

PERSONAL INFORMATION

Full Legal Name _____
Signature Name _____
Nickname _____ Soc. Sec. No. _____ Gender [] M [] F
Home Address _____ County _____
Home Telephone _____ Home Fax _____
Home Email _____ Birthdate _____ Birthplace _____
Secondary Residence Address _____ County _____
Secondary Telephone _____ Secondary Fax _____
Employer _____ Position _____ Citizenship/Resident Status _____
Business Address _____
Business Telephone _____ Business Fax _____
Business Email _____ Annual Income _____
[] Married: Date of Marriage _____ Separate Property Income _____
Place of Marriage _____ [] Divorced [] Widowed [] Single
Approx. Net Worth at Marriage _____ Husband: _____ Wife: _____

Spouse:
Full Legal Name _____
Signature Name _____
Nickname _____ Soc. Sec. No. _____ Gender [] M [] F
Home Address _____ County _____
Home Telephone _____ Home Fax _____
Home Email _____ Birthdate _____ Birthplace _____
Secondary Residence Address _____ County _____
Secondary Telephone _____ Secondary Fax _____
Employer _____ Position _____ Citizenship/Resident Status _____
Business Address _____
Business Telephone _____ Business Fax _____
Business Email _____ Annual Income _____
Separate Property Income _____

Please show dates (if any) you or your spouse have resided in any of the following states:

[] Arizona _____ [] Louisiana _____ [] Texas _____
[] California _____ [] Nevada _____ [] Washington _____
[] Idaho _____ [] New Mexico _____



CHILDREN

Insert full legal name. (Identify with "A" if child is adopted. Use "B" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if you are a single parent.)

Name	Parent(s)	Birthdate	Dependent on you?		Married		Number of Children	Occupation (if any)
			Yes	No	Yes	No		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

GRANDCHILDREN

Insert full legal name of grandchild, parent names of grandchild and birthdate.

Name	Parent(s)	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIVING PARENTS

Insert full legal name. (Identify whose parent "H" if husband's and "S" if spouse.)

Name	Relationship	Age	Health	Dependent on you?	
				Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

OTHER DEPENDENTS

Friends or relatives who are dependents. *(Insert full legal name.)*

Name	Relationship	Dependent on you?		Date of Birth	Married		Number of Children	Occupation (if any)
		Yes	No		Yes	No		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

PREFERRED FIDUCIARIES

	1st Choice	Alternate
Executor	_____	_____
Trustee	_____	_____
Guardian	_____	_____

ADVISORS

	Name	Telephone
Attorney	_____	_____
Accountant	_____	_____
Financial/Investment Advisor	_____	_____
Primary Personal Bank	_____	_____
Life Insurance Agent	_____	_____
Securities Broker	_____	_____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a child with a learning disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your children deceased?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your children institutionalized?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse receiving social security, disability, or other governmental benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other major financial support to adult children?	<input type="checkbox"/>	<input type="checkbox"/>
Have either you or your spouse been divorced?	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce or property settlement agreement? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you and your spouse ever signed a pre- or post-marriage contract? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse been widowed? <i>(If a federal estate tax return or a state death tax return was filed, please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever filed federal or state gift tax returns? <i>(Please furnish copies of these returns)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse completed previous will(s), trust(s), or estate planning? <i>(Please furnish copies of these documents)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a safe deposit box? If so, where is it located? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any member of your family receive income from, or are you or any member of your family a beneficiary of a trust(s)? If yes, please describe briefly and furnish copies of the document(s):	<input type="checkbox"/>	<input type="checkbox"/>
Have you received any significant gifts or inheritances?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse made gifts in excess of \$11,000 to any person in any one year?	<input type="checkbox"/>	<input type="checkbox"/>
Have you created or made gifts to any trust(s)?	<input type="checkbox"/>	<input type="checkbox"/>

REQUESTED DOCUMENTS

The documents listed below contain information that can directly affect almost any financial planning decision. Our understanding of your financial arrangements will be more accurate, and our counseling activities will be more effective if you provide us with copies of these documents.

If possible, copies of these documents should accompany the completed questionnaire. However, please do not wait to complete or mail the questionnaire merely because some of these documents are unavailable.

Income Tax Returns Federal and state for the past year.

Gift Tax Returns..... You and your spouse's most recent (if any).

Current Will You and your spouse.

Trust Agreements..... Any which were created by you or your spouse.

Trust Agreements..... Any of which you or your spouse are beneficiaries (or details of the trust), and any which you or your spouse have established.

Additional Information Previous financial, estate planning or insurance summaries and recommendations.

Information concerning investments or insurance coverages which you believe deserve special attention.

INSTRUCTIONS FOR COMPLETING THE *PERSONAL INFORMATION* CHECKLIST

General Headings

This *Personal Information* checklist is designed to help you list all the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

Evidence of Title

This indicates the document or documents you will need as evidence of title to your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself, you will save substantial professional fees.

“Owner” of Property

How you own your property is extremely important for purposes of properly designing and implementing your living trust-centered plan. For each property category, there is a column titled “Owner.” When filling in this column, please use the following abbreviation:

For Property Owned In:	With:	Use:
Single	If you are single and you own property in your name only, use	I
Husband’s Name	No other person	H
Wife’s Name	No other person	W
Separate Property	Separate Property	SP
Joint Tenancy	A spouse	JTS
	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
	Someone other than a spouse	TCO
Community Property	(Applicable to spouses only)	CP
Unknown	If you cannot determine how the property is owned	UNK

CASH ACCOUNTS

TYPE: Checking Account "CA," Savings Account "SA," Certificates of Deposit "CD" (*indicate type below*).

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.

Name of Institution	Type	Acct. Number	Owner	Amount
<i>Total</i>				

INVESTMENT ACCOUNTS

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	Acct. Number	Owner	Amount
<i>Total</i>				

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, jewelry, collections, antiques, furs, and all other valuable nonbusiness personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items).

Type	Owner	Value
<i>Total</i>		

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K) (indicate type below).

Type of Plan	Company	Beneficiary upon Your Death	Percent Vested	Value
<i>Total</i>				

LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity (*Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation"*).

Company _____
Policy Number _____ Type _____
Insured _____
Primary beneficiary _____
Secondary beneficiary _____
Owner _____ Who pays premium? _____
Face amount _____ Cash value _____
Amount of loans on policy _____
Did another person (or trust) own this Policy before current Owner? Yes No
If so, please state date of transfer _____

Company _____
Policy Number _____ Type _____
Insured _____
Primary beneficiary _____
Secondary beneficiary _____
Owner _____ Who pays premium? _____
Face amount _____ Cash value _____
Amount of loans on policy _____
Did another person (or trust) own this Policy before current Owner? Yes No
If so, please state date of transfer _____

Company _____
Policy Number _____ Type _____
Insured _____
Primary beneficiary _____
Secondary beneficiary _____
Owner _____ Who pays premium? _____
Face amount _____ Cash value _____
Amount of loans on policy _____
Did another person (or trust) own this Policy before current Owner? Yes No
If so, please state date of transfer _____

OTHER INSURANCE POLICIES

TYPE: Term, whole life, split dollar, group life, annuity (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

Company _____
Policy Number _____ Type _____
Insured _____
Primary beneficiary _____
Secondary beneficiary _____
Owner _____ Who pays premium? _____
Face amount _____ Cash value _____
Amount of loans on policy _____
Did another person (or trust) own this Policy before current Owner? Yes No
If so, please state date of transfer _____

Company _____
Policy Number _____ Type _____
Insured _____
Primary beneficiary _____
Secondary beneficiary _____
Owner _____ Who pays premium? _____
Face amount _____ Cash value _____
Amount of loans on policy _____
Did another person (or trust) own this Policy before current Owner? Yes No
If so, please state date of transfer _____

Company _____
Policy Number _____ Type _____
Insured _____
Primary beneficiary _____
Secondary beneficiary _____
Owner _____ Who pays premium? _____
Face amount _____ Cash value _____
Amount of loans on policy _____
Did another person (or trust) own this Policy before current Owner? Yes No
If so, please state date of transfer _____

MORTGAGES, NOTES, AND OTHER RECEIVABLES

TYPE: Mortgages, promissory notes, commercial loans or guarantees payable to you or other monies owed to you.

Name of Debtor	Date of Note	Date Note Due	Owed to	Current Balance
			<i>Total</i>	

PARTNERSHIP OR MEMBERSHIP INTERESTS

TYPE: General, Limited Partnerships or Limited Liability Companies. Please state the percentage interest owned by you in either a partnership or limited liability company.

Partnership/Company Name	Percentage of Ownership Interest		Owner	Value
	General or Limited Partner	Limited Liability Member		
			<i>Total</i>	

CORPORATE BUSINESS AND PROFESSIONAL INTERESTS

TYPE: Privately owned (nonpublicly traded) stock. (Please put ✓ if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)

Company	Number of Shares	Buy/Sell Agreement	Percentage Ownership	Owner	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
				<i>Total</i>	_____

SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			<i>Total</i>

FARM AND RANCH INTERESTS

TYPE: Livestock, machinery, leases, etc.

Type	Owner	Value
		<i>Total</i>

OIL, GAS, AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Type	Owner	Value
		<i>Total</i>

REAL PROPERTY

TYPE: Land, buildings, homes. Where you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else you should list those under the "Partnership Interests" section. If two or more names are in a deed or a contract state the type of ownership.

EVIDENCE OF TITLE: *Please provide a copy of the grant deed.*

General Description and/or Address	Year Acquired	Owner/ Form Ownership/ % Ownership	Fair Market Value	Mortgage Outstanding Against Property	Net Equity in Property	Costs Contributed by Each Owner	Total Cost of Property
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
			<i>Total</i>	_____	_____	_____	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGEMENT

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

<i>Total estimated value</i>	_____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category (i.e., intellectual property such as patents, copyrights, royalties).

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

LIFETIME GIFTS

List gifts made by you not covered by annual gift tax exclusions (\$11,000 per donee per year).

Donor (client, spouse or joint)	Recipient	Date of gift	Value or amount	Was gift tax return filed?	Gift tax paid (if any)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Did any gift involve the establishment of a trust? _____

529 PLANS

List Section 529-plan college saving accounts you have opened.

Donor (client, spouse or joint)	Beneficiary	Date of Contribution	Account Balance	State/Plan Administrator
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUMMARY OF VALUES

ASSETS	Amount*		
	Husband	Wife	Single Person
Cash Accounts			
Investment Accounts			
Stocks			
Bonds			
Personal Effects			
Retirement Plans			
Life Insurance Policies and Annuities			
Mortgages, Notes, and Other Receivables			
Partnership or Membership Interests			
Corporate Business and Professional Interests			
Sole Proprietorship Business and Professional Interests			
Farm and Ranch Interests			
Oil, Gas, and Mineral Interests			
Real Property			
Anticipated Inheritance, Gifts, or Lawsuit Judgement			
Other Assets			
Total Assets:			
LIABILITIES	Amount*		
	Husband	Wife	Single person
Loans Payable			
Accounts Payable			
Real Estate Mortgages Payable			
Contingent Liabilities			
Loans Against Life Insurance			
Unpaid Taxes			
Other Obligations:			
Total Liabilities			
Net Estate			

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