

2. **Children** It is vital that you name all children, even if they are not beneficiaries.

	<u>First Child</u>	<u>Second Child</u>	<u>Third Child</u>
Name(list names as you want them in your documents)	_____	_____	_____
Date of Birth	_____	_____	_____
Address	_____	_____	_____
Name of child's Spouse	_____	_____	_____
	<u>Fourth Child</u>	<u>Fifth Child</u>	<u>Sixth Child</u>
Name	_____	_____	_____
Date of Birth	_____	_____	_____
Address	_____	_____	_____
Name of child's Spouse	_____	_____	_____

	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any deceased children?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any stepchildren not listed above?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do any of your children receive (or likely to receive) any government assistance, i.e., SSI, where receiving assets outright will disqualify them for benefits?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any of your children disabled?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have any of your natural children been adopted by anyone (including step parents)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have any of your grandchildren been adopted by their stepparents?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you wish to remember them in your estate planning?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does anyone else live in your home with you?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you contributing to the support of anyone on a regular basis other than your minor children?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you been granted a "power of appointment" in anyone else's will, trust, etc.

3. **Long Term Care Insurance Information**

Company	_____	_____
Amount	_____	_____

4. **Prepaid Funeral Plan**

Company	_____	_____
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5. Advisors:

Accountant/Tax Preparer
Investment Counselor

6. Monthly Income.

Client 1

Wages: \$ _____

Pension Income: \$ _____

Social Security: \$ _____

Investment Income: \$ _____

Client 2

Wages: \$ _____

Pension Income: \$ _____

Social Security: \$ _____

Investment Income: \$ _____

Any file that is generated during the client's representation is the property of Landerholm, Memovich, Lansverk and Whitesides, P.S.

Date: _____

WORTH SUMMARY

ASSETS

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Real Estate

Home (fair market value) \$ _____ ()
 Vacation Home \$ _____ ()
 Business \$ _____ ()
 Other \$ _____ ()

Life Insurance

Total Death Benefit (Client 1) \$ _____ ()
 Total Death Benefit (Client 2) \$ _____ ()

Cash in Bank

Checking account \$ _____ ()
 Savings account \$ _____ ()
 Other accounts \$ _____ ()

Retirement Plans

IRA (Client 1) \$ _____ ()
 Is your IRA a Roth IRA? yes ___ no ___
 IRA (Client 2) \$ _____ ()
 Is your IRA a Roth IRA? yes ___ no ___
 401K (Client 1) \$ _____ ()
 401K (Client 2) \$ _____ ()
 Other Retirement Plans \$ _____ ()

Other Investments

Stocks \$ _____ ()
 Bonds \$ _____ ()
 Mutual Funds \$ _____ ()
 Annuities \$ _____ ()
 Other: _____ \$ _____ ()
 _____ \$ _____ ()

TOTAL ASSETS \$ _____

LIABILITIES

Mortgages/Contracts Owed

Home \$ _____ ()
 Vacation Home \$ _____ ()
 Business \$ _____ ()
 Other \$ _____ ()

Loans

Autos and other vehicles \$ _____ ()
 Personal \$ _____ ()
 Life Insurance \$ _____ ()
 Other Indebtedness _____ \$ _____ ()
 _____ \$ _____ ()

TOTAL LIABILITIES \$ _____

* *

Is anyone else's name on your assets as co-owner, joint tenant, beneficiary in case of death, etc.? If so, please list the asset and the person.

Asset _____ Name on Asset (besides yours)

* ASSETS - PARENTHESIS INDICATE WHETHER:
 (HSP) Husband separate property
 (WSP) Wife separate property
 (CP) Community property
 (JTWROS) Joint tenants with right of survivorship