

## CONFIDENTIAL PERSONAL INFORMATION

This information will assist us in counseling you regarding your estate plan. Please complete this worksheet before the first meeting. If more space is needed, attach additional sheets.

---

### Personal Information

Please print your name the way you want it to appear on your documents.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_  
Address: Street \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Citizen of \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birth Place \_\_\_\_\_  
Occupation/Employer \_\_\_\_\_

---

### Spouse

Please fill in the following if you are married:

Spouse's Name \_\_\_\_\_  
Spouse's Email \_\_\_\_\_  
Telephone \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birth Place \_\_\_\_\_  
Occupation/Employer \_\_\_\_\_  
Place of Marriage \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
If you are not both US citizens, are either of you Non-Resident Aliens? Yes No  
Citizen of \_\_\_\_\_  
Any previous marriages for either spouse? Yes No If yes, please provide details: \_\_\_\_\_

Appointment Date/Time \_\_\_\_\_

### How did you hear about my services?

We like to thank those who send us referrals, please let us know if you would prefer that we not contact them.

---

## Planning Goal Assessment

Please indicate if you would like to discuss any of the following items:

### Healthcare

Appointing an agent to make healthcare decisions if I am incapacitated.

Making my decisions regarding life sustaining treatment if I am terminally ill.

### Asset Protection

Avoiding Probate and limiting expenses after my life.

Protecting beneficiaries from frivolously spending their inheritance.

Protecting my assets from creditors after my life.

Protecting my assets from creditors during my life (including claims related to long-term care).

### Minor Children

Naming Guardians for minor children.

Distributing assets for education if I die while the children are underage or in college.

### **Children**

Please fill in the following if you have children.

Name	Age	Telephone Number (if different from yours)
------	-----	--

Do you have any children who have died, leaving children?	Yes	No
---	-----	----

Are there any children who have trouble managing their assets?	Yes	No
--	-----	----

Do you wish to exclude any children from your inheritance?	Yes	No
--	-----	----

If yes to any, please explain:

---

**Other Beneficiaries or Contingent Beneficiaries**

Please list by full names all other people you wish included in your Will other than children.

Name	Age	Relationship	Telephone Number
------	-----	--------------	------------------

Do any of your children or beneficiaries receive government/means based support? (For Example: Medicaid, Supplemental Housing, Food Stamps, etc.)

Yes      No

---

**Charities**

Do you wish to include charitable contributions to your church, educational institutions, etc.?

Yes \_\_\_ No \_\_\_ If yes, please explain:

---

**Names of Professionals you work with:**

Accountant	Telephone Number
------------	------------------

Financial Advisor(s)	Telephone Number
----------------------	------------------

If you do not have a financial advisor, would you like contact information for an advisor?

Yes      No

May we contact these individuals to provide relevant information about your Estate Plan?

Yes      No

---

**Do you own a business or rental property?**

Yes      No      If yes, please provide details:

---

Executor / Trustee / Healthcare Power of Attorney / Guardian

Please list the individuals you would like to serve and in order of preference. You do not need to list your spouse; we will list your spouse first unless otherwise indicated.

(If you are not sure, we will discuss your questions in the first meeting)

Client #1 Name: \_\_\_\_\_

Executor of your Will/Trustee:

Name	Relationship	Address, phone, and email
<i>Example: John Doe</i>	<i>Brother</i>	<i>123 Main Street, Cincinnati OH 45123 513-555-1234 abc@gmail.com</i>

1.

2.

3.

4.

Who would make health related decisions when you could not:

Name	Relationship	Address, phone, and email
------	--------------	---------------------------

1.

2.

3.

4.

Guardians for minor children:

Name	Relationship	Address, phone, and email
------	--------------	---------------------------

1.

2.

3.

As a courtesy, we can send a letter and checklist to the individuals listed above; letting them know important information about their role without disclosing any information about your Estate Plan. This is optional and can be elected at the time of signing.

Please list the individuals you would like to serve and in order of preference. You do not need to list your spouse; we will list your spouse first unless otherwise indicated.

(If you are not sure, we will discuss your questions in the first meeting)

Client #2 Name: \_\_\_\_\_

Executor of your Will/Trustee:

Name	Relationship	Address, phone, and email
<i>Example: John Doe</i>	<i>Brother</i>	<i>123 Main Street, Cincinnati OH 45123 513-555-1234 abc@gmail.com</i>

1.

2.

3.

4.

Who would make health related decisions when you could not:

Name	Relationship	Address, phone, and email
------	--------------	---------------------------

1.

2.

3.

4.

#### Additional Information

Are there any factors, family, financial, or otherwise, that you want us to consider in preparing your estate plan? For example: Current health conditions (upcoming procedure), preference on life sustaining treatment, future income fluctuations, etc.

## Schedule of Assets

*Why do we ask?* In order to plan for the transfer of assets, we need to know what assets and liabilities you currently have.

		Client #1	Client #2	Jointly Owned
1.	Cash in Bank (checking, savings, etc.)	\$	\$	\$
2.	Stocks/Bonds (nonretirement account)	\$	\$	\$
3.	Business Interest	\$	\$	\$
4.	Personal Property	\$	\$	\$
5.	Automobiles	\$	\$	\$
6.	Home	\$	\$	\$
7.	Other real estate	\$	\$	\$
8.	Retirement programs (IRA, 401K, profit sharing)	\$	\$	\$
9.	Life insurance (death benefit)	\$	\$	\$
10.	Other Assets	\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
11.	TOTAL ASSETS	\$	\$	\$
12.	Liabilities/Debts	\$	\$	\$
13.	Mortgages	\$	\$	\$
14.	Mortgage Interest Rate			
15.	NET WORTH (ASSETS - LIABILITIES)	\$	\$	\$

Do you or your family anticipate an inheritance of any property in the near future?

If yes, please provide details:

Yes No