



***CONFIDENTIAL***  
**PERSONAL and FINANCIAL**  
**INFORMATION BOOKLET**

The purpose of this booklet is to help prepare you for your upcoming estate planning consultation, and to provide us with important personal and financial information related to your estate, so that we are able to properly advise you on your situation.

**Please return the completed booklet to us at least three days prior to our scheduled planning meeting so that we have time to review the information and be better prepared.**

*Heritage LawCenter*

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## **C O N F I D E N T I A L I T Y   S T A T E M E N T**

We acknowledge that the information you provide in this booklet is intended to be **CONFIDENTIAL**. As your attorney, I collect non-public information about you from you, and with your authorization, from third parties such as your accountants, financial advisors, insurance agents, banking institutions, and other advisors. I intend that all of the information that we collect, everything that we discuss, and all of our work together is private and protected by my professional duty to preserve all secrets. You can be assured that all of the information that you have shared with me will stay private and confidential.

We do not disclose, sell, trade, exchange, or otherwise provide any of the non-public information you or your advisors share with us, either in this booklet or during our engagement, with anyone, without your prior approval, except as might be required by law.

If we are authorized by you, we may disclose non-public personal information to unrelated third parties, such as your accountants, financial advisors, insurance agents, or government authorities in connection with any tax planning or tax returns prepared by us, or to assist with funding of any trust(s) established in your estate planning documents.

We restrict access to non-public personal information about you to those employees of our law firm who need to know the information in order to provide legal services to you. We maintain physical, electronic, and procedural safeguards to guard your non-public personal information.

Sometimes clients desire to include family members and/or advisors in the planning process. You are welcome to do that if you are so inclined. However, I must remind you that the attorney-client privilege, which protects the confidentiality of what is discussed, extends only between the attorney and the client. As a general rule, we would expect to meet with you as a couple before any family member comes in.

I rely on the information that you provide to us, in order to advise you regarding what I believe to be the most appropriate estate planning arrangements for your circumstances.

You represent that the information you provide is accurate and complete.

This booklet will remain confidential attorney work product in your client file in our office.

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## **CONFLICT OF INTEREST STATEMENT**

It is generally unusual to represent more than one person as a party to legal matters. Nevertheless, the nature of estate planning suggests that since spouses usually have common goals and objectives, and since spouses ordinarily have joint property interests, the two of you together can act as a single client.

If you do not share the same goals and objectives, or if the two of you have conflicting objectives for the distribution of your property at the time of your death, it is important that we immediately stop working together, and that you individually seek separate counsel.

Likewise, if a significant difference of opinion or a conflict occurs between you regarding these planning matters, we will be forced to stop the process and attempt to resolve that difference. In difficult situations, it may be necessary for me to withdraw, and to advise you both to seek separate counsel. When you come to your consultation we will have you sign a Joint Consultation Consent form which will avoid this situation.

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## **A WORD ABOUT FEES**

Quality Estate Planning requires a complete review of all of the current financial information, and a candid discussion of the individual circumstances, needs, goals, and desires of each client. Any new Estate Planning documents that result from the planning process usually have significant legal and tax consequences.

Prior to your initial appointment, we will be reviewing the information you provide in this booklet. As a courtesy to you and your financial advisors, we do not bill for that time, and we do not bill for the first half hour of the consultation. We do generally bill on an hourly rate for your initial consultation past the first half hour.

After our initial meeting, our fees for work you want us to do will be based on the complexity of that work. We can usually estimate what the fees will be, as a fixed fee, after we agree on the scope of work to be done. Fees for time and work we spend beyond the anticipated scope of work are billed at the hourly rate. We generally do not bill for a reasonable number of brief telephone calls, copies or postage.

If for any reason you need to change or cancel your initial appointment or any subsequent appointment, please notify us at least 48 hours ahead of time so that we will have the opportunity to schedule the time productively.

## INTRODUCTION

Estate Planning is a process of arranging your affairs so that what you have will go to those you want to receive it; when, how and under the conditions you want them to receive it; with a minimum of taxes, costs, fees, and hassle. To help you with designing your personal estate plan, it is useful to know what you hope to achieve through this process. A clear understanding of your hopes, fears, goals, and aspirations is critically important to us. An appreciation of those beliefs and values is the foundation upon which we build your estate plan.

Please answer the following questions giving thoughtful consideration to the issues. Please note that there are no right or wrong answers, only *your* answers.

1. Identify any issues which are important to you with an "X."

Husband    Wife

_____	_____	Minimize gift and estate taxes
_____	_____	Provide for disabled descendants
_____	_____	Elimination of probate or guardianship
_____	_____	Divorce and Creditor protection for children
_____	_____	Provide for children
_____	_____	Protect children from immature spending habits
_____	_____	Provide for grandchildren
_____	_____	Protect children's inheritance in the event of a subsequent remarriage by the surviving spouse
_____	_____	Protect/preserve the family business
_____	_____	Plan for a disability
_____	_____	Make a positive difference in the community
_____	_____	Provide for certain charities
_____	_____	Pass values and responsibility to family members
_____	_____	Other _____
_____	_____	Other _____
_____	_____	Other _____
_____	_____	Other _____
_____	_____	Other _____
_____	_____	Other _____

2. Have you ever done any prior estate planning? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, were you completely satisfied with the experience? \_\_\_\_\_ No \_\_\_\_\_ Yes

3. Do you have WILLS? (if Yes, Please provide a copy)  
(Husband) Yes \_\_\_\_\_ No \_\_\_\_\_ (Wife) Yes \_\_\_\_\_ No \_\_\_\_\_

or a LIVING TRUST? (if Yes, Please provide a copy)  
(Husband) Yes \_\_\_\_\_ No \_\_\_\_\_ (Wife) Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are you making payments pursuant to a divorce or property settlement?

Self  Spouse  None Amount: \$ \_\_\_\_\_ To Whom: \_\_\_\_\_

5. Have you signed a pre-nuptial agreement?

Self  Spouse  None  Revocable  Irrevocable

6. Do you foresee a time when someone may be dependent upon you?

Self  Spouse  Child  NA

Name/Reason: \_\_\_\_\_

Name/Reason: \_\_\_\_\_

7. What is presently your most important personal goal?

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8. What is presently your most important financial goal?

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9. What do you presently see as the major threat to your goals?

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10. If you would like to name a charity as a beneficiary in your estate plan:

NAME OF CHARITY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TAX ID NUMBER (IF KNOWN) \_\_\_\_\_

NAME OF CHARITY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TAX ID NUMBER (IF KNOWN) \_\_\_\_\_

11. Would you have any specific bequests?  yes  no

What? \_\_\_\_\_

To Whom? \_\_\_\_\_

What? \_\_\_\_\_

To Whom? \_\_\_\_\_

What? \_\_\_\_\_

To Whom? \_\_\_\_\_

What? \_\_\_\_\_

To Whom? \_\_\_\_\_

What? \_\_\_\_\_

To Whom? \_\_\_\_\_

12. Do either of you anticipate receiving a substantial inheritance?

(Husband) Yes \_\_\_ No \_\_\_ (Wife) Yes \_\_\_ No \_\_\_

Name of the Benefactor

Amount/Percentage

\_\_\_\_\_

\_\_\_\_\_

13. Have either of you ever filed a federal or state GIFT TAX RETURN? Yes \_\_\_ No \_\_\_

14. Do you own or operate a FAMILY BUSINESS? Yes \_\_\_ No \_\_\_

15. Does anyone in your immediate family have any special educational, medical or physical needs?

Yes \_\_\_

No \_\_\_\_\_

**Previous States of Residence:**

\_\_\_\_\_ Number of Years \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ Number of Years \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Advisors**

Accountant (CPA) \_\_\_\_\_ Telephone \_\_\_\_\_  
Attorney \_\_\_\_\_ Telephone \_\_\_\_\_  
Stockbroker \_\_\_\_\_ Telephone \_\_\_\_\_  
Other Financial Advisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Primary Personal Bank \_\_\_\_\_ Telephone \_\_\_\_\_  
Referred to Our Firm by \_\_\_\_\_ Telephone \_\_\_\_\_

**Client(s) authorize Law Firm to contact his/her Financial Advisor(s):**      Initials \_\_\_\_\_ Initials \_\_\_\_\_

**HEALTH INFORMATION**

(It is important for the Attorney to know your health status, to design an estate plan that works for you.)

**What is your current health status?**    Good    Concern    Problem

Specific Concern/Problem: \_\_\_\_\_  
\_\_\_\_\_

When was your last physical examination? \_\_\_\_\_ Date: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

**Spouse (if applicable):**

**What is your current health status?**    Good    Concern    Problem

Specific Concern/Problem: \_\_\_\_\_  
\_\_\_\_\_

When was your last physical examination? \_\_\_\_\_ Date: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

## FAMILY INFORMATION

**Name:**

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Other or Former Names: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Cell/ Mobile Phone \_\_\_\_\_ Home Fax \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Are you a Veteran or a Spouse of a Deceased Veteran? \_\_\_\_\_ Which War? \_\_\_\_\_ Entry Date into  
Service \_\_\_\_\_ Discharge Date \_\_\_\_\_ Are you receiving VA Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what type?  
\_\_\_\_\_  
Drivers License State \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Print your Name as you would like it to appear for signature on legal documents \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_

**Spouse: (if applicable)**

**Name:**

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Other or Former Names: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Cell/ Mobile Phone \_\_\_\_\_ Home Fax \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Are you a Veteran or a Spouse of a Deceased Veteran? \_\_\_\_\_ Which War? \_\_\_\_\_ Entry Date into  
Service \_\_\_\_\_ Discharge Date \_\_\_\_\_ Are you receiving VA Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what type?  
\_\_\_\_\_  
Drivers License State \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Print your Name as you would like it to appear for signature on legal documents \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_

Date of Marriage \_\_\_\_\_, if applicable

**PARENTS:**

**Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Parent of**  **you**  **spouse**  
**Special Needs/Considerations:** \_\_\_\_\_  
**Potential Problems/Hardships:** \_\_\_\_\_

**Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Parent of**  **you**  **spouse**  
**Special Needs/Considerations:** \_\_\_\_\_  
**Potential Problems/Hardships:** \_\_\_\_\_

**Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Parent of**  **you**  **spouse**  
**Special Needs/Considerations:** \_\_\_\_\_  
**Potential Problems/Hardships:** \_\_\_\_\_

**Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Parent of**  **you**  **spouse**  
**Special Needs/Considerations:** \_\_\_\_\_  
**Potential Problems/Hardships:** \_\_\_\_\_

Do either of you have grandparents who are still living? (you) Yes \_\_\_\_\_ No \_\_\_\_\_  
(spouse) Yes \_\_\_\_\_ No \_\_\_\_\_

**BROTHERS/SISTERS:**

**Name:** \_\_\_\_\_ Sibling Of:  you  spouse  
**Address:** \_\_\_\_\_ Parent of  you  spouse  
**Special Needs/Considerations:** \_\_\_\_\_  
**Potential Problems/Hardships:** \_\_\_\_\_

**Name:** \_\_\_\_\_ Sibling Of:  you  spouse  
**Address:** \_\_\_\_\_ Parent of  you  spouse  
**Special Needs/Considerations:** \_\_\_\_\_  
**Potential Problems/Hardships:** \_\_\_\_\_

**Name:** \_\_\_\_\_ Sibling Of:  you  spouse  
**Address:** \_\_\_\_\_ Parent of  you  spouse  
**Special Needs/Considerations:** \_\_\_\_\_  
**Potential Problems/Hardships:** \_\_\_\_\_

**OTHER DEPENDENTS (friends or relatives you support, NOT CHILDREN):**

**Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Special Needs/Considerations:** \_\_\_\_\_  
**Potential Problems/Hardships:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Special Needs/Considerations:** \_\_\_\_\_  
**Potential Problems/Hardships:** \_\_\_\_\_

**Your Children ---(of this Marriage), if Applicable:**

NONE \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Adopted \_\_\_\_\_ Child's Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
Home Fax \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_

Does this child have any children of his/her own? If Yes,

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

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Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Adopted \_\_\_\_\_ Child's Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
Home Fax \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_

Does this child have any children of his/her own? If Yes,

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

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Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Adopted \_\_\_\_\_ Child's Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
Home Fax \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_

Does this child have any children of his/her own? If Yes,

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

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Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Adopted \_\_\_\_\_ Child's Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
Home Fax \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_

Does this child have any children of his/her own? If Yes,

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

**Husband's Children of prior Marriage, if applicable:**

NONE \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Adopted \_\_\_\_\_ Child's Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
Home Fax \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_

Does this child have any children of his/her own? If Yes,

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

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Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Adopted \_\_\_\_\_ Child's Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
Home Fax \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_

Does this child have any children of his/her own? If Yes,

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

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Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Adopted \_\_\_\_\_ Child's Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Home Fax \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_

Does this child have any children of his/her own? If Yes,

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

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**Wife's Children of prior Marriage, if applicable:**

NONE \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Adopted \_\_\_\_\_ Child's Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
Home Fax \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_

Does this child have any children of his/her own? If Yes,

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

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Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Adopted \_\_\_\_\_ Child's Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
Home Fax \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_

Does this child have any children of his/her own? If Yes,

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

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Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Adopted \_\_\_\_\_ Child's Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Home Fax \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_

Does this child have any children of his/her own? If Yes,

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**Deceased Children:**

NONE \_\_\_\_\_

**Deceased Child(ren) of Husband:**

1. Full Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of Death \_\_\_\_\_  
Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_  
If Married, Spouse's Name \_\_\_\_\_

Did this child have any children of his/her own? If Yes,  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

**Deceased Child(ren) of Wife:**

1. Full Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of Death \_\_\_\_\_  
Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_  
If Married, Spouse's Name \_\_\_\_\_

Did this child have any children of his/her own? If Yes,  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

## YOUR SUCCESSORS

Typically, when most people travel, they make arrangements for their affairs to be taken care of while they're gone. When there are children being left at home, there are usually several lists of instructions left for the babysitter, or whoever is left in charge. Your successors are the "babysitters" you're putting in charge of your affairs while you're incapacitated and after you're gone. Who do you want making decisions for you? This is a vital part of the planning process which most people are ill-equipped to decide on the spot. **You do not have to have an answer set in stone for your first meeting.** We would prefer, however, that you have several choices to consider choosing from. While it is generally a good idea to name one person at a time, more than one person can be named so that they act together.

***PERSONAL REPRESENTATIVE*** – *This is the person charged with carrying out the instructions in your will and managing the PROBATE process.*

***Your (First Choice)***

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

***Your (Second Choice)***

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

***Your (Third Choice)***

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

***Spouse (if Applicable) (First Choice)***

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

***Spouse (if Applicable) (Second Choice)***

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

***Spouse (if Applicable) (Third Choice)***

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**TRUSTEE** – This is the person responsible to follow the instructions in any trust you create.

**Your (First Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Your (Second Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Your (Third Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (First Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (Second Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (Third Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**POWER OF ATTORNEY (Financial)** – This is the person responsible to manage your financial affairs if you become incapacitated.

**Your (First Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Your (Second Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Your (Third Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**POWER OF ATTORNEY (Financial)** – This is the person responsible to manage your financial affairs if you become incapacitated.

**Spouse (if Applicable) (First Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (Second Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (Third Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**POWER OF ATTORNEY (Health Care)** – This is the person charged with making HEALTH CARE decisions for you if you are not able.

**Your (First Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Your (Second Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Your (Third Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (First Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (Second Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (Third Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**GUARDIAN** – This is the person responsible to continue the PARENTING responsibilities for any minor children.

**Your (First Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Your (Second Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Your (Third Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (First Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (Second Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse (if Applicable) (Third Choice)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE FINANCIAL INFORMATION**

**GENERAL:** These instructions are designed to help you list all the property that you own, how it is titled and its present value. If you own more property than space allows you to list, please use an extra sheet of paper and attach it to this packet or use the back of the sheet.

**ASSETS:** Immediately after the heading for each form of property is a brief explanation of what property you should list under that heading.

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

<b>FOR PROPERTY OWNED IN:</b>	<b>WITH:</b>	<b>USE:</b>
<b>Single</b>	<b>If you are single and own property in your name only</b>	<b>I</b>
<b>Husband's Name</b>	<b>No other person</b>	<b>H</b>
<b>Wife's Name</b>	<b>No other person</b>	<b>W</b>
<b>Joint</b>	<b>A Spouse or Someone other than your spouse</b>	<b>JTS JTO</b>
<b>Tenancy In Common</b>	<b>A Spouse or Someone other than your spouse</b>	<b>TCS TCO</b>
<b>Trust</b>		<b>TR</b>
<b>Unknown</b>	<b>If you cannot determine how the property is owned</b>	<b>?</b>

**IF YOU RUN OUT OF SPACE IN ANY SECTION,  
PLEASE CONTINUE ON A BLANK SHEET OF PAPER**

**INCOME INFORMATION**

**Name:** \_\_\_\_\_  Employed  Retired  
Occupation/Position: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Annual Salary: \$ \_\_\_\_\_

- Pension - Monthly Payment: \$ \_\_\_\_\_ Source: \_\_\_\_\_
- Rental Income - Monthly Payment: \$ \_\_\_\_\_ Source: \_\_\_\_\_
- Social Security - Monthly Payment: \$ \_\_\_\_\_
- Disability - Monthly Payment: \$ \_\_\_\_\_ Source: \_\_\_\_\_
- Investment/Dividend - Monthly Payments \$ \_\_\_\_\_ Source: \_\_\_\_\_

**Spouse: (if applicable)**

**Name:** \_\_\_\_\_  Employed  Retired  
Occupation/Position: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Annual Salary: \$ \_\_\_\_\_

- Pension - Monthly Payment: \$ \_\_\_\_\_ Source: \_\_\_\_\_
- Rental Income - Monthly Payment: \$ \_\_\_\_\_ Source: \_\_\_\_\_
- Social Security - Monthly Payment: \$ \_\_\_\_\_
- Disability - Monthly Payment: \$ \_\_\_\_\_ Source: \_\_\_\_\_
- Investment/Dividend - Monthly Payments \$ \_\_\_\_\_ Source: \_\_\_\_\_

**CASH ACCOUNTS**  N/A

TYPE: Checking Accounts "CA"; Savings Accounts "SA"; Certificates of Deposit "CD";  
Money Market Accounts "MM" & Cash Management Accounts "CM"

OFFICE USE ONLY
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Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No. _____ ATM privileges with this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance: \$ _____	Rec'd initial
Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No. _____ ATM privileges with this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance: \$ _____	Rec'd initial
Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No. _____ ATM privileges with this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance: \$ _____	Rec'd initial
Bank/Credit Union: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No. _____ ATM privileges with this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance: \$ _____	Rec'd initial

<b>TOTAL CASH: \$</b> _____
-----------------------------

**BROKER-HELD INVESTMENT ACCOUNTS**  N/A  
(not IRA/Retirement Accounts)

TYPE: Investment Accounts "I"; & Money Fund Accounts "MF"

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Brokerage Firm: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance: \$	Rec'd initial
Brokerage Firm: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No. _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance: \$	Rec'd initial
Brokerage Firm: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No. _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance: \$	Rec'd initial
Brokerage Firm: _____ Account Type: _____ Owner: _____ Branch Address: _____ Phone: _____ Account No. _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance: \$	Rec'd initial
<b>TOTAL: \$</b>	

**RETIREMENT PLANS**  N/A

TYPE: Profit Sharing "PS"; H.R. 10; IRA; SEP; 401(K), etc.

OFFICE  
USE ONLY

Company Name: _____ Plan Type: _____ Owner: _____ Company Address: _____ Account Number: _____ Beneficiary: _____ Value: \$ _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Company Name: _____ Plan Type: _____ Owner: _____ Company Address: _____ Account Number: _____ Beneficiary: _____ Value: \$ _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Company Name: _____ Plan Type: _____ Owner: _____ Company Address: _____ Account Number: _____ Beneficiary: _____ Value: \$ _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Company Name: _____ Plan Type: _____ Owner: _____ Company Address: _____ Account Number: _____ Beneficiary: _____ Value: \$ _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial
Company Name: _____ Plan Type: _____ Owner: _____ Company Address: _____ Account Number: _____ Beneficiary: _____ Value: \$ _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rec'd initial

**TOTAL: \$**

**STOCKS**

Are you currently receiving benefits/payments from this plan?  Yes  No N/A

Stock in publicly-owned corporations that you hold; not stocks in private or family business

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<p>Stock Name: _____ Owner: _____ No. of Shares: _____</p> <p>Fair Market Value: \$ _____ Transfer Company: _____</p> <p>Transfer Company _____</p> <p>Address: _____</p> <p>Is this stock pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Rec'd initial</p>
<p>Stock Name: _____ Owner: _____ No. of Shares: _____</p> <p>Fair Market Value: \$ _____ Transfer Company: _____</p> <p>Transfer Company _____</p> <p>Address: _____</p> <p>Is this stock pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Rec'd initial</p>
<p>Stock Name: _____ Owner: _____ No. of Shares: _____</p> <p>Fair Market Value: \$ _____ Transfer Company: _____</p> <p>Transfer Company _____</p> <p>Address: _____</p> <p>Is this stock pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Rec'd initial</p>
<p><b>TOTAL: \$</b> _____</p>	

**BONDS**  N/A

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U.S. Savings Bonds, Treasury Bonds, corporate bonds, municipal bonds, etc.

Bond Type: _____ Owner: _____ Co-Owner: _____ Bond Number _____ Date Purchased: _____ Face Value: \$	Rec'd initial  
Bond Type: _____ Owner: _____ Co-Owner: _____ Bond Number _____ Date Purchased: _____ Face Value: \$	Rec'd initial  
Bond Type: _____ Owner: _____ Co-Owner: _____ Bond Number _____ Date Purchased: _____ Face Value: \$	Rec'd initial  
Bond Type: _____ Owner: _____ Co-Owner: _____ Bond Number _____ Date Purchased: _____ Face Value: \$	Rec'd initial  
Bond Type: _____ Owner: _____ Co-Owner: _____ Bond Number _____ Date Purchased: _____ Face Value: \$	Rec'd initial  
Bond Type: _____ Owner: _____ Co-Owner: _____ Bond Number _____ Date Purchased: _____ Face Value: \$	Rec'd initial  
Bond Type: _____ Owner: _____ Co-Owner: _____ Bond Number _____ Date Purchased: _____ Face Value: \$	Rec'd initial  

<b>TOTAL: \$</b>
------------------

**IF YOU OWN U.S. SAVINGS BONDS AND HAVE A DETAILED LIST, PLEASE ATTACH OR PLEASE BRING WITH YOU TO DESIGN MEETING.**

**LIFE INSURANCE**  N/A

OFFICE  
USE ONLY

Term, Whole Life, Split Dollar, Group Term Life

Company: _____ Representative/Agent: _____ Phone: _____ Policy Type: _____ Policy Number: _____ Owner: _____ Insured: _____ Beneficiary: _____ Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____ Loan Against Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Loan: \$ _____	Rec'd initial  
Company: _____ Representative/Agent: _____ Phone: _____ Policy Type: _____ Policy Number: _____ Owner: _____ Insured: _____ Beneficiary: _____ Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____ Loan Against Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Loan: \$ _____	Rec'd initial  
Company: _____ Representative/Agent: _____ Phone: _____ Policy Type: _____ Policy Number: _____ Owner: _____ Insured: _____ Beneficiary: _____ Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____ Loan Against Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Loan: \$ _____	Rec'd initial  
<b>TOTAL: \$</b> _____	

**ANNUITIES**  N/A

Company: _____ Representative/Agent: _____ Phone: _____ Contract Date: _____ Roll-over? <input type="checkbox"/> Yes <input type="checkbox"/> No Policy Type: _____ Policy Number: _____ Owner: _____ Beneficiary: _____ Initial Investment: \$ _____ Current Value: \$ _____ Is this Annuity part of an Brokerage Account? <input type="checkbox"/> Yes <input type="checkbox"/> No Brokerage: _____ Account Number _____ Are you currently receiving withdrawals from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	Rec'd initial
Company: _____ Representative/Agent: _____ Phone: _____ Contract Date: _____ Roll-over? <input type="checkbox"/> Yes <input type="checkbox"/> No Policy Type: _____ Policy Number: _____ Owner: _____ Beneficiary: _____ Initial Investment: \$ _____ Current Value: \$ _____ Is this Annuity part of an Brokerage Account? <input type="checkbox"/> Yes <input type="checkbox"/> No Brokerage: _____ Account Number _____ Are you currently receiving withdrawals from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	Rec'd initial
<b>TOTAL: \$</b>	

**CEMETERY DEEDS**

Description _____ _____ Approx. Value _____ Owner _____  <p style="text-align: center;"><i>Total</i> _____</p>	Rec'd initial
--	---------------

**REAL ESTATE**  N/A

Land; buildings; homes. Where you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else, that property should be listed in the "Partnership Interests" section. Please make a copy of the instrument of conveyance to you.

OFFICE  
USE ONLY

REC'D initial

Property Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Permanent Parcel Number: \_\_\_\_\_ Owners: \_\_\_\_\_  
 Primary Residence  Second Home  Camp  Rental Property  Business Property  Land  
 Year Purchased: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Assessed Value: \$ \_\_\_\_\_  
 Is there a Mortgage?  Yes  No Loan Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Lender: \_\_\_\_\_ Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
Do you have title insurance on this property? if so please, please make a copy of policy

Rec'd initial

Property Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Permanent Parcel Number: \_\_\_\_\_ Owners: \_\_\_\_\_  
 Primary Residence  Second Home  Camp  Rental Property  Business Property  Land  
 Year Purchased: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Assessed Value: \$ \_\_\_\_\_  
 Is there a Mortgage?  Yes  No Loan Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Lender: \_\_\_\_\_ Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
Do you have title insurance on this property? if so please, please make a copy of policy

**OIL, GAS/ MINERAL INTERESTS**  N/A  
 Any interest you may own in oil, gas or other minerals.  
 Please make a copy of the instrument of conveyance to you.

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<p>Legal Description of Interest (including county)</p> <p>_____</p> <p>_____</p> <p>Are these minerals producing                      yes or no</p> <p>If producing what company is paying production</p> <p>_____</p> <p>Address of Oil &amp; Gas Company _____</p> <p>_____</p> <p>Your Owner Number with company- _____</p> <p><u>Estimated value</u> _____</p>	<p>Rec'd initial</p>
<p>Legal Description of Interest (including county)</p> <p>_____</p> <p>_____</p> <p>Are these minerals producing                      yes or no</p> <p>If producing what company is paying production</p> <p>_____</p> <p>Address of Oil &amp; Gas Company _____</p> <p>_____</p> <p>Your Owner Number with company- _____</p> <p><u>Estimated value</u> _____</p>	<p>Rec'd initial</p>

**MOTOR VEHICLES**  N/A

Automobiles; motorcycles; motor homes; boats; snowmobiles; airplanes; etc.

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Type: _____ Year, Make, Model: _____ Owner: _____ Insurance Carrier: _____ Phone: _____ Primary Driver: _____ Lien Against Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Lender: _____ Address: _____ Phone: _____ Lien Amount: \$ _____ Present Value: \$ _____ <input type="checkbox"/> Fair Market <input type="checkbox"/> Book Value	<table border="1"> <tr> <td align="center">Rec'd initial</td> </tr> <tr> <td> </td> </tr> </table>	Rec'd initial	
Rec'd initial			
Type: _____ Year, Make, Model: _____ Owner: _____ Insurance Carrier: _____ Phone: _____ Primary Driver: _____ Lien Against Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Lender: _____ Address: _____ Phone: _____ Lien Amount: \$ _____ Present Value: \$ _____ <input type="checkbox"/> Fair Market <input type="checkbox"/> Book Value	<table border="1"> <tr> <td align="center">Rec'd initial</td> </tr> <tr> <td> </td> </tr> </table>	Rec'd initial	
Rec'd initial			
Type: _____ Year, Make, Model: _____ Owner: _____ Insurance Carrier: _____ Phone: _____ Primary Driver: _____ Lien Against Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Lender: _____ Address: _____ Phone: _____ Lien Amount: \$ _____ Present Value: \$ _____ <input type="checkbox"/> Fair Market <input type="checkbox"/> Book Value	<table border="1"> <tr> <td align="center">Rec'd initial</td> </tr> <tr> <td> </td> </tr> </table>	Rec'd initial	
Rec'd initial			

<b>TOTAL: \$</b>
------------------

**SOLE PROPRIETORSHIPS**  N/A

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

OFFICE  
USE ONLY

Name of Business: _____ Owner: _____	Rec'd initial
Business Address: _____	
Business Description: _____	
Is this a Professional Business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Business Property Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Insurance Agent: _____ Address: _____	
Business Attorney: _____ Address _____	
Business Value: \$ _____ Does this include Property Value <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CORPORATE BUSINESS INTERESTS**  N/A

Privately-owned stock (non-publicly traded)

OFFICE  
USE ONLY

Company Name: _____ Owner: _____	Rec'd initial
Address: _____	
Number of Shares: _____ Percentage of Ownership: _____ % Value: \$ _____	
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 Medical, Legal or other Professional Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name: _____ Owner: _____	Rec'd initial
Address: _____	
Number of Shares: _____ Percentage of Ownership: _____ % Value: \$ _____	
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 Medical, Legal or other Professional Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**FARM & RANCH INTERESTS**  N/A

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Livestock; machinery, leases, etc.

Type: _____ Owner: _____ % Fair Market Value: \$ _____ Physical Description: _____ Location: _____	Rec'd initial
Type: _____ Owner: _____ % Fair Market Value: \$ _____ Physical Description: _____ Location: _____	Rec'd initial
Type: _____ Owner: _____ % Fair Market Value: \$ _____ Physical Description: _____ Location: _____	Rec'd initial

**PARTNERSHIP & LLC INTERESTS**  N/A

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General and limited partnerships.  
Please show the percentage interest you have as a partner.

Name of Partnership: _____ Is this a Professional Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ Owners: _____ Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company Buy/Sell Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Who holds Partnership Papers? _____ Address: _____ Phone: _____ Name of General or Managing Partner: _____ Partnership Value: \$ _____	Rec'd initial
--	---------------

**OTHER ASSETS**  N/A

Other property that does not fit into any other category listed in this information packet.

OFFICE  
USE ONLY

Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description: _____ Value: \$ _____ Is this a: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote	Rec'd initial  
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description: _____ Value: \$ _____ Is this a: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote	Rec'd initial  
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description: _____ Value: \$ _____ Is this a: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote	Rec'd initial  
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description: _____ Value: \$ _____ Is this a: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote	Rec'd initial  
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description: _____ Value: \$ _____ Is this a: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote	Rec'd initial  
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description: _____ Value: \$ _____ Is this a: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote	Rec'd initial  

**MORTGAGES, NOTES & OTHER RECEIVABLES**  N/A

Mortgages or promissory notes payable to you; other monies owed to you.

OFFICE  
USE ONLY

Name of Debtor: _____ <input type="checkbox"/> Business Debt <input type="checkbox"/> Personal Debt Address: _____ Phone: _____ Owed To: _____ Date Payable or Payment Schedule: _____ Date Debt Incurred: _____ Original Amount: \$ _____ Current Amount: \$ _____ Promissory Note? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Debt: _____	Rec'd initial _____ _____
Name of Debtor: _____ <input type="checkbox"/> Business Debt <input type="checkbox"/> Personal Debt Address: _____ Phone: _____ Owed To: _____ Date Payable or Payment Schedule: _____ Date Debt Incurred: _____ Original Amount: \$ _____ Current Amount: \$ _____ Promissory Note? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Debt: _____	Rec'd initial _____ _____

**ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENT**  N/A

Gifts or inheritances you expect to receive in the future;  
monies you anticipate receiving through a judgment or settlement of a lawsuit.

OFFICE  
USE ONLY

Type: _____ From Whom: _____ Anticipated Value: \$ _____ Description: _____ Attorney & Address: _____ _____	Rec'd initial _____
--	------------------------

**PERSONAL PROPERTY**  N/A

Household furnishings, jewelry, art work, china, collections, furs, antiques,  
appliances, tools, etc., each with a minimum value of \$1,000 or  
substantial sentimental value or a bequest you intend to make

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Type: _____ Owner: _____ Purchase or Gift? _____ Description: _____ Value: \$ _____ Is this a: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will This Be a Gift Or Bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? _____ Do You Consider the Primary Value as: <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	Rec'd initial  
Type: _____ Owner: _____ Purchase or Gift? _____ Description: _____ Value: \$ _____ Is this a: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will This Be a Gift Or Bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? _____ Do You Consider the Primary Value as: <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	Rec'd initial  
Type: _____ Owner: _____ Purchase or Gift? _____ Description: _____ Value: \$ _____ Is this a: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will This Be a Gift Or Bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? _____ Do You Consider the Primary Value as: <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	Rec'd initial  
Type: _____ Owner: _____ Purchase or Gift? _____ Description: _____ Value: \$ _____ Is this a: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will This Be a Gift Or Bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? _____ Do You Consider the Primary Value as: <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	Rec'd initial  

**CONGRATULATIONS ON COMPLETING THIS QUESTIONNAIRE!**  
**YOU ARE NOW ONE STEP CLOSER TO PROTECTING YOUR LOVED ONES WITH ESTATE PLANNING.**  
**Please sign and date before returning to Heritage Law Center, Jerry D. Balentine, PC and Associates**  
**Thank You!**

I/We have provided the information requested in this Questionnaire to Jerry D. Balentine, Attorney, with the understanding that he will use it in designing, implementing and funding my/our special needs plan. The information is true and correct to the best of my/our knowledge, and I/we expressly direct Attorney Balentine to rely upon it in the performance of his services. I/We will not hold Attorney Balentine liable for any omissions or errors I/we have made in completing this Questionnaire. If my/our financial situation changes or I/we discover any error or omission, it will be my/our duty to notify Attorney Balentine of that fact.

\_\_\_\_\_  
Signature (First Contact)  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature (Second Contact)  
Date \_\_\_\_\_