



**2. FAMILY INFORMATION:**

List name(s), gender and date(s) of birth of all children and indicate parent of each child:

N=Natural  
A=Adopted  
S=Step-Child

<b><u>Full Names of Children:</u></b>	<b><u>Gender:</u></b>	<b><u>Birth Dates:</u></b>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any deceased children? Yes / No and date of death.

If YES, please provide name(s) and date of birth

\_\_\_\_\_

Did your deceased child leave any children? (If yes, please provide names and birth dates)

\_\_\_\_\_

\_\_\_\_\_

**3. TRUST INFORMATION:**

**Trustees:**

Is Client the initial trustee? Yes / No

If not:

Initial Trustee(s): \_\_\_\_\_  
Name/Relationship Name/Relationship

Please list the successor trustee(s).

1st Successor: \_\_\_\_\_  
Name/Relationship Name/Relationship

2nd Successor: \_\_\_\_\_  
Name/Relationship Name/Relationship

**Distribution Designations:**

Primary Beneficiaries:

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Contingent Beneficiary* _____	

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Contingent Beneficiary* _____	

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Contingent Beneficiary* _____	

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Contingent Beneficiary* _____	

\*Contingent Beneficiaries: If any of your primary beneficiary(ies) die before the complete distribution of their trust share, please list the contingent beneficiaries (i.e., their children, their spouse, the remaining beneficiaries, other family members, friends):

**Ultimate Beneficiaries:** If no one named above is living, who should receive estate? Charity(ies), Specific Individuals, or Trustmakers' Heirs (parents, siblings, sibling's children). List Percentages.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any Specific Bequests of personal or real property (Beneficiary and Item):**

\_\_\_\_\_  
\_\_\_\_\_

4. **WILL(S) INFORMATION:**

**Guardians (if minor children):**

_____	_____	_____	_____
Name(s)		Relationship	
_____	_____	_____	_____
Address	City	State	Zip

**Alternate Guardian(s):**

_____	_____	_____	_____
Name(s)		Relationship	
_____	_____	_____	_____
Address	City	State	Zip

**Executors:**

Will Executors be different than Trustees? Yes / No      If yes, complete below.

Primary:	_____	_____
	Name	Relationship
First Alternate:	_____	_____
	Name	Relationship
Second Alternate:	_____	_____
	Name	Relationship

5. **PRESENT WILLS OR TRUSTS** - If you presently have a will and/or trust, please attach a copy or bring it to interview.

6. **POWERS OF APPOINTMENT** Do you have any Powers of Appointment? Yes / No

**ASSET INFORMATION**

**PLEASE PROVIDE COPIES OF ANY REAL ESTATE DEEDS YOU OWN, THE MOST RECENT MONTHLY FINANCIAL INSTITUTION STATEMENTS AND LIFE INSURANCE POLICIES.**

Do you currently have a financial planner?  Yes  No      If yes, please provide the name

and telephone number: \_\_\_\_\_

**CASH**

NAME OF INSTITUTION/ACCOUNT NUMBER	TYPE OF ACCOUNT	AVERAGE BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTES RECEIVABLE**

NAME OF DEBTOR	DATE OF NOTE	DATE NOTE DUE	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**BONDS**

DESCRIPTION (U.S. SAVINGS BONDS, CORPORATE, MUNICIPAL, ETC.)	OWNER	FACE VALUE
_____	_____	_____
_____	_____	_____

**REAL ESTATE**

Address(es) (or legal description for vacant land) including county and state:

PROPERTY INFORMATION	ESTIMATED VALUE
_____	_____
_____	_____
_____	_____

If real property is/was owned by joint tenancy, please describe all changes in title, if known (i.e., did either party own the property prior to current ownership).

**STOCKS**

COMPANY (FULL NAME)	NUMBER OF SHARES	ESTIMATED VALUE	YOUR NAME(S) AS LISTED ON CERTIFICATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CORPORATE BUSINESS INTERESTS**

COMPANY (FULL NAME) (LIST IF THIS IS AN S-CORP OR C-CORP)	NUMBER OF SHARES	ESTIMATED VALUE	YOUR NAME(S) AS LISTED ON CERTIFICATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIMITED LIABILITY COMPANY INTERESTS**

COMPANY (FULL NAME)	PERCENTAGE OF INTEREST	ESTIMATED VALUE	YOUR NAME(S) AS LISTED ON CERTIFICATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PARTNERSHIP INTERESTS**

PARTNERSHIP (FULL NAME)	PERCENTAGE OF PARTNERSHIP INTEREST		YOUR NAME(S) AS LISTED IN PARTNERSHIP AGREEMENT	VALUE
	GENERAL PARTNER	LIMITED PARTNER		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SOLE PROPRIETORSHIP BUSINESS INTEREST**

NAME OF BUSINESS	BRIEF DESCRIPTION OF BUSINESS	ESTIMATED VALUE
_____	_____	_____
_____	_____	_____

**FARM AND RANCH INTERESTS**

Description (livestock, machinery, leases, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Total estimate fair market value: \$ \_\_\_\_\_

**OIL AND GAS INTERESTS**

Description (lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Total estimate fair market value: \$ \_\_\_\_\_

**ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT**

Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total estimate fair market value: \$ \_\_\_\_\_

**RETIREMENT PLANS**

TYPE OF PLAN	COMPANY	BENEFICIARY UPON YOUR DEATH	PERCENTAGE VESTED/ CURRENT VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONAL EFFECTS AND OTHER ASSETS**

(Furniture, automobiles, jewelry, collectibles, and other personal assets of more than nominal value)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total estimate fair market value: \$ \_\_\_\_\_

**LONG TERM CARE INSURANCE POLICIES**

Policy Number and Company \_\_\_\_\_

Insured \_\_\_\_\_ Owner \_\_\_\_\_

Who Pays Premium \_\_\_\_\_

**LIFE INSURANCE POLICIES**

Policy Number and Company \_\_\_\_\_  
Type \_\_\_\_\_ Insured \_\_\_\_\_  
Owner \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_  
Who Pays Premium \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_ Face Amount \_\_\_\_\_

**LIFE INSURANCE/ANNUITY POLICIES**

Policy Number and Company \_\_\_\_\_  
Type \_\_\_\_\_ Insured \_\_\_\_\_  
Owner \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_  
Who Pays Premium \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_ Face Amount \_\_\_\_\_

Policy Number and Company \_\_\_\_\_  
Type \_\_\_\_\_ Insured \_\_\_\_\_  
Owner \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_  
Who Pays Premium \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_ Face Amount \_\_\_\_\_

Policy Number and Company \_\_\_\_\_  
Type \_\_\_\_\_ Insured \_\_\_\_\_  
Owner \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_  
Who Pays Premium \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_ Face Amount \_\_\_\_\_

**List any additional information on a separate sheet of paper. Thank you.**