

SUGGESTED CLIENT INFORMATION FORM

Please gather the following information, using the most current monthly, quarterly, or yearly statement or policy that you have.

- **Property** – value, mortgage co. (if applicable), insurance co.
- **Special personal items** – description, location
- **Auto** – make, model, VIN number
- **Insurance** – all types
- **Banking** – checking and saving accounts, credit cards, safety deposit box
- **CD's & Annuities** – institution, account number, value, maturity date
- **Investments**
- **Income** – employer, pensions, rentals, Social Security – name & amount
- **Business** – type, % of ownership, buy/sell, credit cards, bank accounts
- **Advisors** – name, address, firm name for the following:
 - Attorney, CPA, Bookkeeper, Insurance Agent, Financial Advisor, Primary & Secondary Physicians
- **Family & Friends to contact** – name, address, phone
- **Estate** – Place of Worship - address, phone, and clergy;
Funeral home - address, phone; Cemetery – burial plot - address, phone, location or plot #;
- Any Estate documents that you would like us to make a copy of and keep on file, such as will, living will, buy/sell agreement, power of attorney, trusts, etc.