship" or "period certain" provisions? Yes No
 Survivorship Period Certain

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____

Address: _____ Phone: _____ Agent: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Are regular distributions occurring from this annuity contract? Yes No
If "yes", do the distributions have "survivorship" or "period certain" provisions? Yes No
 Survivorship Period Certain

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____

Address: _____ Phone: _____ Agent: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Are regular distributions occurring from this annuity contract? Yes No
If "yes", do the distributions have "survivorship" or "period certain" provisions? Yes No
 Survivorship Period Certain

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____

Address: _____ Phone: _____ Agent: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Are regular distributions occurring from this annuity contract? Yes No
If "yes", do the distributions have "survivorship" or "period certain" provisions? Yes No
 Survivorship Period Certain

TOTAL \$ _____

BONDS

Please list any bonds you currently own and their type. If you are a co-owners with someone else (i.e. parents, siblings, children, grandchildren, etc.), please indicate the name of the co-owner.

US Savings Bonds ♦ Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills

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

TOTAL \$ _____

MONIES OWED

Please list any monies that are currently owed to you.

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

Please list any General and Limited Partnerships Interests you may have. Please list the percentages that you own.

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 _____

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

Please list any privately owned (non-publicly traded) stock.

Company _____ Phone: _____

Address _____

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

Company _____ Phone: _____

Address _____

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

Company _____ Phone: _____

Address _____

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

Please list all assets owned in a sole proprietorship type of business.

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

Is this a "Professional" Business? Yes No

Business Insurance Agent _____ Phone _____ Policy # _____

Address _____ City _____ State _____ Zip _____

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

Is this a "Professional" Business? Yes No

Business Insurance Agent _____ Phone _____ Policy # _____

Address _____ City _____ State _____ Zip _____

TOTAL \$ _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Please list any gifts or inheritances that are expected at some time in the future or monies that are anticipated through a judgment in a lawsuit.

Description	Value
_____	_____
_____	_____

TOTAL \$ _____

OIL, GAS OR MINERAL INTERESTS

*Please list any oil, gas or mineral interest and indicate if they are a
Lease ♦ Overriding royalty ♦ Fee mineral estate
Working interest ♦ Pooling agreement, etc.*

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

Please list any asset that does not fit into any other listed category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

REAL PROPERTY

Please list any real property and indicate the type of property below along with type of ownership. **TYPE OF PROPERTY** Land ♦ Buildings ♦ Homes ♦ Time shares.
TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ♦ Tenants in common (TC) ♦ Tenancy by the entireties (TBE) ♦ Community Property (CP)

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Is there a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year was this property purchased? _____	What was the purchase price? _____		
Please provide a copy of the Title Insurance Policy			

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Is there a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year was this property purchased? _____	What was the purchase price? _____		
Please provide a copy of the Title Insurance Policy			

Address _____	Owner	Mortgage Amount	Fair Market Value
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Is there a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____ City _____ State _____ Zip _____			
What year was this property purchased? _____	What was the purchase price? _____		
Please provide a copy of the Title Insurance Policy			

Address _____	Owner	Mortgage Amount	Fair Market Value
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Is there a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____ City _____ State _____ Zip _____			
What year was this property purchased? _____	What was the purchase price? _____		
Please provide a copy of the Title Insurance Policy			

TOTAL \$ _____

TOTAL ASSETS AND LIABILITIES

Please add up the total from each section. 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 person's column.

ASSETS

Client One

Client Two

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 One

Client Two

AMOUNT

Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		

NET ESTATE		
-------------------	--	--

DOCUMENT STATUS

Please indicate the status of each document listed below.

	<u>Attached</u>	<u>To Do</u>	<u>N/A</u>
1. Existing wills of both clients including health care documents, power of attorney, etc.	_____	_____	_____
2. Copies of divorce decree or pre-nuptial agreement	_____	_____	_____
3. Gift tax returns previously filed	_____	_____	_____
4. Most recent Federal Income Tax Return	_____	_____	_____
5. Statements for all cash accounts including checking, Savings, CDs, etc.	_____	_____	_____
6. Statements for all investment accounts	_____	_____	_____
7. Copies of all stock certificates	_____	_____	_____
8. Statements from retirement plans	_____	_____	_____
9. Statements from all Pension plans	_____	_____	_____
10. Statement showing current cash value of any insurance policy and/or current Human Resource contact for company insurance plan	_____	_____	_____
11. Copy of annuity contracts	_____	_____	_____
12. Copy of all bonds	_____	_____	_____
13. Copies of any promissory notes of money owed to you	_____	_____	_____
14. Copies of partnership or LLC agreements	_____	_____	_____
15. Corporate books and buy/sell agreement	_____	_____	_____
16. Agreement or deed for oil, gas, and mineral interests	_____	_____	_____
17. Copy of deed along with copy of title insurance	_____	_____	_____
18. Title to any personal property like boats or planes	_____	_____	_____