PERSONAL INFORMATION

Full Legal Name					
Signature Name					
Nickname	Soc. Sec.	No		Gender	□ M □ F
Home Address				County _	
Home Telephone	Home I	Fax			
Home Email				Birthplace	
Secondary Residence Address				County	
Secondary Telephone		Secondary	y Fax		
Employer	Position _		Citizer	nship/Reside	ent Status
Business Address					
Business Telephone		Business Fax			
Business Email		Annual Income			
☐ Married: Date of Marriage	Separate Property	Income			
Place of Marriage	☐ Divorced	☐ Widowed	☐ Single		
Approx. Net Worth at Marriage Husband	i :	_ Wife:			
Spouse:					
Full Legal Name					
Signature Name					
Nickname		No		Gender	
Home Address				County _	
Home Telephone	Home I	Fax			
Home Email	Dirtho			Birthplace	
Secondary Residence Address				County	
Secondary Telephone		Secondary	y Fax		
Employer	Position		Citizer	nship/Reside	ent Status
Business Address					
Business Telephone		Business Fax			
Business Email		Annual Income			
	Separate Property	Income			
Please show dates (if any) you or your spouse have residuely	ded in any of the follo	owing states:			
Arizona L	ouisiana		Texas		
☐ California ☐ N	levada		Washing	ton	
☐ Idaho ☐ N	lew Mexico				

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CHILDREN

Insert full legal name. (Identify with "A" if child is adopted. Use "B" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if you are a single parent.)

Name	Parent(s)	Birthdate	Dependent on you?	Married	Number of Children	Occupation (if any)
			Yes No □ □	Yes No □ □		
	GRAN	IDCHILDREN	I			
Insert full legal name of grandchild, p						
Name	ū	Parent(s))		Bir	thdate
		G PARENTS				
Insert full legal name. (Identify whose	e parent "H" if husband's and "S" if sp	oouse.)				Dananda
						Depende nt on
Name	Relationship	Age	9		Health	you?
						Yes No □ □

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OTHER DEPENDENTS

Friends or relatives who are dependents. (Insert full legal name.) Dependent Occupation (if Number of Relationship on you? Name Date of Birth Married Children any) Yes No Yes No PREFERRED FIDUCIARIES 1st Choice **Alternate** Executor Trustee Guardian **ADVISORS** Telephone Name Attorney Accountant Financial/Investment Advisor _____ Primary Personal Bank Life Insurance Agent Securities Broker

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Are any of your children deceased?		
Do any of your children have special educational, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)		
Have you and your spouse ever signed a pre- or post-marriage contract? (Please furnish a copy)		
Have you or your spouse been widowed? (If a federal estate tax return or a state death tax return was filed, please furnish a copy)		
Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies of these returns)		
Have you or your spouse completed previous will(s), trust(s), or estate planning? (Please furnish copies of these documents)		
Do you or your spouse have a safe deposit box? If so, where is it located?		
Do you or any member of your family receive income from, or are you or any member of your family a beneficiary of a trust(s)? If yes, please describe briefly and furnish copies of the document(s):		
Have you received any significant gifts or inheritances?		
Have you or your spouse made gifts in excess of \$11,000 to any person in any one year?		
Have you created or made gifts to any trust(s)?		



REQUESTED DOCUMENTS

The documents listed below contain information that can directly affect almost any financial planning decision. Our understanding of your financial arrangements will be more accurate, and our counseling activities will be more effective if you provide us with copies of these documents.

If possible, copies of these documents should accompany the completed questionnaire. However, please do not wait to complete or mail the questionnaire merely because some of these documents are unavailable.

Income Tax Returns Federal and state for the past year.

Gift Tax Returns...... You and your spouse's most recent (if any).

Current Will You and your spouse.

Trust Agreements..... Any which were created by you or your spouse.

Trust Agreements...... Any of which you or your spouse are beneficiaries (or details of the trust), and any which you or your spouse have

established.

Additional Information Previous financial, estate planning or insurance summaries and recommendations.

Information concerning investments or insurance coverages which you believe deserve special attention.



INSTRUCTIONS FOR COMPLETING THE PERSONAL INFORMATION CHECKLIST

General Headings

This *Personal Information* checklist is designed to help you list all the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, 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.

Evidence of Title

This indicates the document or documents you will need as evidence of title to your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself, you will save substantial professional fees.

"Owner" of Property

How you own your property is extremely important for purposes of properly designing and implementing your living trust-centered plan. For each property category, there is a column titled "Owner." When filling in this column, please use the following abbreviation:

For Property Owned In:	With:	Use:
Single	If you are single and you own property in your name only, use	I
Husband's Name	No other person	Н
Wife's Name	No other person	W
Separate Property	Separate Property	SP
Joint Tenancy	A spouse	JTS
	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
	Someone other than a spouse	TCO
Community Property	(Applicable to spouses only)	СР
Unknown	If you cannot determine how the property is owned	UNK



CASH ACCOUNTS

TYPE: Checking Account "CA," Sav NOTE: If Account is in your name (or y				
Name of Institution	Type	Acct. Number	Owner	Amount
			Total	
		INVESTMENT ACCOU		
TVPE: Manay market "MM" investm	aont "I " cash managar		that is in a street name (<i>indicate type be</i>	olow)
Name of Brokerage Firm	Type	Acct. Number	Owner	Amount
			Total	

STOCKS

TYPE: Stock in publicly owned corporations which is stock traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded

companies should be listed under "Corporate Bus under "Investment Accounts.")	siness and Professional Interests." Stocks held	l in a street name or investme	ent account should be listed
Company	Owner	Number of Shares	Fair Market Value
		Total	
TYPE: U.S. Savings Bonds, corporate, municipa	BONDS		
Type	Owner		Face Value
		Total	



PERSONAL EFFECTS

(indicate type below and give a lump sum value for miscellaneous, less valuable items). Type Owner			Value	
			Total	
		RETIREMENT PLANS		
YPE: Pension (P), Profit S	Sharing (PS), H.R. 10, IR	A, SEP, 401(K) (indicate type below).		
ype of Plan	Company	Beneficiary upon Your Death	Percent Vested	Value



LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity (*Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation"*).

Company				
Policy Number	Туре			
Insured				
Primary beneficiary				
Secondary beneficiary				
Owner		premium?		
Face amount	Cash valu	ie		
Amount of loans on policy				
Did another person (or trust) own this Policy before current Owner?	☐ Yes	\square No		
If so, please state date of transfer				
Company				
Policy Number	Туре			
Insured				
Primary beneficiary				
Secondary beneficiary				
Owner		premium?		
Face amount	Caalawali	ie		
Amount of loans on policy				
Did another person (or trust) own this Policy before current Owner?	☐ Yes	☐ No		
If so, please state date of transfer				
Company				
Policy Number	Type			
Insured				
Primary beneficiary				
Secondary beneficiary				
Owner	Who pays	premium?		
Face amount	Cash valu	ie		
Amount of loans on policy				
Did another person (or trust) own this Policy before current Owner?	☐ Yes	☐ No	 	
If so, please state date of transfer				



OTHER INSURANCE POLICIES

TYPE: Term, whole life, split dollar, group life, annuity (*indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation"*).

Company				
Policy Number	Туре			
Insured				
Primary beneficiary				
Secondary beneficiary				
Owner		s premium?		
Face amount	0 1 1-	ue		
Amount of loans on policy				
Did another person (or trust) own this Policy before current Owner?	☐ Yes	\square No		
If so, please state date of transfer				
Company				
Policy Number	Туре			
Insured				
Primary beneficiary				
Secondary beneficiary				
Owner		s premium?		
Face amount		ue		
Amount of loans on policy				
Did another person (or trust) own this Policy before current Owner?	☐ Yes	☐ No		
If so, please state date of transfer				
Company				
Policy Number	Туре			
Insured				
Primary beneficiary				
Secondary beneficiary				
Owner		s premium?		
Face amount				
Amount of loans on policy				
Did another person (or trust) own this Policy before current Owner?	☐ Yes	☐ No		
If so, please state date of transfer				

MORTGAGES, NOTES, AND OTHER RECEIVABLES

ame of Debtor	Date of Note	Date Note Due	Owed to	Current Ba
				-
		_		
			Total	
· · · · · · · · · · · · · · · · · · ·	PARTNERSHIP OR MEMB mited Liability Companies. Please sta			a partnership or
•		ate the percentage interest		a partnership or
bility company.	mited Liability Companies. Please sta	ate the percentage interest		a partnership or Value
oility company.	mited Liability Companies. Please sta Percentage of Ow General or Limited	nte the percentage interest nership Interest Limited Liability	owned by you in either	
bility company.	mited Liability Companies. Please sta Percentage of Ow General or Limited	nte the percentage interest nership Interest Limited Liability	owned by you in either	
bility company.	mited Liability Companies. Please sta Percentage of Ow General or Limited	nte the percentage interest nership Interest Limited Liability	owned by you in either	
YPE: General, Limited Partnerships or Lindbility company. artnership/Company Name	mited Liability Companies. Please sta Percentage of Ow General or Limited	nte the percentage interest nership Interest Limited Liability	owned by you in either	



CORPORATE BUSINESS AND PROFESSIONAL INTERESTS

TYPE: Privately owned (nonpublicly traded) stock. (*Please put* \(\sqrt{if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)

Company	Number of Shares	Buy/Sell Agreement	Percentage Ownership	Owner	Value
				Total _	
so	LE PROPRIETORSHIP BUS	SINESS AND PRO	OFESSIONAL IN	TERESTS	
TYPE: All of the assets used by y Name of Business	you in a sole proprietorship type of b	ousiness ownership.		Owner	Value
				Total	

FARM AND RANCH INTERESTS

TYPE: Livestock, machinery, leases, etc.		
Туре	Owner	Value
	-	_
OIL, GAS, AND MINER	RAL INTERESTS	
TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling ag	greement, etc.	
Туре	Owner	Value
	Total	



REAL PROPERTY

TYPE: Land, buildings, homes. Where you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else you should list those under the "Partnership Interests" section. If two or more names are in a deed or a contract state the type of ownership. **EVIDENCE OF TITLE:** Please provide a copy of the grant deed.

General Description and/or Address	Year Acquired	Owner/ Form Ownership/ % Ownership	Fair Market Value	Mortgage Outstanding Against Property	Net Equity in Property	Costs Contributed by Each Owner	Total Cost of Property
			Total				
ANTIC	IPATED INHE	ERITANCE, GIFT,	OR LAWS	UIT JUDGEN	MENT		
TYPE: Gifts or inheritances that you expect Description	ct to receive at sor	me time in the future; o	r monies that	you anticipate r	eceiving throug	gh a judgment i	า a lawsuit.
				Total estimated	d value		



OTHER ASSETS

	LIFE	TIME GIFTS		
List gifts made by you not covered by an Donor (client, spouse or joint)	Recipient	Date of gift	Value or a	filed? (if any)
		· ·		
Did any gift involve the establishment of				
		529 PLANS		
	ounts you have opened.			
List Section 529-plan college saving acc	, ,			

SUMMARY OF VALUES

		Amount*	
Cash Accounts Investment Accounts Stocks Bonds Personal Effects Retirement Plans Life Insurance Policies and Annuities Mortgages, Notes, and Other Receivables Partnership or Membership Interests Corporate Business and Professional Interests Sole Proprietorship Business and Professional Interests Farm and Ranch Interests Oil, Gas, and Mineral Interests Real Property Anticipated Inheritance, Gifts, or Lawsuit Judgement	Husband	Amount* Wife	Single Person
Other Assets Total Assets:			
		Amount*	
LIABILITIES Loans Payable Accounts Payable Real Estate Mortgages Payable Contingent Liabilities Loans Against Life Insurance Unpaid Taxes Other Obligations:	Husband	Wife	Single person
Total Liabilities			
Net Estate			

^{*}Joint Tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go ½ in husband's column, ½ in wife's column.



Digital Assets Inventory Worksheet

The term "digital assets" refers to personal information that is stored electronically on either a computer or an online "cloud" server account that belongs to an individual. Anyone who uses e-mail, has a password protected cell phone, makes online purchases, or pays bills online has digital assets.

Digital assets generally require a user name and/or password or PIN to access and can be difficult or impossible to retrieve if someone is incapacitated or passes away. Some digital assets have a monetary value while others have sentimental value. Either way, they are often very important to the people who create them.

Use this worksheet to record all of your digital assets by category. Then keep it in a safe place and share it with your power of attorney, executor, and other trusted people who would need to have this information. Note that some accounts allow for two factor authorization, so a note needs to be made about which accounts those are and how to access the second factor (e.g., app on phone, card in wallet, key fob, etc.).

Name	
Date of Preparation/Review	
Electronic Devices (e.g., smart phone, tablet, laptop	o computer, desktop computer, external hard drive)
Name of Electronic Device and Owner/User	Password

Benefit Accounts (e.g., airline miles, railroad miles, hotel rewards, retailer reward/loyalty programs)

Name of Benefit Account Provider, Account Owner, and Web Address	User Name	Password/PIN Number

E-mail Accounts (e.g., Yahoo!, Gmail, AOL, Outlook, Hotmail, Juno, employer's E-mail account)

Name of E-mail Service Provider and Web Address	User Name/E-mail Address	Password

Financial Accounts (e.g., banks, credit unions, brokerage accounts, mutual funds, retirement savings accounts, credit card accounts, employee benefit accounts, PayPal, Social Security)

Name of Financial Institution and Web Address	User Name	Password and Security Question Answer(s)

Online Merchant Accounts (e.g., Amazon, Blair, Chadwicks, eBay, Etsy, Zappos, Wal-Mart)

User Name	Password
	User Name

Organization Accounts (e.g., membership organizations and charitable organizations)

Name of Organization and Web Address	User Name	Password

Photography and Music Accounts (e.g., Instagram, Snapfish, Flickr, digital music library)

Name of Photography/Music Account and Web Address	User Name	Password
Publication Accounts (e.g., news	spapers, magazines, blogs)	
Name of Publication and Web Address	User Name	Password
Social Media Accounts (e.g., Fac	cebook, Twitter, Pinterest, Linke	dIn, Google+)
Name of Social Media Account. Account Owner, and Web Address	User Name	Password

Video Accounts (e.g., YouTube, Vimeo)

Name of Video Account. Account Owner, and Web Address	User Name	Password	
Virtual Currency Accounts wi	th Cash Value (e.g., Bitcoi	n, Farmville, Second Life, World	d of Warcraf
Name of Virtual Currency site, Account Owner, and Web Address	User Name	Password	
Web Site Accounts (e.g., doma sites such as Dropbox, Google		, online business accounts, and c	loud storage
Name of Web site, Account Owner, and Web Address	User Name	Password	