



**DATA SHEET (SINGLE PERSON)**

Date: \_\_\_\_\_

Name \_\_\_\_\_

Birth Date: \_\_\_\_\_

U.S. Citizen  Yes  No

Previously Married  Yes  No

Social Security No.: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Annual Income \_\_\_\_\_

Do you have existing estate planning documents? Yes No

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Children's Names:

Sex  
M/F

Birth Date

Special  
Needs?

1

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Current residence or expected place of residence: \_\_\_\_\_

2

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Current residence or expected place of residence: \_\_\_\_\_

3

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Current residence or expected place of residence: \_\_\_\_\_

4

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Current residence or expected place of residence: \_\_\_\_\_

5

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Current residence or expected place of residence: \_\_\_\_\_

6

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Current residence or expected place of residence: \_\_\_\_\_

Accountant: \_\_\_\_\_

Referred by: \_\_\_\_\_

ANTICIPATED FAMILY INHERITANCES

None Amount \$ \_\_\_\_\_



**FINANCIAL INFORMATION**

DESCRIPTION OF ASSETS	NOTES	AMOUNT
Residence (net of mortgage)		
Other Real Estate (net of mortgages)		
Stocks, Bonds and Mutual Funds		
Cash in Banks		
Business Interests *		
Notes Receivable		
Vehicles and Boats		
Furniture and Furnishings		
Personal Effects		
Retirement Plans (vested amount)		
Individual Retirement Accounts (IRAs)		
Non-Qualified Annuities		
Limited Partnerships		
Other Assets		
TOTAL		

Do any of your children age 18 or older have valid Powers of Attorney?    Yes    No

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

\* Business Name: \_\_\_\_\_  
 Business FMV: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_  
 Buy-Sell Agreement Exists?     Yes     No

**FORM OF BUSINESS**

LLC  
 C Corporation  
 S Corporation

**BUSINESS STATUS AT DEATH**

Continued by Heirs  
 Sold to Surviving Owners  
 Sold to Key Persons  
 Liquidated

**LIFE INSURANCE**

COMPANY	INSURED	OWNER	BENEFICIARY	FACE AMOUNT	ANNUAL PREMIUM