

Bearman Law

David A. Bearman
Attorney at Law

Dated _____

CLIENT

SPOUSE

Name to use when you sign legal documents

Name to use when you sign legal documents

Street _____

P.O. Box _____

County _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Is Client a US Citizen?

Yes No

Is Spouse a US Citizen?

Yes No

Indicate if there is an existing Guardianship for:

Client Spouse

Indicate if there is an existing Conservatorship for:

Client Spouse

Birth date: _____

Employer: _____

Which legal documents currently exist - indicate all that apply

- | | | | | | |
|------------------------------|-----------------------------|---------------------------|------------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Durable Power of Attorney | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Irrevocable Living Trust |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Advance Directive | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Marital agreement |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last Will | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Buy-Sell agreement |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Revocable Living Trust | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Court financial obligation |

Name - Date of existing Trust: _____

What are your current goals or primary concerns - indicate all that apply

Low Mid High Priority

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Avoid Probate, Conservatorships and Guardianships |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Minimize estate taxes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medicaid (long term care) planning for yourself or others |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Education and other significant expense planning for family members. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Yes No Do you wish to have documents (password protected) sent to you through your email?

Email Address to use: _____

YOUR FAMILY AND OTHERS WHO WILL INHERIT

Name _____ Male Female

Child of Client Spouse Other _____

Sibling of Client Spouse Other _____

Parent of Client Spouse Other _____

Friend of Client Spouse

Other Relationship _____

This person Is a Minor Is Deceased Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Name _____ Male Female

Child of Client Spouse Other _____

Sibling of Client Spouse Other _____

Parent of Client Spouse Other _____

Friend of Client Spouse

Other Relationship _____

This person Is a Minor Is Deceased Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Name _____ Male Female

Child of Client Spouse Other _____

Sibling of Client Spouse Other _____

Parent of Client Spouse Other _____

Friend of Client Spouse

Other Relationship _____

This person Is a Minor Is Deceased Cannot manage money

Street _____

City _____ State _____ Zip _____

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Home Phone _____ Cell Phone _____

Name _____ Male Female

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Sibling of Client Spouse Other _____

Parent of Client Spouse Other _____

Friend of Client Spouse

Other Relationship _____

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Name _____ Male Female

Child of Client Spouse Other _____

Sibling of Client Spouse Other _____

Parent of Client Spouse Other _____

Friend of Client Spouse

Other Relationship _____

This person Is a Minor Is Deceased Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Charity

Notes

YOUR DECISION MAKERS

Name _____ Male Female

- Financial decision maker
- Health Care decision maker
- Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ Male Female

- Financial decision maker
- Health Care decision maker
- Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ Male Female

- Financial decision maker
- Health Care decision maker
- Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ Male Female
 Financial decision maker
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City _____ State _____ Zip _____
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Telephone _____ Cell Phone _____

Name _____ Male Female
 Financial decision maker
 Health Care decision maker
 Guardian for Minor Child
Relationship _____
Street _____
City _____ State _____ Zip _____
Email _____
Telephone _____ Cell Phone _____

YOUR ADVISERS

Personal Attorney: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Business Attorney: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Accountant: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Financial Planner: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Stock Broker:

Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Life Insurance:

Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____
Web site: _____

Physician (Client):

Name _____
Name of Clinic _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Physician (Spouse):

Name of Clinic _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

YOUR WEALTH, INCOME AND EXPENSES

Type	Ownership: Check all that apply for each Type			Total value for each Type
	Client	Spouse	Joint	Use approximate values
Stocks, Bonds, Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Brokerage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Checking, Saving, M-Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certificates of deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Property in State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Property out of State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Business – Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Life insurance death benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Personal Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Potential inheritance	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
Stock options	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
Standard Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
IRAs, 401ks, SEPs, TSAs.	<input type="checkbox"/>			\$ _____
IRAs, 401ks, SEPs, TSAs		<input type="checkbox"/>		\$ _____
Real Property Debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- \$ _____
Assets held jointly with someone <u>other than</u> your spouse:				\$ _____
Total Current Wealth				\$ _____
Income (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Expenses (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____