

Client Name:
File Number:

Initial Meeting Date:
Expedited Date and Reason:

Legal Name: _____
(Check your Drivers License to confirm)

Home Address: _____

Email Address: _____

Phone: (C) _____ (H) _____ (W) _____

(* Indicate preferred number/email for us to contact you)

Date of birth _____ Citizenship _____ Date of NC residency? _____

Employer: _____ Occupation: _____

Planned retirement date: _____ Years w/ current Employer _____

Initial Questions: _____

Current files with Senter, Stephenson, Johnson: _____

Family

Prior Marriage: Yes No Currently Married: Yes No

Spouse's Name: _____ Years Married: _____

List Children or Step-children from oldest to youngest (Note any step-children):

Full Name	Age and Date of Birth	City/State
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_____	_____	_____
_____	_____	_____

Grandchildren and their parents (Note if adopted):

Full Name	Date of Birth	Parents	City/State
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_____	_____	_____	_____
_____	_____	_____	_____

Please list names and addresses of relatives living closest to you other than children or spouse.

Attach page if the following applies:

- List any special educational, medical, financial, etc. that your relatives or others may have.

- List any individual who is dependent upon you for support, and provide general information as to the reason for and the extent of support provided.

2 – Client Name:

Assets

Briefly describe your assets: _____

Do you have a CPA or financial advisor? If so, please provide his/her contact information: _____

Checking and Savings Accounts:

Financial Institution	Account Type	Value	Joint Owner/Beneficiary
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Retirement Plan(s) (include pensions, 401ks, IRAs, etc.):

Financial Institution	Account Type	Value	Beneficiary
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Stocks, Mutual Funds, Brokerage Accounts:

Financial Institution	Account Type	Value	Joint Owner/Beneficiary
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Life Insurance Policies:

Financial Institution	Policy Type	Value	Beneficiary
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Real Estate (include primary residence if owned/mortgaged):

County and Address	Value and Mortgage	Joint Owner(s)
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Business Interests:

Name of Business	Ownership	LLC/S-Corp/C-Corp
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Do you own unique assets, like antiques or works of art, which may require special consideration or valuation? If so, list them. _____

Have you received any substantial family gifts or inheritances or do you expect to? If so, explain. _____

3 – Client Name:

Distribution Objectives

Describe generally how you want your assets distributed: *(Keep in mind that assets with beneficiary designations and joint owners might pass outside of your will.)*

Are there any specific assets, such as jewelry, furniture, or works of art, that you want to give as a specific bequest to a person or other institution?

Do you wish to make bequests to any charitable organization?

Name and Address of Charitable Organization

Amount

If one of your beneficiaries or potential beneficiaries is a minor, would you want that beneficiary to receive property outright when they reach the age of majority, or would you prefer to space out those distributions over a period of years? _____

Age(s) of distribution: _____ Trust /UTMA Custodian

If none of your children or listed beneficiaries survives you and your spouse, how would you want to distribute your estate?

Who would you like to list in the following positions?

Executor

Trustee

Guardian

1. _____
2. _____
3. _____

4 – Client Name:

Miscellaneous

Do you serve as custodian or trustee of assets of others? _____

If you have a safe deposit box, where is it located? _____

Do you have any special requests regarding funeral arrangements, burial, cremation or the disposition of your remains? List any pre-paid funeral arrangements you have made.

Do you currently have a **Power of Attorney**? _____ If so, has it been recorded with the Register of Deeds? _____

Name Address of Attorney in Fact: _____

Recording Information: _____ County Registry, Book _____ Page _____

Who would you like to appoint to handle your business affairs?

	Name	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____

Do you have a **Health Care Power of Attorney**? _____ Who would you like to appoint to make health care decisions for you if you become unable to make them yourself?

	Name	Address	Phone Numbers
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have a **Living Will** (sometimes called a Declaration of a Desire to Die a Natural Death)?

Where do you intend to store your will? _____

Our office offers complimentary storage of original documents in our fire proof safe. We are happy to store your original documents and will present them to you or your agent upon request and proof of identification.

After this meeting, you will receive drafts of your estate planning documents in 2-3 weeks to review so that you can make any changes or ask any questions prior to returning to our office to execute the documents.

- **How would you like to receive your drafts? E-mail
 Mail
 Pick up from front desk