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**Date:**

**Referred by:**

**Client:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**/Former name, AKA | DOB/Age | Occupation (including employer or self-employed) | Highest Level of Education HS/Colleges/Universities attended: | Current Address |
|  |  |  |  |  |

**Client Contact Information:**

|  |  |  |
| --- | --- | --- |
| Phone | Email | Comments (are there any specific directions needed about contacting you?) |
|  |  |  |

**Spouse:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**/Former name, AKA | DOB/Age | Occupation (including employer or self-employed) | Highest Level of Education HS/Colleges/Universities attended: | Current Address |
|  |  |  |  |  |

**Marriage:**

|  |  |  |
| --- | --- | --- |
| Date of Marriage  No. of marriages ( ) | Location of Marriage | Date of Separation (if applicable) |
|  |  |  |

**Children:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DOB/Age | School/tuition | Medical/Educational or Psychological special needs |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FINANCIAL INFORMATION:**

**Current Annual Income**:

*Salary (please include any bonuses)*

Client: current weekly gross:

2023-

2022-

2021-

Spouse: current weekly gross:

2023-

2022

2021-

2022 Federal Income Tax Return -Adjusted Gross Income

-Taxable Income

Additional/Other Income (please include any rental income, trust income, etc.):   
Married filing jointly    
Other

Health Insurance subscriber? Client  Spouse   
Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_monthly contribution of subscriber $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
If insurance is provided by employer, is employer self-insured? Yes  No

**Marital Assets:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ASSET | CLIENT | SPOUSE | JOINT | COMMENTS |
| A. Cash Accounts. Please indicate the name of each bank, other institution, type of account (e.g. Checking, Savings, CD’s, Money Market, Bitcoin or other cryptocurrency, etc.). | | | | |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
| B. Brokerage Account and Securities. Please indicate the name on each account. | | | | |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
| C. Real Estate. Please list the address of each real estate parcel. Please separately list the approximate value of any mortgage(s) for each parcel. | | | | |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
| D. Retirement Plans. Please indicate the type of retirement plan (e.g., traditional IRA, Roth IRA, 401 (k), profit sharing, pension, annuity, etc.) and employee affiliation, if any. | | | | |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ASSET | CLIENT | SPOUSE | JOINT | COMMENTS |
| E. Closely Held Business Interests. Please describe each closely held business interest and the type of interest (e.g. C corp., S corp., LLC, partnership, sole proprietorship, etc.) | | | | |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
| F. Notes and Mortgages Receivable. Please indicate the obligor, rate, and due date for each note and mortgage receivable. | | | | |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
| G. Tangible Personal Property. Please list jewelry, furs. fine art, antiques, and other valuable items. | | | | |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |

Vehicles:

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Make/Brand | Title Owner | Amount Owed | Current Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Liabilities: Do you or your spouse have any current liabilities (credit card debt, home equity loans, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| Liability | Name | Total Amount | Comments |
| Mortgage |  |  |  |
| Equity Line |  |  |  |
| Credit Card |  |  |  |
| Car Loan |  |  |  |
| School Loan |  |  |  |
| Personal Loan |  |  |  |
| Business Loan |  |  |  |
| Other |  |  |  |

Life Insurance: Please list insurance company, policy type, death benefit amount, and cash value (if any)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Insurance Company | Person Insured | Policy Beneficiary | Policy type | Cash Value  (if any) | Face Value | Loan |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Policy types include: Term, Whole Life, Group Life, Split Dollar, etc.  
The face value of a life insurance policy is ordinarily the policy’s death benefit  
The owner of a life insurance policy is ordinarily the person who has the power to change its beneficiary.

|  |  |  |
| --- | --- | --- |
| Disability Insurance | Monthly Benefit | Annual Premium |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Long Term Care | Monthly Benefit | Annual Premium |
|  |  |  |
|  |  |  |

CURRENT ESTATE PLAN (Check to indicate ‘yes’ on all questions below)

Do you have a Will?

Have you created a Trust?

Do you have Power of Attorney?

Do you have a Health Care Proxy?

Do you have a Prenuptial Agreement?

(if yes, please attach)

Are you or your spouse grantor/donor, trustee, or beneficiary of any trusts?   
If so, please explain below.

INHERITANCES: (please list any below)

**Please check the boxes below if answer is “yes”.**

Do you or your spouse own any intellectual property rights?  If yes, please list them below:

Do you or your spouse have any significant collections (e.g. art)?

Are there any firearms in your home?  If so, are they locked?

Do you have a passport?

If so, what is your full name on it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where was it issued and on what date does it expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is it kept? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your spouse have a passport?

If so, what is their full name on it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where was it issued and on what date does it expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is it kept? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child(ren) have passports?

If so, what is their full names on them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where were they issued, and on what date do they expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are they kept? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Accountant: |  | |  |
|  | Name | | Firm Name |
|  |  |  |  |
|  | Address | Telephone | Email |
| Financial Advisor: |  | |  |
|  | Name | | Firm Name |
|  |  |  |  |
|  | Address | Telephone | Email |

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Agent: |  | |  |
|  | Name | | Firm Name |
|  |  |  |  |
|  | Address | Telephone | Email |
| Other: |  | |  |
|  | Name | | Firm Name |
|  |  |  |  |
|  | Address | Telephone | Email |

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**Preferred email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**