

Referred By:_____

CONTROL (Trustee) -

Full Name:

Birth Date:

Phones:

Mail Address:

Residence:

Backup Person Full Name:

Birth Date:

Phones:

email:

Mail Address:

Residence:

BENEFICIARIES During Life -

Full Name:

Relationship:

Birth Date:

Emergency Contact Info:

BENEFICIARIES After Life -

Full Name:

Relationship:

Birth Date:

Emergency Contact Info:

ASSETS – (Approximate Values – (Account Numbers not needed)

Residence Property:

Estimated Market Value:

Loans:

Other Real Estate or Time Shares:

Business:

Stocks, Bonds:

Partnerships:

Investments:

Bank Accounts Value:

How many accounts:

Retirement (Pensions, IRA's, 401k, etc.):

Accounts Value:

How many accounts:

Insurance Policies (Life, Health, Annuities, etc.):

Accounts Value:

How many accounts:

Vehicles (Cars, Boats, Cycles, RV, Airplanes, Jet Skis):

How many are paid off:

Describe:

Collectibles:

Describe:

Other Assets (Furniture, Tools, Patents, Leases, Equipment, Notes, Court Awards, etc.)

Describe:

Last Year Taxes Filed:

Approximate Taxable Income Declared: