

CONFIDENTIAL FACT FINDER

CLIENT INFORMATION

Name:	Date of Birth:	Previous Marriages: <input type="radio"/> Yes <input type="radio"/> No
Address:	County:	Gender: <input type="radio"/> Male <input type="radio"/> Female
City:	State: Zip:	U.S. Citizen: <input type="radio"/> Yes <input type="radio"/> No
E-Mail Address:	Home Phone:	
Employer:	Work Phone:	
Annual Salary:	Other Income:	Income Tax Bracket (%):
		Mobile Phone:

SPOUSE INFORMATION

Name:	Date of Birth:	Previous Marriages: <input type="radio"/> Yes <input type="radio"/> No
Address:	County:	Gender: <input type="radio"/> Male <input type="radio"/> Female
City:	State: Zip:	U.S. Citizen: <input type="radio"/> Yes <input type="radio"/> No
E-Mail Address:	Home Phone:	
Employer:	Work Phone:	
Annual Salary:	Other Income:	Income Tax Bracket (%):
		Mobile Phone:

CHILDREN/DEPENDENT INFORMATION

Name:	Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Relationship:	<input type="radio"/> Of this Marriage <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Parent <input type="radio"/> Grandparent	
Name of Other Parent (when applicable):	<input type="radio"/> Not of this Marriage; if this selection is made please list other parent	
Name:	Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Relationship:	<input type="radio"/> Of this Marriage <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Parent <input type="radio"/> Grandparent	
Name of Other Parent (when applicable):	<input type="radio"/> Not of this Marriage; if this selection is made please list other parent	
Name:	Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Relationship:	<input type="radio"/> Of this Marriage <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Parent <input type="radio"/> Grandparent	
Name of Other Parent (when applicable):	<input type="radio"/> Not of this Marriage; if this selection is made please list other parent	
Name:	Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Relationship:	<input type="radio"/> Of this Marriage <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Parent <input type="radio"/> Grandparent	
Name of Other Parent (when applicable):	<input type="radio"/> Not of this Marriage; if this selection is made please list other parent	

CURRENT ESTATE PLAN *(Please mark the appropriate selections indicating what documents you currently do/do not have)*

CLIENT	Date of Last Review	SPOUSE	Date of Last Review
Will	<input type="radio"/> Yes <input type="radio"/> No	Will	<input type="radio"/> Yes <input type="radio"/> No
Health Care Directive	<input type="radio"/> Yes <input type="radio"/> No	Health Care Directive	<input type="radio"/> Yes <input type="radio"/> No
Statutory Durable Power of Attorney	<input type="radio"/> Yes <input type="radio"/> No	Statutory Durable Power of Attorney	<input type="radio"/> Yes <input type="radio"/> No
Medical Power of Attorney	<input type="radio"/> Yes <input type="radio"/> No	Medical Power of Attorney	<input type="radio"/> Yes <input type="radio"/> No
HIPAA Release	<input type="radio"/> Yes <input type="radio"/> No	HIPAA Release	<input type="radio"/> Yes <input type="radio"/> No
Declaration of Guardian	<input type="radio"/> Yes <input type="radio"/> No	Declaration of Guardian	<input type="radio"/> Yes <input type="radio"/> No
Disposition to Control Remains	<input type="radio"/> Yes <input type="radio"/> No	Disposition to Control Remains	<input type="radio"/> Yes <input type="radio"/> No
Preuptial Agreement	<input type="radio"/> Yes <input type="radio"/> No N/A	Preuptial Agreement	<input type="radio"/> Yes <input type="radio"/> No N/A
Other	<input type="radio"/> Yes <input type="radio"/> No	Other	<input type="radio"/> Yes <input type="radio"/> No

PROPOSED EXECUTOR/TRUSTEE:

Who do you wish to carry out the affairs of your estate?

CLIENT 1ST CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

SPOUSE 1ST CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

CLIENT 2ND CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

SPOUSE 2ND CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

CLIENT 3RD CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

SPOUSE 3RD CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

PROPOSED GUARDIAN OF MINOR CHILDREN:

CHOICE #1

Relationship:

Address:

City:

Name:

E-Mail Address:

County:

Phone:

State:

Zip:

CHOICE #2

Relationship:

Address:

City:

Name:

E-Mail Address:

County:

Phone:

State:

Zip:

CHOICE #3

Relationship:

Address:

City:

Name:

E-Mail Address:

County:

Phone:

State:

Zip:

CURRENT ADVISORS:

TAX PREPARER/ACCOUNTANT/CPA:

Address:

City, State & Zip:

Email:

Phone:

PHYSICIAN:

Address:

City, State & Zip:

Email:

Phone:

FINANCIAL/INVESTMENT ADVISOR:

Address:

City, State & Zip:

Email:

Phone:

OTHER:

Address:

City, State & Zip:

Email:

Phone:

Relationship:

STATUTORY DURABLE POWER OF ATTORNEY:

This person should be someone you trust to manage your business affairs during intervals of incapacity (i.e., in a coma, unconscious)

CLIENT 1ST CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

SPOUSE 1ST CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

CLIENT 2ND CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

SPOUSE 2ND CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

CLIENT 3RD CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

SPOUSE 3RD CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

MEDICAL POWER OF ATTORNEY FOR HEALTH CARE:

This person should be someone you trust to make important/life threatening medical decisions where, once again, you are incapacitated in some way from making such decisions for yourself. If same individual(s) as listed above or any other section for which name, address and phone number is already listed, simply write or fill in the individual's name in the appropriate designation(s).

CLIENT 1ST CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

SPOUSE 1ST CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

CLIENT 2ND CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

SPOUSE 2ND CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

CLIENT 3RD CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

SPOUSE 3RD CHOICE:

Address:

City, State & Zip:

County:

Email:

Phone:

Relationship:

