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**CONFIDENTIAL CLIENT PROFILE**  
**FOR SINGLE PERSONS & MARRIED PERSONS PLANNING SEPARATELY**

*The information requested on this Profile helps us understand your situation and wishes for the future. Your time investment in this Profile ensures that our time together is productive and that your concerns are addressed during our initial visit.*

*All information provided is strictly **confidential** and protected by a legal privilege. By completing this Profile, you are helping us to design a custom estate plan that meets your unique goals.*

*Please return the completed worksheet to our office  
by mail, e-mail or fax one week in advance of your initial visit.*



# ABOUT ME

CONTACT INFO

Legal Name \_\_\_\_\_ aka \_\_\_\_\_

Home Address \_\_\_\_\_

Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_ INS Status: \_\_\_\_\_

E-mail: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Best times / place to reach me \_\_\_\_\_  It is okay to communicate with me via e-mail.

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

Previously Married? Date of Death or Divorce: \_\_\_\_\_ Support Order in Place? \_\_\_\_\_

*\* If you are not a U.S. citizen, please provide our office with copies of your passport and, if applicable, your visa or other residency documents.*

Legal Plan Coverage \_\_\_\_\_

## CHILDREN

**Full Legal Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

1. \_\_\_\_\_

**Other Parent:** \_\_\_\_\_ **Child's Marital Status:**  Single  Married  Divorced

Child's Address: \_\_\_\_\_

Child's Telephone: \_\_\_\_\_ Concerns / special needs: \_\_\_\_\_

2. \_\_\_\_\_

**Other Parent:** \_\_\_\_\_ **Child's Marital Status:**  Single  Married  Divorced

Child's Address: \_\_\_\_\_

Child's Telephone: \_\_\_\_\_ Concerns / special needs: \_\_\_\_\_

3. \_\_\_\_\_

**Other Parent:** \_\_\_\_\_ **Child's Marital Status:**  Single  Married  Divorced

Child's Address: \_\_\_\_\_

Child's Telephone: \_\_\_\_\_ Concerns / special needs: \_\_\_\_\_

4. \_\_\_\_\_

**Other Parent:** \_\_\_\_\_ **Child's Marital Status:**  Single  Married  Divorced

Child's Address: \_\_\_\_\_

Child's Telephone: \_\_\_\_\_ Concerns / special needs: \_\_\_\_\_

*If you have more children, please use the reverse side to provide information about them.*

## GOALS & CONCERNS

Please rate the following goals and concerns on a scale from 1 to 5. Your most important goals and concerns should be scored as "1", while a score of "5" will tell me that you are not concerned about that particular goal.

	Rating				
	1	2	3	4	5
<i>Financial Goals</i>					
Arrange your affairs and create a comprehensive plan to manage affairs in case of death or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate and death taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding probate, will contests or other disputes among family members after death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets from lawsuits or creditors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management and/or survival and transfer of an ongoing business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preserving the privacy of your affairs in case of disability or at the time of your death from the courts, business competitors, predators, dishonest persons and curiosity seekers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce administration costs at time of your death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Goals

Ensuring that your family has sufficient financial resources in case of your death or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide for and protect a significant other or loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide for children from a prior relationship in a blended family situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide for and protecting children or grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the care and maintenance of a child with special needs or disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect your child/grandchild's inheritance from the possibility of a failed marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect your child/grandchild's inheritance in the event of a surviving spouse's remarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinheriting a family member; preventing a specific relative from handling your affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Personal Goals

Transferring values & ideals to your beneficiaries, in addition to your wealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable giving during life or at death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding court proceedings in the event of your disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding placement in a nursing home, assisted living facility or other institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring that your wish to accept or reject medical treatment is honored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning in advance for your memorial services, funeral or the disposition of your remains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preserving your eligibility for government benefits (i.e. social security, disability, or other)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any other goals or concerns you may have in the space below or on the reverse side.

### HAVE YOU ...

	YES	NO
Completed previous will, trust, or estate planning? <i>If so, please attach copies of these documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Signed a pre- or post-marriage contract? <i>If so, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Ever filed federal or state gift tax returns? <i>If so, please attach copies of these documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Been widowed in a prior marriage? <i>If a federal or state estate/death tax return was filed, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>

### ARE YOU:

Receiving social security, disability, or other governmental benefits? <i>If so, please describe below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Making payments pursuant to a divorce or property settlement order? <i>If so, please provide a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
An owner of or have control over any Foreign Bank Accounts? <i>If so, please provide a copy of statements.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you disclosed these accounts to the IRS by filing TDF 90-22.1 forms?	<input type="checkbox"/>	<input type="checkbox"/>
Supporting any charities now that you wish to continue after your death? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Planning to make charitable gifts upon your death? <i>If so, please describe below.</i>		<input type="checkbox"/>

# YOUR PROFESSIONAL ADVISORS

Advisor Contact Information	Advisor Contact Information
<b>Attorney:</b> Firm: Address:  Tel:	<b>Accountant/CPA:</b> Firm: Address:  Tel:
<b>Financial Advisor:</b> Firm: Address:  Tel:	<b>Insurance Agent:</b> Firm: Address:  Tel:

Please sign here if we have your permission to contact your other advisors:   **X**  

## YOUR U.S. ASSETS

Title is extremely important in determining how to best manage that property in the context of your estate plan. Please use the initials of the owner and the following designations when listing the "Owner."

- CP Community property, which is property acquired by you while married. Only applies if you are currently married.
- S For property owned by one spouse prior to marriage (or received by gift or inheritance) and kept **separate** from CP.
- JTS Joint tenancy between spouses and no other person.
- JTO Joint tenancy with another person besides your spouse.

## REAL ESTATE

**TYPE:** Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

Address	Type	Market Value	Mortgage	Equity
<b>Total</b>				

Please attach copies of deeds and mortgage information.

## FURNITURE & PERSONAL PROPERTY

**TYPE:** List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and **give a lump sum value for miscellaneous, less valuable items.**)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)		
<b>Total</b>		

## AUTOMOBILES, BOATS & RECREATIONAL VEHICLES

**TYPE:** For each motor vehicle, boat, ATV, RV, etc. please list the following: description, how titled, market value and encumbrance:

Type or Description	Owner	Market Value	Loan	Equity
<b>Total</b>				

## MONEY OWED TO YOU

**TYPE:** Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Note Date	Maturity	Owed to	Value
<b>Total</b>				

## BANKING & SAVINGS ACCOUNTS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" Do not include IRAs or 401(k) accounts here. If Account is in your name for the benefit of a minor, please specify the minor's name. Please detail all interests in foreign bank accounts.

Financial Institution	Type	Owner	Acct. Number	Value
<b>Total</b>				

## INVESTMENT ACCOUNTS, STOCKS & BONDS

**TYPE:** List stocks and bonds. If held in a brokerage account, list the accounts, not the holdings. Do not include IRAs or 401(k) here.

Financial Institution	Type	Owner	Acct. Number	Value
<b>Total</b>				

## RETIREMENT PLANS

**TYPE:** Tax-deferred retirement accounts, including IRA, 401(k), 403(b), Pension (P), Profit Sharing (PS), H.R. 10, etc.

Custodian (Financial institution)	Beneficiary	Type	Owner	Account Number	Value

<b>Total retirement investments</b>					

### LIFE INSURANCE POLICES & ANNUITIES

**TYPE:** *Term, whole life, split dollar, group life, annuity.*

Insurance Company & Agent	Beneficiary	Insured	Owner	Contract #/Type	Face Value
<b>Total coverage</b>					

### BUSINESS INTERESTS

**TYPE:** *General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.*

Name and Type	Owner	Market Value
<b>Total</b>		

### ANTICIPATED INHERITANCE, GIFT, LAWSUIT JUDGMENT OR OTHER ASSETS

**TYPE:** *Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Other property is any property that you have that does not fit into any listed category. Describe in appropriate detail.*

**Description** \_\_\_\_\_

*Total estimated value* \_\_\_\_\_

### SUMMARY OF VALUES

*For joint property held with someone else, enter the value of the share owned by you.*

Assets	Total Value
Real estate	
Furniture and Personal Property	
Automobiles, Boats & RVs	
Money Owed to You	
Bank and Savings Accounts	

Stocks and Bonds	
Life Insurance and Annuities	
Retirement Accounts	
Business Interests	
Anticipated Inheritance, Gift or Lawsuit Judgment	
Other	
<i>Total</i>	

## THE PEOPLE YOU TRUST

In designing your estate plan, we will need the names, addresses and telephone numbers of the individuals you will designate to act on your behalf in a number of different roles:

1. Financial decision-makers in the event of your incapacity or death
2. Health Care decision-makers in the event of your incapacity
3. Caregivers for any minor children
4. Primary Care Physician, if you have one

Please think of alternate individuals for each role. If you know what role you want an individual to have, please note that below. If you need more room, please feel free to use the back side of this page. Also, if any person that you wish to name is not a citizen of the United States of America, please designate the country of citizenship and their residency status.

Name, Address & Telephone	Relationship and Citizenship	Role
Tel:		Financial Decision-Makers: 1. _____ 2. _____ 3. _____
Tel:		Medical Decision-Makers: 1. _____ 2. _____ 3. _____
Tel:		
Dr. Clinic: Address:  Tel:	Primary Care Physician	Caregivers for Minor Children: 1. _____ 2. _____ 3. _____

## ADDITIONAL CONCERNS

*Please describe any additional concerns that you may have regarding your planning. Include any pressing health or medical concerns, family dynamics and conflict issues, assets owned with others, or other unique items that you would like to discuss with us.*

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