

DATA SHEET
(Single Person)

Name _____ Birth Date _____ U.S. Citizen Yes No
 Home Address _____ City _____ State _____ Zip _____
 E-Mail Address _____ Employer _____
 Social Security No. _____ Annual Salary _____
 If you have children, is the child's other parent living? Yes No N/A

_____ Home Phone

_____ Work Phone

_____ Cell Phone

	CHILDREN'S NAMES	SEX M/F	BIRTH DATE	SPECIAL NEEDS?
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>

Accountant: _____ Referred by: _____

ANTICIPATED FAMILY INHERITANCES

None Amount \$ _____

Are you currently a beneficiary under any irrevocable trust? Yes No

Are you a disabled veteran? Yes No

FINANCIAL INFORMATION

DESCRIPTION OF ASSETS	AMOUNT
REAL ESTATE	
Residence (less mortgage)	
Rental Property	
Other (vacation home/ trailer/timeshare)	
PERSONAL PROPERTY	
Vehicles/motorcycles/boats	
Jewelry	
Other (collectibles)	
CASH ACCOUNTS	
Checking Account	
Savings Account and CDs	
Notes Receivable	
INVESTMENTS	
Business Interests*	
Stocks/Bonds/Mutual Funds	
RETIREMENT ACCOUNTS	
Individual Retirement Accounts (IRA's)	
401(k)s	
Other	
NON-QUALIFIED ANNUITIES	
OTHER ASSETS	
<u>TOTAL</u>	

*** BUSINESS INFORMATION**

Name	
Business Net Value (\$)	
Number Of Employees	
Buy-Sell Agreement Exists	<input type="checkbox"/> Yes <input type="checkbox"/> No
Form Of Business	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> Professional Corp.
Business Valuation Method	<input type="checkbox"/> Client Estimate <input type="checkbox"/> Net Book Value <input type="checkbox"/> Buy-Sell Agreement <input type="checkbox"/> Other _____.
Business Status At Death	<input type="checkbox"/> Continued by Heirs <input type="checkbox"/> Sold to Surviving Owners <input type="checkbox"/> Sold to Key Persons <input type="checkbox"/> Liquidated

LIFE INSURANCE

COMPANY	INSURED	OWNER	BENEFICIARY	FACE AMOUNT	ANNUAL PREMIUM

I certify that the financial information provided above is accurate as of _____, and I acknowledge that if it is not, the estate planning advice given to me may be inappropriate.

Signature: _____