

**CONFIDENTIAL
ESTATE PLANNING
QUESTIONNAIRE**

Family Information and Asset Summary

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PERSONAL INFORMATION

(Please Print)

Date Prepared _____

Client # 1

Full Legal Name _____

How you sign your name on legal documents _____

Prefer to be called _____ Birth date _____ Birth place _____ Age ____

Social Security Number _____ U.S. Citizen Yes _____ No _____

Home address _____

Home telephone(____) _____ County of Residence _____

Employer _____

Position _____ Bus Telephone(____) _____

Business address _____

Married: Date _____ Place _____ Divorced: Date _____ Place _____

Widowed: Date _____ Place _____ Single: Date _____ Place _____

Client # 2

Full Legal Name _____

How you sign your name on legal documents _____

Prefer to be called _____ Birth date _____ Birth place _____ Age ____

Social Security Number _____ U.S. Citizen Yes _____ No _____

Home address _____

Home telephone(____) _____ County of Residence _____

Employer _____

Position _____ Bus Telephone(____) _____

Business address _____

Married: Date _____ Place _____ Divorced: Date _____ Place _____

Widowed : Date _____ Place _____ Single: Date _____ Place _____

If either or both clients have been previously married, please provide a copy of the decree of dissolution and other documents regarding property settlement and custody of children.

If applicable, please provide a copy of ante-nuptial or post-nuptial agreements executed between clients.

YOUR CHILDREN

Child 1

Full Legal Name (Spell out middle name) _____

Preferred name in trust/will documents _____

Address: _____

Phone Number: _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Child 2

Full Legal Name (Spell out middle name) _____

Preferred name in trust/will documents _____

Address: _____

Phone Number: _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Child 3

Full Legal Name (Spell out middle name) _____

Preferred name in trust/will documents _____

Address: _____

Phone Number: _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Child 4

Full Legal Name (Spell out middle name) _____

Preferred name in trust/will documents _____

Address: _____

Phone Number: _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Child 5

Full Legal Name (Spell out middle name) _____

Preferred name in trust/will documents _____

Address & Phone Number: _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Child 6

Full Legal Name (Spell out middle name) _____

Preferred name in trust/will documents _____

Address: _____

Phone Number: _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Please list the names of any deceased children and date of death.

Name _____

Name _____

Did any of your deceased children leave children of their own? Yes _____ No _____

YOUR GRANDCHILDREN

Grandchild 1

Full Legal Name (Spell out middle name) _____

Address: _____

Parents _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Grandchild 2

Full Legal Name (Spell out middle name) _____

Address: _____

Parents _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Grandchild 3

Full Legal Name (Spell out middle name) _____

Address: _____

Parents _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Grandchild 4

Full Legal Name (Spell out middle name) _____

Address: _____

Parents _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Grandchild 5

Full Legal Name (Spell out middle name) _____

Address _____

Parents _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Grandchild 6

Full legal name (Spell out middle name) _____

Address _____

Parents _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Grandchild 7

Full legal name (Spell out middle name) _____

Address _____

Parents _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Grandchild 8

Full legal name (Spell out middle name) _____

Address _____

Parents _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Grandchild 9

Full legal name (Spell out middle name) _____

Address _____

Parents _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

Grandchild 10

Full legal name (Spell out middle name) _____

Address _____

Parents _____

Birth date _____ Birthplace _____ Age _____ Social Security Number _____

Occupation _____ Education _____

Spouse _____ Occupation _____

Special needs of this Child (educational, medical, or physical) _____

Note if adopted, divorced, separated, or child of previous marriage _____

Comments _____

PARENTS, BROTHERS, AND SISTERS

Client #1 Parents

Father's Full Legal Name _____ Health _____

Address _____

Place of Birth _____ Home telephone(____) _____

Age or Date of Death _____ Estimated Estate Value _____

Mother's Full Legal Name _____ Health _____

Address _____

Place of Birth _____ Home telephone(____) _____

Age or Date of Death _____ Estimated Estate Value _____

Client #2 Parents

Father's Full Legal Name _____ Health _____

Address _____

Place of Birth _____ Home telephone(____) _____

Age or Date of Death _____ Estimated Estate Value _____

Mother's Full Legal Name _____ Health _____

Address _____

Place of Birth _____ Home telephone(____) _____

Age or Date of Death _____ Estimated Estate Value _____

Client #1 Brothers and Sisters

Name _____ Occupation _____

Address _____ Age ____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age ____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age ____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age ____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age ____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age ____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age ____

Home telephone(____) _____

Client #2 Brothers and Sisters

Name _____ Occupation _____

Address _____ Age _____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age _____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age _____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age _____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age _____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age _____

Home telephone(____) _____

Name _____ Occupation _____

Address _____ Age _____

Home telephone(____) _____

PERSONAL HERITAGE, VISION & VALUES

Feel free to skip any question you do not want to answer.

Client 1

Client 2

1. What are some of the most important values that were passed on to you by your parents? Your grandparents?

2. What are some of the things about your heritage that define who you are today?

3. How much of a role does your heritage play in your life now?

4. Where did you grow up? How did this place shape the kind of person you became?

5. What is an important lesson you learned in your early life?

6. Who were two or three influential people in your childhood? How were they influential?

7. Did you have an experience growing up that was life changing? Describe the experience and why it was significant

for you.

8. What are the 3 or 4 most important relationships in your life?

9. Which of your accomplishments do you find most gratifying?

10. Name something that you would like to accomplish or see happen during the rest of your life?

11. What do you believe are some of the most important qualities a person needs to have a rewarding life.

12. What do you feel is the real measure of success?

13. What was your greatest challenge? What did that experience teach you?

14. What are a few of the most important ideas or lessons that you would like to pass on to your loved ones?

15. What has been the single most important experience of your life so far? Why?

16. What 3 things would you like your family to remember about you?

17. What are some organizations, causes, issues or activities that you have found especially meaningful?

18. How much has your work experience shaped your life and sense of who you are?

19. What 3 things would you like members of your community to remember about you?

20. What are some of the best ways a person can make a difference in his or her community?

21. What do you appreciate most about money?

22. What do you fear most about money?

23. What do you want the material gifts you pass on to your heirs to accomplish for them?

24. What concerns do you have about the distribution of your material wealth as part of your legacy?

25. What do you think would be a foolish thing to do in arranging to leave material gifts behind for your loved ones?

26. What do you think would be a wise thing to do in arranging to leave material gifts behind for your loved ones?

PLEASE RATE THE FOLLOWING VALUES IN ORDER OF THE IMPORTANCE TO YOU
FROM “VERY IMPORTANT” TO “UNIMPORTANT.”

	<u>Client 1</u>				<u>Client 2</u>			
	Very Important	Important	Neutral	Unimportant	Very Important	Important	Neutral	Unimportant
1. Cultural values such as art, music, travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Economic values such as financial responsibility, frugality, savings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Educational values such study, self-improvement, academic achievement, life long learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ethical values such as honesty, fairness, justice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Material values such as possessions, social standing, rank, title.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Personal values such as loyalty, independence, trustworthiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Philanthropic values such as volunteer work, donations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Physical values such as health, relaxation, exercise, appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Public values such as citizenship, community involvement, public service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Recreational values such as sports, leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

time, hobbies, vacations.

11. Relationship values such as family, friends, colleagues.

12. Spiritual values such as faith, belief in God, inner peace.

13. Work values such as effort, competence, professional recognition and success.

OTHER DEPENDENTS

Do you or your spouse have anyone who depends on either of you for all or part of their support?

Yes _____ No _____

If Yes: Name (Use Full Legal Name)	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GUARDIANS FOR MINOR CHILDREN

(Under the Age of 18)

Please provide the name of the people that you would want to raise your **minor** children in the event you are unable to. (Name in order of preference.)

Name of Guardian(s)	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GIFTS AND INHERITANCES

1. Describe the date and amount of any large* gifts that have been made to either client. _____

2. Describe any inheritance that either client has received from any person. _____

3. Describe gifts or inheritances that either client expects to receive from any person. _____

4. Describe any large* gifts that either client has made to any person in any one year. _____

(Please attach a copy of any state or federal gift tax returns filed by either client.)

5. Describe any gifts that either client expects to make to any person in any one year. _____

6. Attach a copy of any trust under which either client is a beneficiary or holds any power of appointment.

7. Attach a copy of any Will or Trust Agreement that has been executed by either client.

8. Attach a copy of any living will, health care decision making document or power of attorney that has been executed by either client.

***For purposes of this form, a “large” gift is one of more than \$3,000 if made prior to 1982 or more than \$10,000 if made after 1981. This ties in to the amount of the allowable annual per donee federal gift tax exclusion.**

SPECIAL CONSIDERATIONS

SPECIAL BEQUESTS YOU ARE CONSIDERING

Special Gifts - Organizations

Do you want to make a gift (cash or a specific item) to a charity, foundation, or religious organization? If so, describe below:

Name of Organization

Description of Gift

_____	_____
_____	_____
_____	_____
_____	_____

Special Gifts - Individuals

Do you want to give any specific items to a family member or other individual? (For example, wedding ring to your daughter, coin collection to your son or nephew, cash to a good friend, etc.) If so, please describe below:

Name of Person

Description of Gift

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SPECIAL INSTRUCTIONS FOR PROPERTY IN CASE OF MENTAL DISABILITY:

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property? You may name a husband and wife on one line if you wish them to serve together.

For Client #1 (In order of preference)

Name	Address (Street, City, State, Telephone #)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

Client #2 (In order of preference)

Name	Address (Street, City, State Telephone #)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

Definition of Disability _____

Selling Assets - Do you have any special requests for how or when you want your assets sold to pay for your care? (For example, you may want certain assets liquidated before others.) If so, explain below: __

GENERAL MEDICAL CARE INSTRUCTIONS:

If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment or a life support machine?

For Client #1 (In order of preference)

Name	Address (Street, City, State, Telephone #)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

Name, address, and phone number of family/attending physician: _____

Do you have any special requests about the quality of medical care you receive? (For example, a specific nursing home, or refusal or termination of certain medical treatment.) If so, please explain: _____

Client #2 (In order of preference)

Name	Address (Street, City, State, Telephone #)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

Name, address, and phone number of family/attending physician: _____

Do you have any special requests about the quality of medical care you receive? (For example, a specific nursing home, or refusal or termination of certain medical treatment.) If so, explain below: _____

SPECIAL INSTRUCTIONS FOR FINAL ARRANGEMENTS

If you have a cemetery lot, please complete the following:

Family name on lot: _____

Cemetery name: _____

Address: _____
(Please attach a copy of "deed" or certificate of title.)

Do you have any special instructions for your last arrangements? (For example, burial vs. Cremation, services to be conducted, passages read, donations in lieu of flowers, etc.) If so, please explain: _____

ANATOMICAL GIFTING

Are you interested in making a gift of all or part of your body for medical or dental research, therapy, or transplant permissible recipients? If so, would you give:

Body? _____ Yes _____ No

Any needed organs or parts? _____ Yes _____ No

Or only the following organs or parts _____

PROFESSIONAL ADVISORS

Name of Accountant _____ Company _____

Phone _____ Address _____

Name of Financial Advisor _____ Company _____

Phone _____ Address _____

Life Insurance Agent _____ Company _____

Phone _____ Address _____

Primary Personal Bank _____

Phone _____ Address _____

Primary Business Bank _____

Phone _____ Address _____

Property and Casualty Insurance Agent _____

Phone _____ Address _____

Auto Insurance Agent _____

Phone _____ Address _____

INSTRUCTIONS FOR COMPLETING THE FOLLOWING PROPERTY SUMMARIES

General Headings

This *Personal Information* Checklist is designed to help you list all the property you own, how it is titled, and its value. If you own more property than can be listed on this checklist 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.

“Owner” of Property

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

For Property Owned By:	With:	Use:
Single	If you are single and you own property in your name only, use	I
Client #1’s	No other person	C1
Client # 2’s	No other person	C2
Joint Tenancy	A spouse	JTS
Joint Tenancy	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
Tenancy in Common	Someone other than a spouse	TCO
Unknown	If you cannot determine how the property is owned	?

CASH ACCOUNTS

* IRA's or Annuities should be listed later *

List your checking accounts, savings accounts, and certificates of deposit below. Please bring recent bank statements for each.

Name of Institution / Branch Address	Type	Account No.	Owner	Amount
* _____ _____	_____	_____	_____	_____
* _____ _____	_____	_____	_____	_____
* _____ _____	_____	_____	_____	_____
* _____ _____	_____	_____	_____	_____
* _____ _____	_____	_____	_____	_____
* _____ _____	_____	_____	_____	_____

Total \$ _____

Are any funds directly deposited in any of the above accounts? Yes No

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.

Safe Deposit Box _____ Yes _____ No. If answer is "Yes" location of safe deposit box _____

INVESTMENT ACCOUNTS AND MUTUAL FUNDS

* IRA's or Annuities should be listed later *

Includes stock holdings managed by brokerage firms. List your investment accounts below. Do not include tax deferred accounts, such as IRAs, etc. here. Please bring a recent statement for each account.

Name of Brokerage Firm Phone & Address of Broker	Type	Account No.	Owner	Amount
---	------	-------------	-------	--------

* _____ Phone (____) _____	_____	_____	_____	_____
Address: _____				

* _____ Phone (____) _____	_____	_____	_____	_____
Address: _____				

* _____ Phone (____) _____	_____	_____	_____	_____
Address: _____				

* _____ Phone (____) _____	_____	_____	_____	_____
Address: _____				

* _____ Phone (____) _____	_____	_____	_____	_____
Address: _____				

Total \$ _____

STOCK CERTIFICATES AND BOND CERTIFICATES

List all your stocks and bonds in publicly owned corporations which is a stock traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded companies should be listed under "Corporate Business and Professional Interest." Stocks held in a street name or investment account should be listed under "Investment Accounts").

Company Name Address & Phone	Owner	Number of Shares	Fair Market Value
* _____ _____ Phone () _____	_____	_____	_____
* _____ _____ Phone () _____	_____	_____	_____
* _____ _____ Phone () _____	_____	_____	_____
* _____ _____ Phone () _____	_____	_____	_____
* _____ _____ Phone () _____	_____	_____	_____
* _____ _____ Phone () _____	_____	_____	_____

Total \$ _____

BONDS

Includes U.S. Savings Bonds, Corporate, Municipal, etc., (indicate type below).

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total \$ _____

PERSONAL EFFECTS

Includes vehicles, boats, RVs, etc. Also list any other items which may be more valuable than ordinary household belongings such as artwork, jewelry, antiques, etc.

Type	Owner	Value	Is there a loan against the asset
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Total \$ _____

RETIREMENT PLANS

Includes IRAs, 401(k)s, etc. List here the accounts funded by money not included in taxable income on your income tax return (including IRA-type annuities). Please bring a recent statement for each account. **If the retirement plan is a Qualified Plan, please provide a copy of the Summary Plan Description Qualified Plan Retirement Assets and the Summary Plan Description. If the retirement plan is an IRA, please provide a copy of the Custodial Account.**

Company Name Address and Phone	Type of Plan	Owner	Value	Are you currently receiving benefits from this plan
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone (_____) _____				
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Phone (_____) _____				
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Phone (_____) _____				
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Phone (_____) _____				
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Phone (_____) _____				
Total \$				_____

LIFE INSURANCE POLICIES

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

Company _____ Address _____

Phone () _____ Policy Number _____

Type _____ Insured _____

Owner _____ Primary Beneficiary _____

Secondary Beneficiary _____ Agents Name _____

Address _____ Phone () _____

Face Amt. _____ Cash Value _____

Company _____ Address _____

Phone () _____ Policy Number _____

Type _____ Insured _____

Owner _____ Primary Beneficiary _____

Secondary Beneficiary _____ Agents Name _____

Address _____ Phone () _____

Face Amt. _____ Cash Value _____

Total \$ _____

NON-QUALIFIED ANNUITIES

Include annuities funded by money included in taxable income on your income tax return. Bring a recent policy report, policy, or statement for each.

Company _____ Address _____

Phone () _____ Acct. Number _____

Type _____ Annuitant _____

Owner _____ Primary Beneficiary _____

Secondary Beneficiary _____ Agents Name _____

Address _____ Phone () _____

Face Amt. _____ Cash Value _____

Company _____ Address _____

Phone () _____ Acct. Number _____

Type _____ Annuitant _____

Owner _____ Primary Beneficiary _____

Secondary Beneficiary _____ Agents Name _____

Address _____ Phone () _____

Face Amt. _____ Cash Value _____

Total \$ _____

MORTGAGES, NOTES, & OTHER RECEIVABLES

Include here all debts owed to you by others, such as promissory notes, mortgages, installment contracts, etc. Please bring evidence of the debt and evidence of balance still owing, if available.

Name & Address of Debtor	Terms of Debt	Debt Type	Amount Owed to You
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total \$			_____

PARTNERSHIP INTERESTS

Includes General and Limited Partnerships. Please list your percentages that you own. Please bring the Partnership Agreement

Name of Partnership _____

Owners _____ Value _____

Who holds Partnership papers _____ Phone () _____

Name of Partnership _____

Owners _____ Value _____

Who holds Partnership papers _____ Phone () _____

Total \$ _____

CORPORATE BUSINESS AND PROFESSIONAL INTEREST

Includes privately owned (nonpublicly traded) stock. Please provide a copy of any Buy/Sell agreements, if applicable.

Company _____ Address _____ Phone () _____

Number of Shares _____ % of Ownership _____

Owner _____ Value _____

Is there a Buy/Sell Agreement Yes No Is this an "S" Corporation? Yes No

Company _____ Address _____ Phone () _____

Number of Shares _____ % of Ownership _____

Owner _____ Value _____

Is there a Buy/Sell Agreement Yes No Is this an "S" Corporation? Yes No

Total \$ _____

SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

Includes all of the assets used by you in a sole proprietorship type of business ownership.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total \$ _____

OIL, GAS AND MINERAL INTERESTS

Includes lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc. Please provide copy of Agreement, Certificate or Deed.

Company _____ Type _____ Name _____

Address _____ City _____ State _____ Zip _____

County _____ Phone _____

Owner _____ Value _____ Percent Owned _____

Company _____ Type _____ Name _____

Address _____ City _____ State _____ Zip _____

County _____ Phone _____

Owner _____ Value _____ Percent Owned _____

Total \$ _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Includes 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 \$ _____

REAL PROPERTY

Includes personal residence, commercial, farm or rental properties, vacation homes, etc. Bring a copy of the deed given to you (do not bring a mortgage, title insurance documents, etc. unless you have no other documents for the property).

Address	Owner	Fair Market Value
_____	_____	_____
City _____ State _____ Zip _____		
County _____		
_____	_____	_____
City _____ State _____ Zip _____		
County _____		
_____	_____	_____
City _____ State _____ Zip _____		
County _____		
_____	_____	_____
City _____ State _____ Zip _____		
County _____		
		Total \$ _____

OTHER ASSETS

Any property that you have that does not fit into any listed category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total \$ _____

CURRENT INCOME & SOURCES

	Joint	Client 1	Client 2
Salary and Wages	_____	_____	_____
Investment Income and Dividends	_____	_____	_____
Social Security	_____	_____	_____
Pension or Retirement Plans	_____	_____	_____
Other	_____	_____	_____
TOTAL INCOME	_____	_____	_____

LIABILITIES

Loans Payable	_____	_____	_____
Accounts Payable	_____	_____	_____
Real Estate Mortgage - Residence	_____	_____	_____
Real Estate Mortgage	_____	_____	_____
Loans Against Life Insurance	_____	_____	_____
Unpaid Taxes	_____	_____	_____
Other Obligations	_____	_____	_____
TOTAL LIABILITIES	_____	_____	_____

ASSETS	JOINT	CLIENT #1	CLIENT # 2
Cash Accounts			
Investment Accounts & Mutual Funds			
Stock and Bond Certificates			
Bonds			
Personal Effects			
Retirements Plans			
Life Insurance Policies			
Non-Qualified Annuities			
Mortgages, Notes, and Other Receivables			
Partnership Interests			
Corporate Business and Professional Interests			
Sole Proprietorship Bus. and Prof. Interests			
Oil, Gas and Mineral Interests			
Anticipated Inheritance, Gift, or Judgment			
Real Property			
Other Assets:			
Total Assets			
LIABILITIES			
	JOINT	CLIENT #1	CLIENT # 2
Loans payable			
Accounts payable			
Real estate mortgage - residence			
Real estate mortgage			
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 Client #1's column, 1/2 in Client #2's column.