CLIENT ESTATE INFORMATION FORM

This form will assist us in formulating your estate plan. Please use an approximate value for each asset. It might be helpful to review a copy of your last financial statement (bank statement, brokerage account statement, etc.) for approximate values. It is not necessary to list account numbers.

YOUR NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE NUMBER: (_____)_____

CELL PHONE NUMBER: (_____)_____

REAL ESTATE*

Please use the following descriptions in the TYPE column below.

(Primary Residence, Land, Vacation Home, Rental Property, Time Share)

*PLEASE BRING A COPY OF YOUR GENERAL WARRANTY DEED WITH YOU TO YOUR APPOINTMENT

Type	**County Where Located**	**Owner** (circle one below)	**Asset Value**
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	

BANK ACCOUNTS

Please use the following descriptions in the TYPE Column below.

(Checking, Savings, CD, Money Market [not held in a brokerage account])

Type	**Name of Institution**	**Owner** (circle one below)	**Asset Value**
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	

INVESTMENTS

Please use the following descriptions in the TYPE Column below.

(Bonds, Certificated Stock, Brokerage Accounts, Mutual Fund Accounts)

Type	Name of Institution	Owner (circle one below)	Asset Value
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	

RETIREMENT PLANS

Please use the following descriptions in the TYPE Column below.

(401k, 403b, IRAs, Annuities, Stock Options, Other)

Type	Name of Institution	Owner (circle one below)	Asset Value
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	

INSURANCE

Please use the following descriptions in the TYPE Column below.

(Term Policy, Whole Life Policy, Universal Life Policy, Variable Life Policy)

Type	Name of Carrier	Owner (circle one below)	Face Value
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	

BUSINESS VENTURES

Please use the following descriptions in the TYPE Column below.

(General Partnership, Ltd. Partnership, C Corporation, S Corporation, Sole Proprietorship, LLC)

Type	Name of Corporation	Owner (circle one below)	Value of Entity
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	

OTHER

Please use the following descriptions in the TYPE Column below.

(Cars, Boats, Trailers, Collectables, Miscellaneous)

Type	Description	Owner (circle one below)	Asset Value
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	

LIABILITIES

Please use the following descriptions in the TYPE Column below.

(Mortgage, Personal Loan, Other Loans)

Type	Name of Institution	Owner (circle one below)	Amount Owed
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	
		Client Spouse Joint Trust	