

Estate Planning Client Asset Information

Name: _____

Date: _____

Social Security No.: _____

D.O.B.: _____

Type of Asset:	None	Held by ?	Held Jointly?	Beneficiary listed?	Loans/ Liabilities
Checking Account (s)					
Savings Accounts (s)					
Money Market Account(s)					
CD's					
Real Estate (list addresses): Timeshares, land, etc.					
1					
2					
3					
Business Interests:					
Name of Company:					
Mutual Funds:					
Stocks:					
Bonds:					
Vehicles: (Make, Model, Year)					
1					
2					
3					
Personal Effects:					
Anticipated Inheritances:					
Pending Litigation:					
Miscellaneous:					

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MONTHLY INCOME

Description of Income:	He:	She:
Net Salary or Wages:		
Social Security:		
Pension:		
Other Income:		
Total Income:		

GIFTING

Gifts made in excess of \$3,000 per month (total of all gifts made in the same month) to someone other than your spouse within the past sixty (60) months (including transfers of real estate):

Recipient	Date	Amount

Nursing Home Information (if applicable)

Name of Facility:	Monthly Cost:
Date of Admission:	Miscellaneous: