FINANCIAL INFORMATION FOR ESTATE PLAN

Please provide the following information about your assets:

1. Please list any checking, savings, money market accounts, or CDs you own at any bank, savings and loan, credit union, etc. (DO NOT list any retirement plans, IRAs, 401(k)s, pensions, benefits, etc. in this section).

Name of Institution	Type*	Account No.	Owner**	Amount
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____

TOTAL: JOINT ACCOUNT $_____

TOTAL CLIENT $_____

* denotes (CA) Checking Account (SA) Savings Account (CD) Certificate of Deposit (MM) Money Market Account

** denotes (S) Solely (JT) Jointly owned

1(a). Do you have a safety deposit box? Y_____ N_____

If Yes, at which bank is the box located? _____

Box No. _____

Whose name or names is on the box? _____

2. Please list anyone who owes you money, including YOUR CHILDREN:

Person Who Owes You Money	Date of Loan *	Date Loan Due	Original Amt Owed	Amount Owed Now
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
			TOTAL:	$_____

* Was a Promissory Note Signed? Yes/No

3. Please list any U.S. Savings Bonds (Series E, EE, H, HH), municipal bonds, or other types of bonds you own:

General Description	Owner*	Face Value
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
	TOTAL	$_____

* (POD) Payable on Death to _____

4. Please list any real estate you own, or are buying, wherever it is located:

Address	Owner*	Mortgage Balance Owed	Fair Market Value (FMV)
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
		TOTAL:	$_____

* (Jt) Joint tenants (TC) Tenants in Common (S) Solely

5. Please list any expected inheritance, gift, recovery on a lawsuit, or any oil or gas well that you may own:

Recipient/ Owner	Description	Value
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

6. Please list any business interest you may own, whether it is a corporation, partnership, or sole proprietorship:

Business Name	Owner	Percentage of Ownership	Interest Owned As *	Current Value
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____

* (S) Shareholder (GP) General Partner (LP) Limited Partner (SF) Sole Proprietorship

7. Please list any stock, mutual funds, or brokerage accounts you may own:

Company	Owner	Number of Shares	Value
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____
		TOTAL	$_____

If any of your stock is held in a Street account, please provide the following information:

Broker/Firm: _____
_____
Exact Name/AccountNo. : _____

8. Please list any retirement benefits, including IRA, 401(k), pensions, profit sharing, etc., you own or are receiving, and please provide the most recent statements for the following plans so that I may review the asset:

Type of Plan*	Company	Owner*	Beneficiary	Monthly Payment	Value
_____	_____	_____	_____	_____	$_____
_____	_____	_____	_____	_____	$_____
_____	_____	_____	_____	_____	$_____
_____	_____	_____	_____	_____	$_____
_____	_____	_____	_____	_____	$_____
_____	_____	_____	_____	_____	$_____
				TOTAL	$_____

* (F) Pension (PS) Profit Sharing (I) IRA (K) 401(k) (O) Other

9. Please list any automobiles, other vehicles, jewelry, collectibles, furniture, coin collections, etc., that you own:

Type of Vehicular Property	Value
Automobile _____	$_____
Automobile _____	$_____
Other Vehicle _____	$_____

Type of Household Property	Value
Antiques _____	$_____
General _____	$_____

Personal Property	Value
Jewelry _____	$_____
Collectibles _____	$_____
Other_____	$_____
TOTAL	$_____

10. Please list any policies that insure your life:

* (T) Term (WL) Whole Life (SD) Split Dollar (GL) Group Life

Company_____
Policy No. _____ Type _____
Owner _____ Insured _____
Primary Beneficiary _____ Secondary_____
Who pays premium _____Cash Value _____
Amount of loans on policy _____ Face Amount _____

Company_____
Policy No. _____ Type _____
Owner _____ Insured _____
Primary Beneficiary _____ Secondary_____
Who pays premium _____Cash Value _____
Amount of loans on policy _____ Face Amount _____

TOTAL: $_____

11. Please list any annuities that you own:

Company _____
Policy No. _____ Are you receiving payments? Y____ N____
Annuitant _____ Beneficiary _____
Value of Annuity _____ Is it tax deferred? Y____ N____
Purchase Price of Annuity _____

Company _____
Policy No. _____ Are you receiving payments? Y____ N____
Annuitant _____ Beneficiary _____
Value of Annuity _____ Is it tax deferred? Y____ N____
Purchase Price of Annuity _____

TOTAL: $_____

12. Please list anything of value that you own that has not been asked about in any of the prior questions. Also, if you need more space to answer any of the prior questions, please use this page for that purpose. If there is nothing to add to this question, please proceed to the next page for #13.

13. Contact Persons: Please list the names of your various business/financial advisers, such as your banker, stockbroker, certified public accountant, or insurance agent.

a) Name: _____ Telephone: _____
Occupation: _____

b) Name: _____ Telephone: _____
Occupation: _____

c) Name: _____ Telephone: _____
Occupation: _____

d) Name: _____ Telephone: _____
Occupation: _____

14. Please list any policies that provide medical insurance for you:

Company: _____
Policy No.: _____ Type: _____
Claims Department Address:_____
Telephone No.: _____

Company _____
Policy No. _____ Type _____
Claims Department Address:_____
Telephone No.: _____

Company _____
Policy No. _____ Type _____
Claims Department Address:_____
Telephone No.: _____

15. Please list any policies that provide long term care insurance (nursing home or home health care benefits) for you:

Company: _____
Policy No.: _____Telephone No.: _____
Claims Department Address:_____
Daily Nursing Home Benefit: _____ Daily Home Health Care Benefit: _____
Total Nursing Home Benefit: _____ Total Home Health Care Benefit: _____
*Please provide a copy of the long term care policy.

Company: _____
Policy No.: _____Telephone No.: _____
Claims Department Address:_____
Daily Nursing Home Benefit: _____ Daily Home Health Care Benefit: _____
Total Nursing Home Benefit: _____ Total Home Health Care Benefit: _____
*Please provide a copy of the long term care policy.

16. Are there any pre-marital or other agreements in existence which affect any or all of your assets? If so, please provide a copy and a brief explanation.

_____
_____
_____
_____

Other pertinent information:

_____
_____
_____
_____

THE FOLLOWING QUESTIONS ARE RELEVANT IF YOU NOW RESIDE IN A SKILLED NURSING FACILITY OR ARE CONCERNED ABOUT THE POSSIBILITY OF AN ADMISSION TO A SKILLED NURSING FACILITY IN THE FUTURE. IF THIS SCENARIO DOES *NOT* APPLY TO YOU, PLEASE *PROCEED TO PAGE 9* AND COMPLETE THE "SUMMARY AND RECAPITULATION" SECTION.

17. Please provide the following information about your monthly income (if any) if you are in a nursing home or are concerned about entering a nursing home in the future:

	Amount
Gross Salary/Wages	_____
Social Security Benefits	_____
Pension Payments	_____
Other Retirement Benefits	_____
Long Term Care Insurance Benefits	_____
Interest	_____
Dividends	_____
Other: _____	_____
_____	_____
TOTAL MONTHLY INCOME	$_____

If you receive a pension, please list the monthly gross pension amount and the name of the company or governmental agency paying the pension:

Gross Amount, before deductions $_____

Deductions

_____ $_____

Name of Company or Government Agency: _____

18. Gifts made to others: If you have made gifts to an individual within the past 60 months, please provide the following information:

Recipient	Date	Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

19. Monthly Housing/Shelter Expenses

Please provide the following amounts paid by you each month. Divide annual expenses by 12 and quarterly expenses by 3.

Mortgage	$_____
Rent	$_____
Real Estate Taxes	$_____
Utilities: Water/Sewer	$_____
Utilities: Gas/Electricity	$_____
Homeowner's Insurance Premium	$_____
Condominium Fees	$_____
Other:	
_____	$_____
_____	$_____
_____	$_____
Monthly Total	$_____

20. Monthly Cost of Nursing Home

Please provide the following amounts paid on your behalf:

Monthly Room and Board Cost	$_____
Monthly Prescription Drug Cost	$_____
Monthly Supplies Cost	$_____
Monthly Total	$_____

21. Monthly Cost of Non-Shelter Living Expenses

Please provide the following amounts paid by you on an average month:

Food	$_____
Medical	$_____
Clothing	$_____
Transportation	$_____
Home Maintenance	$_____
Life Insurance Premium	$_____
Health Insurance Premium	$_____
Cable TV	$_____
Other:	
_____	$_____
_____	$_____
_____	$_____
Monthly Total	$_____

SUMMARY AND RECAPITULATION

ASSETS	AMOUNT
1. BANK ACCOUNTS	_____
2. MONEY OWED YOU	_____
3. BONDS	_____
4. REAL ESTATE	_____
5. INHERITANCE, ETC.	_____
6. BUSINESS INTERESTS	_____
7. STOCKS	_____
8. RETIREMENT PLANS	_____
9. PERSONAL PROPERTY	_____
10. LIFE INSURANCE	_____
11. ANNUITIES	_____
12. OTHER	_____
TOTAL ASSETS:	$_____

LIABILITIES	AMOUNT
1. LOAN BALANCES	_____
2. ACCOUNT BALANCES	_____
3. MORTGAGE BALANCES	_____
4. CONTINGENT LIABILITIES	_____
5. LIFE INS. LOAN BALANCES	_____
6. UNPAID TAXES	_____
7. OTHER OBLIGATIONS	_____
TOTAL LIABILITIES:	$_____
Subtract Liabilities from Assets to Determine Net Estate:	$_____

TOTAL NET ESTATE OF CLIENT $_____
As of _____/_____/_____

CLIENT DISCLOSURE AND RELIANCE STATEMENT

The Information contained in this booklet fairly and fully: discloses all of the assets owned by the undersigned, or in which the undersigned has any form of ownership interest; discloses the value of all such assets or ownership interests; discloses how these assets or ownership interests are owned; has been prepared by, or at the direction of, or with the permission of the undersigned.

I certify the above to be true and correct.

_____
Client's Signature

Date: _____

IMPORTANT INFORMATION FOR FAMILY:

Location of Birth Certificate: _____

Birth Place of Client: _____

Client's Father's Name: _____

Client's Mother's Maiden Name: _____

Military Service: Service Serial #: _____

Branch of Service: _____

Dates of Service: _____

Veteran's Administration Disability #: _____

Location of Discharge Papers: _____

Funeral Requests:
Religious Affiliation: _____

Name of Funeral Home: _____
Address: _____
Phone number: _____
Prepaid Burial Costs: $ _____

Funeral Instructions, if any: _____
_____
_____
_____
_____
_____

Tombstone Engraving: _____

Cemetery Plot: Name of Cemetery: _____
Address: _____

Location of Deed: _____

Location of Will or Trust: _____

Attorney: _____