## INDIVIDUAL PRELIMINARY INFORMATION

Full Name:				
Name you prefer to be called:				
Date of birth:		Social Security Number:		
Home Address:				
City:			Zip:	
County of Residence:			Home Phone:	
Cell Phone:		Best place to reach you:		
Send mail where? ☐ Home ☐ C	Office   Other:			
How do you prefer for mail to be addressed	d (i.e., "Mr." or "Ms."	or "Dr.")?		
Place of Employment:				
Work Address:				
City:	State:		Zip:	
Work phone: Work fax:				
Email address:				
Did anyone refer you to us? ☐ Yes [	☐ No If yes, who	n may we thank?		
Do you want the referral source to be copied on correspondence? ☐ Yes ☐ No				
What topics to you want to discuss at your appointment?				

	Children	Age of Child	Gender	Grandchildren?
Name				
Address				
Phone				
Name				
Address				
Phone				
Name				
Address				
Phone				
Name				
Address				
Phone				
Name				
Address				
Phone				
Name				
Address				
Phone				

Assets	Full Value	[Less Debt]	Net Value	Comments
Life insurance				
Retirement plans				
Residence				
Other real estate Property #1				
Property #2				
Property #3				
Checking				
Savings				
CDs				
Brokerage Account #1				
Account #2				
Account #3				
Notes (loans to others)				
Businesses Business #1				
Business #2				
Business #3				
Vehicles				
Personal effects				
Potential inheritance				
Other				
Total				

Describe how you want your estate to be distributed upon your death:				

who do you	want to name as the Executor(s) of your estate?				
1st Executor	Name:	Relation:			
2 <sup>nd</sup> Executor	Name:	Relation:			
3 <sup>rd</sup> Executor	Name:	Relation:			
Who do you want to name as the Guardian(s) of your children (if you have children under age 18)?  (Two persons may serve together as long as they are married.)					
1st Guardian(s)	Name(s):	Relation:			
2 <sup>nd</sup> Guardian(s)	Name(s):	Relation:			
3 <sup>rd</sup> Guardian(s)	Name(s):	Relation:			
Who do you	want to name as agent(s) on your Durable Power of At	torney?			
	ole Power of Attorney gives the person(s) named the power ance, it can be used to sign a deed or a tax return or to make				
1 <sup>st</sup> Agent	Name:	Address:			
	Relation:				
2 <sup>nd</sup> Agent	Name:	Address:			
	- Kolulion				
3 <sup>rd</sup> Agent	Name:	Address:			
Who do you want to name as agent(s) on your Health Care Directive?					
1st Agent	Phone:				
2 <sup>nd</sup> Agent	Name:	Address:			
2 /igeiii	Phone:				
3 <sup>rd</sup> Agent	Name:	Address:			
	Phone:				

