

Telephone No.: Home: _____ Work: _____

E-Mail Address: _____

C. Names and addresses of each of your children:

Name (first, middle initial, last):	Address/Phone:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Do any of your children receive Social Security Disability benefits? _____

Loans:

Does anyone presently owe you any money (or other debt)? Y N

If yes, do you have written documentation signed by the debtor? Y N

Please list the amount owed to you for each loan and payment terms: _____

Monthly Income:

Social Security _____

Pension _____

Annuity _____

Other _____

Total _____

Expenses:

Supplemental Health Insurance:

Monthly premium: _____ Company Name: _____

Do you have Medicare Part C Coverage? _____

Medicare Part D (Prescription) Coverage:

Monthly premium: _____ Company Name: _____

Monthly Utilities: _____

Monthly House payment or rent payment: _____

Annual Real Estate Taxes: _____

Annual Property Insurance: _____

Assets:

Real Estate:

Address: _____

Acreage: _____

Please provide a copy of the most current deed(s) and real estate tax bill(s).

Vehicle(s): _____

Bank Accounts (please add additional pages as necessary):

Name of Bank: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Name of Bank: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Other Investments:

Name of Company: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Name of Company: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Life Insurance (please add additional pages as necessary):

Company: _____

Policy Number: _____ Value: _____

Company: _____

Policy Number: _____ Value: _____

Company: _____

Policy Number: _____ Value: _____

Nursing Home Insurance:

Company: _____

Policy Number: _____ Elimination Period: _____

Daily or Monthly Benefit: _____

Benefit Length: _____

Other Assets: _____

Do you own cemetery lots? Yes _____ No _____

If yes, please provide a copy of the deed for such lot(s).

Do you own prepaid funeral arrangements? Yes _____ No _____

If yes, please provide us with all documents pertaining to such arrangements.

Gifts:

Please list the date, amount and the person receiving any gift of over \$3,000 in any one month either of you have made in the last five years.

<u>Date</u>	<u>Amount</u>	<u>Recipient</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referral:

Who referred you to this office?

Name _____

Street Address _____

City _____ State _____ ZIP _____

Client's Signature

Date: _____