PERSONAL INFORMATION

(Please Print)

Client # 1	Date Completed				
Full Legal Name					
How you sign your na	ame on legal documents_				
Nickname	Birth date	Social Security	Number		
Home address			_City		
StateZip_	County of Resid	lence			
Home telephone	E	-mail Address			
Employer	Position	Busines	s Telephone (_)	
Business address		City	State_	Zip	
☐ Married:	Divorced: Date		Date	□ Single	
□ U.S. Citizen □ L	ived in the following state	es: CA, WA, NV, A	Z, NM, TX, II	D, LA or WI	
Client # 2					
Full Legal Name					
How you sign your na	ame on legal documents_				
Nickname	Birth date	Social Secu	rity Number		
Home address			_City		
StateZip_	County of Reside	ence		Ŧ	
Home telephone	E	-mail Address			
Employer	Position	Busines	s Telephone (_)	
Business address		City	State	Zip	
☐ Married: Date	Divorced: Date	□ Widow	red: Date	Single	
□ U.S. Citizen □ L	ived in the following state	es: CA, WA, NV, A	XZ, NM, TX, II	D, LA or WI	

CHILDREN'S INFORMATION

Child # 1 Child's Full Legal Name Nickname______Birth date_____Social Security Number Home address _____City___ State_____ Zip___ County of Residence Home telephone___ E-mail Address Employer _____ Occupation ____ Education Business address _____ City State Zip Parent: Husband Wife Ioint ☐ Married ☐ Divorced ☐ Widowed ☐ Single Spouse's Name: ____ **Grandchildren's Names Parents** Ages Special Needs Child # 2 Child's Full Legal Name_____ Nickname _____ Birth date _____ Social Security Number ____ Home address _____ _____ City State_____Zip____County of Residence____ Home telephone E-mail Address Employer_____Occupation_____Education___ Business address _____City____State___Zip____ Parent: Husband Wife Joint ☐ Married ☐ Divorced ☐ Widowed ☐ Single Spouse's Name: ___ Grandchildren's Names **Parents** Ages Special Needs

Child #3

Child's Full Legal Name	ounty of ResidenceE-mail AddressOccupationCityJoint acational	CityEdState	ucationZipSpecial Needs
Child's Full Legal Name	ounty of ResidenceE-mail AddressOccupationCityJoint locational	cial Security Num City Ed State	ucation
Child's Full Legal Name	ounty of ResidenceE-mail AddressOccupationCityJoint locational	cial Security Num City Ed State	ucation
Child's Full Legal Name	ounty of ResidenceE-mail AddressOccupationCity	cial Security Num City Ed State	berucation
Child's Full Legal Name	ounty of ResidenceE-mail AddressOccupationCity	cial Security NumCityEd	berucation
Child's Full Legal Name	dateSo ounty of ResidenceE-mail AddressOccupation	cial Security NumCityEd	berucation
Child's Full Legal Name	dateSo ounty of ResidenceE-mail Address_	cial Security NumCity	ber
Child's Full Legal Name	dateSo	cial Security Num City	ber
Child's Full Legal Name Nickname Birth Home address	dateSo	cial Security NumCity	ber
Child's Full Legal NameBirth	dateSo	cial Security Num	ber
Child's Full Legal Name			
Child # 4			
Grandchildren's Names	Parents	Ages	Special Needs
☐ Married ☐ Divorced ☐ Widowe	ed Single Spou	se's Name:	
Special Needs ☐ Medical ☐ Edu			
Parent: Husband Wife	☐ Joint		
Business address	City	State	_Zip
Employer	Occupation	Ed	ucation
Home telephone	E-mail Address		
	ounty of Residence		
StateZipC			
Home address			
StateZipC	dateSo	cial Security Num	

Child # 5

Child's Full Legal Name					
Nickname				nber	
Home address			_City		
StateZip	Count	y of Residence			
Home telephone	E	-mail Address			
Employer	Occu	pation	E	ducation	
Business address		City	State	Zip	
Parent: Husband	Wife 🗖 Jo	oint			
Special Needs	☐ Educational	☐ Financial			
☐ Married ☐ Divorced ☐	Widowed 🚨 Si	ngle Spouse's	s Name:		
Grandchildren's Nar	nes	Parents	Ages	Specia	ıl Needs
Child # 6					
Child's Full Legal Name					
Nickname	Birth date	Socia	l Security Nu	mber	
Home address		(City		
StateZip	Count	y of Residence_			
Home telephone_	E	-mail Address			
Employer	Occu	pation	F	ducation	
Business address		City	State	Zip	
Parent: Husband	Wife 🛭 Jo	oint			
Special Needs	☐ Educational	☐ Financial			
☐ Married ☐ Divorced ☐	Widowed 🖵 Sin	ngle Spouse'	s Name:		
Grandchildren's Nar			0	Specia	ıl Needs
					ō

OTHER DEPENDENTS

Friends or relatives who are dependents.

Dependent #1

Dependent's Full Legal Na Relationship:					
	Birth dateS				
		City			
	County of Residence				
	E-mail Addres				
	Occupation				
	City				
	□ Widowed □ Single Spe				
☐ Married ☐ Divorced Dependent # 2 Dependent's Full Legal Na	□ Widowed □ Single Spender	ouse's Name:			
☐ Married ☐ Divorced Dependent # 2 Dependent's Full Legal Na Relationship:	□ Widowed □ Single Spender	ouse's Name:			
☐ Married ☐ Divorced Dependent # 2 Dependent's Full Legal Na Relationship: Nickname	□ Widowed □ Single Spender me Birth dateS	ouse's Name:			
☐ Married ☐ Divorced Dependent # 2 Dependent's Full Legal Na Relationship: Nickname Home address	□ Widowed □ Single Spender meBirth dateS	ouse's Name: Social Security Number City			
☐ Married ☐ Divorced Dependent # 2 Dependent's Full Legal Na Relationship: Nickname Home address StateZip	□ Widowed □ Single Spender me Birth date Section County of Residence	ouse's Name: Social Security Number City			
☐ Married ☐ Divorced Dependent # 2 Dependent's Full Legal Na Relationship: Nickname Home address StateZip Home telephone	□ Widowed □ Single Spender meBirth dateS	Social Security Number			

OTHER PROFESSIONAL ADVISORS

Name of CPA:			
Company			
Address	City	State	Zip
Phone #	Fax #	E-Mail:	
Name of Financial Advisor:			
Company			
Address			Zip
Phone #			
Name of Family Attorney:			
Company			
Address			Zip
Phone #	Fax #	E-Mail:	
Name of Stock Broker:			
Company			
Address			Zip
Phone #			
Name of Life Insurance Agent:			
Company			
Address	City	State	Zip
Phone #			
Name of Personal Banker:			
Company			_
Address			Zip
Phone #			

IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Are either you or your spouse Veterans?		
Are you and your spouse United States citizens?		
If you answered "NO," are either you or your spouse a resident or a non-resident alien?	-	

CASH ACCOUNTS

TYPE: Checking Account "CA" ◆ Savings Account "SA" ◆ Certificate of Deposits "CD" ◆ Safety Deposit Box "SD". (Indicate type below for all bank and credit union accounts.) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution and Branch Where Account was Opened	Туре	Account #		Owner		Amount
Address:		Phone:				
Are funds electronically deposited or w	vithdrawn fr	om this account?	Yes		No	
Name of Institution and Branch Where Account was Opened	Туре	Account #		Owner		Amount
Address:		Phone:				
Are funds electronically deposited or v	vithdrawn fr	om this account?	Yes		No	
Name of Institution and Branch Where Account was Opened	Туре	Account #		Owner		Amount
Address:		Phone:	 _		_	
Are funds electronically deposited or v	vithdrawn fr	om this account?	Yes		No	
Name of Institution and Branch Where Account was Opened	Туре	Account #		Owner		Amount
Address:		Phone:	_		-	
Are funds electronically deposited or v					No	
Name of Institution and Branch Where Account was Opened	Туре	Account #		Owner		Amount
Address:		Phone:	_		-	
Are funds electronically deposited or w	vithdrawn fr	om this account?	Yes		No	

TOTAL \$____

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money Market "MM" • Investment Account "IA" • Cash Management "CM" • or Other Account "OA". (Indicate type below for all investment and street accounts.) If you hold individual stock certificates, please indicate those under "Stocks" on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Brokerage Firm	Туре	Acc	count#.			Owner		Amount
	-	-			23	_	•	
Address:			Phone:				_	
Are funds electronically deposited or wit	thdrawn from	this	account?		Yes		No	
Is this account pledged as collateral on a	ny loans?		Yes 🗖	No				
Name of Brokerage Firm	Туре	Acc	count #			Owner		Amount
Address:			Phone:		-		- 3	-
Are funds electronically deposited or with	thdrawn from	this			Yes	_	No	
Is this account pledged as collateral on a	ny loans?		Yes 🚨	No				
Name of Brokerage Firm	Туре	Acc	count #			Owner		Amount
Address:		19	Phone:		-			
Are funds electronically deposited or with					Yes		No	
Is this account pledged as collateral on a			Yes 🚨	No				
Name of Brokerage Firm	Туре	Acc	count #			Owner		Amount
Address:	-	-	Phone:					
Are funds electronically deposited or with	thdrawn from	this	account?		Yes		No	
Is this account pledged as collateral on a	ny loans?		Yes 🚨	No				

TOTAL \$____

STOCKS

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

Name of Stock	Number of Shares	Owner	Fair Market Value
Please provide name and a Address:	ddress of Transfer Company: Na	ame:Phone:	
	lateral on any loans?	□ No	
Name of Stock	Number of Shares	Owner	Fair Market Value
Please provide name and a Address:	eddress of Transfer Company: Na	ame: Phone:	
Is this stock pledged as col	lateral on any loans?	□ No	
Name of Stock	Number of Shares	Owner	Fair Market Value
Please provide name and a Address:	address of Transfer Company: Na	ame:Phone:	
	lateral on any loans? Yes	□ No	
Name of Stock	Number of Shares	Owner	Fair Market Value
	ddress of Transfer Company: Na	ame:Phone:	
Is this stock pledged as col	lateral on any loans?	□ No	

Name of Stock	Number of Shares	Owner	Fair Market Value
A 7 7	Idress of Transfer Company: Na		
		. 110110.	
Is this stock pledged as coll	ateral on any loans?	□ No	
Name of Stock	Number of Shares	Owner	Fair Market Value
	ldress of Transfer Company: Na		
			·
Is this stock pledged as coll	ateral on any loans?	No No	
		Т	TOTAL \$

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property. (*Indicate type below and give a lump sum value for miscellaneous items.*)

Туре	Owner	Value	Indicate Primary Driver for Automobiles	Is there a lien against the asset?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
		3		☐ Yes ☐ No
				☐ Yes ☐ No
		ş		☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
			TOTAL	\$
Name of Car Insurance Age	nt			
Policy #				
Company				
Address	Cit	У	State	Zip
Phone #	Fax #	E-Mai	1	

RETIREMENT PLANS

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

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
Account #				
Address:			Phone:	
Are you currently recei	iving benefits from	this plan? 🔲 Yes	s 🗖 No	
Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
Account #				
Address:			Phone:	
Are you currently recei	iving benefits from	this plan?		
Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
Account #				
Address:			Phone:	
Are you currently recei	iving benefits from	this plan?	s 🗆 No	
Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
Account #				-
			Phone:	
Are you currently recei			s 🛘 No	·
Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
Account #		<u></u>		
i			Phone:	
Are you currently recei	iving benefits from	this plan?		

PENSION PLANS

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
Address:			Phone:	
		s plan?		
Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
Address:			Phone:	·
Are you currently rece	iving benefits from thi	s plan? 🗆 Yes 🗆 No		
Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
Address:			Phone:	
Are you currently rece	iving benefits from thi	s plan?		
Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
Address:			Phone:	
Are you currently rece				
Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
Address:			Phone:	
Are you currently rece	iving benefits from thi	s plan?		

TOTAL \$_____

INSURANCE POLICIES

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

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
	-					
Address:	<u> </u>		Phone:		Agent:	
Primary Beneficiary:		Seco	ondary Benefic	ciary:		
Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
Address:			Phone:	-X	Agent:	
Primary Beneficiary:					_	
Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
		-			-	
Address:						
Primary Beneficiary:		Sec	ondary Benefic	ciary:		
Company Name	Insured	Policy #	Owner	Type of Policy		Cash Value
Address:			Phone:		Agent:	
Primary Beneficiary:		Seco	ondary Benefic	ciary:		

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Are any of the above referenced insurance policies pledged as collateral on any loans?

Yes

No

ANNUITIES

Please provide a copy of each annuity contract.

Company Name	Annuitant	Account #	Owner	Face Amount \$	Cash Value \$
Address:		Phone:		Agent:	
Primary Beneficiary:_					
Are you receiving any If "yes", do the distribution of the Survivorship	utions have "sur	vivorship" or "pe			No No
Company Name		Account #	2	Face Amount \$	Cash Value \$
Address:		Phone:	·	Agent:	
Primary Beneficiary:_					
Are you receiving any If "yes", do the distribution Survivorship		vivorship" or "pe			No No
Company Name	Annuitant		Owner	Face Amount \$	Cash Value \$
Address:		Phone:		Agent:	
Primary Beneficiary:_					
Are you receiving any If "yes", do the distribu	regular distribut	tions from this an vivorship" or "pe	nuity contract?	□ Yes □	No
Company Name	Annuitant	Account #	Owner	Face Amount \$	Cash Value \$
Address:		Phone:		Agent:	
Primary Beneficiary:_					
Are you receiving any I If "yes", do the distribution Survivorship	regular distribut utions have "sur Period Co	vivorship" or "pe	nuity contract? riod certain" pro	☐ Yes ☐ ovisions? ☐ Yes	No No

TOTAL \$_____

BONDS

TYPE: US Savings Bonds

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

Туре	Owner	Face Value	Social Security # on Bond Face
	V		
		£	×
	V		
	1		
		TO	TAL \$

MONIES OWED TO YOU

TYPE: Promissory notes payable to you • Other monies owed to you (Please provide a copy of any promissory notes.)

Name of Debtor	Date Due	Owed To	Current Balance	Promissory Note
				☐ Yes ☐ No
	7			☐ Yes ☐ No
				☐ Yes ☐ No

TOTAL \$

PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.

(Please provide a copy of the Partnership Agreement.)

Owners	Value
Who holds Partnership or LLC pa	persPhone:
Is this a "Professional" Partners	ship or LLC?
Entity Type: 🛭 General Partner	rship 🗆 Limited Partnership 🚨 Limited Liability Company
Name of General Partner or Ma	naging Member
Name of Partnership or LLC	
	Value
Who holds Partnership or LLC pa	persPhone:
Is this a "Professional" Partners	ship or LLC?
Entity Type: 🛭 General Partner	rship 🗆 Limited Partnership 🚨 Limited Liability Company
	naging Member
Name of General Partner or Ma	

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.

(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)

CompanyAddres	ssPhone:
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
	ssPhone:
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
	ssPhone:
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

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

Name of Business	Description of Business	Owner		Value
Is this a "Professional" E	Business?		_	
Business Insurance Agent	Phone	e	Policy #_	
Address	City	State	Zip	
Name of Business	Description of Business	Owner		Value
	Description of Business Business?	Owner		Value
Is this a "Professional" E				

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description		Value		
			TOTAL \$	S
OII	L, GAS AND M	IINERAL INT	ERESTS	S
	erriding royalty • Fee notes a provide copy of Agree			Pooling
	Туре			
Address		City	State	Zip
Address		City	State	Zip
Address		CityPhone #	State	Zip
Address County Owner		CityPhone #Value	State	Zip
Address County Owner Company		CityPhone #ValueName	State	Zip
Address County Owner Company Address		CityPhone #Name	State	Zip

TOTAL \$____

OTHER ASSETS

TYPE: Any property you own that does not fit into any other listed category.

Description	Owner	Value
		===>
	<u></u>	

|--|

REAL PROPERTY

TYPE: Land • Buildings • Homes • Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) • Tenants in common (TC) • Tenancy by the entireties (TBE) (Please provide a copy of the Deed or Agreement relating to each property.)

Address			Owner		tgage ount	Fair Market Value
				Amo	unt	v aiue
City	State	Zip	_	-		
County			_			
Do you have a mortg	age? 🛭 Yes 🏻	□ No				
Lender			Loan #			
Address						
Home Insurance Age	ent		Phone			
Company		·· -		Policy	#	
Address		City	St	ate	Zip	
What year did you be	uy this prope	rty?	How much d	id you j	pay?	
Please provide a copy	y of your Title	e Insurance Po	licy			
Address			Owner 		tgage ount	Fair Market Value
City	State	Zip				
County						
Do you have a mortg	age? 🗆 Yes	□ No				
Lender			Loan #			
Address						
Home Insurance Age						
Company						
Address						
What year did you be						
Please provide a copy						

Address	Owner —	Mortgage Amount	
CityStateZip	_		
County	_		
Do you have a mortgage? ☐ Yes ☐ No			
Lender	Loan #		
Address			
Home Insurance Agent			
Company		Policy #	
AddressCity	Sta	ate Zip_	
What year did you buy this property?	How much d	id you pay?	
Please provide a copy of your Title Insurance Po	licy		
	Owner	Mortgage	Fair Market
Address	Owner 	Mortgage Amount	
		Amount	Value
AddressStateZipCounty		Amount	Value
CityStateZip County		Amount	Value
CityStateZip County Do you have a mortgage? □ Yes □ No		Amount	Value
CityStateZip County Do you have a mortgage? □ Yes □ No Lender		Amount	Value
CityStateZip County Do you have a mortgage? □ Yes □ No		Amount	Value
CityStateZip County Do you have a mortgage? □ Yes □ No Lender Address Home Insurance Agent	Loan # Phone	Amount	Value
CityStateZip County Do you have a mortgage? □ Yes □ No Lender Address Home Insurance Agent Company	Loan # Phone	Amount Policy #	Value
CityStateZip County Do you have a mortgage? □ Yes □ No Lender Address Home Insurance Agent	Loan # Phone Sta	Amount Policy # ateZip	Value

TOTAL \$_____

	AMOUNT	
Cash Accounts		
Investment Accounts		
Stocks		
Personal Effects		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Partnership & LLC's Interests		
Corporate Business Interests		
Sole Proprietorship Interests	-	
Anticipated Inheritance, Gift, or Judgment		
Oil, Gas, and Mineral Interests		
Other Assets		
Real Property		
TOTAL ASSETS		
LIABILITIES	CLIENT #1 CLIENT # 2 AMOUNT	
Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		
NET ESTATE		
THE ENDERED		
ANNUAL INCOME		

CLIENT #1 CLIENT #2

ASSETS*

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