

SULLIVAN ESTATE LAW, LLC

Please bring this form with you to your appointment, which is with

_____ on _____ at _____.

HELP US GET TO KNOW YOU

Please check each box below that describes the purpose of your visit. Because we focus our practice on estate and business planning, it is important to be sure we are the right attorneys for you.

- | | | |
|--|--|---|
| <input type="checkbox"/> To have my/our existing plan reviewed | <input type="checkbox"/> To reduce or eliminate estate taxes | <input type="checkbox"/> To protect my/our assets from lawsuits and future judgment creditors |
| <input type="checkbox"/> To learn about estate planning | <input type="checkbox"/> To reduce or eliminate capital gains taxes | <input type="checkbox"/> To protect my children's inheritance from divorces and creditors |
| <input type="checkbox"/> To have a Will drawn up | <input type="checkbox"/> To protect my IRA or other retirement plan from excessive taxes | <input type="checkbox"/> To protect my grandchildren from divorces and creditors |
| <input type="checkbox"/> To have a Trust drawn up | <input type="checkbox"/> To reduce or eliminate the costs of Probate | <input type="checkbox"/> To start a gifting program to children, grandchildren or others |
| <input type="checkbox"/> Other: _____ | | |

Client # 1

Full Legal Name _____

Signature used on formal documents (please print) _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

County of Residence _____ Home telephone _____

Cell phone _____ E-Mail address _____

Occupation _____ Business telephone _____

Business address _____ City _____ State _____ Zip _____

Married Date: _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen

Client # 2 (Spouse or Significant Other)

Full Legal Name _____

Signature used on formal documents (please print) _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

County of Residence _____ Home telephone _____

Cell phone _____ E-Mail address _____

Occupation _____ Business telephone _____

Business address _____ City _____ State _____ Zip _____

Married Date: _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen

CHILDREN'S INFORMATION

Child # 1

Child's Full Legal Name _____

Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Cell Phone _____

E-mail address _____ Business telephone _____

Whose child? Client #1 Client #2 Both

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 2

Child's Full Legal Name _____

Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Cell Phone _____

E-mail address _____ Business telephone _____

Whose child? Client # Client #2 Both

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 3

Child's Full Legal Name _____

Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Cell Phone _____

E-mail address _____ Business telephone _____

Whose child? Client #1 Client #2 Both

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 4

Child's Full Legal Name _____

Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Cell Phone _____

E-mail address _____ Business telephone _____

Whose child? Client #1 Client #2 Both

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 5

Child's Full Legal Name _____

Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Cell Phone _____

E-mail address _____ Business telephone _____

Whose child? Client #1 Client #2 Both

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS (Friends or relatives who are dependents.)

Dependent's Full Legal Name _____ Relationship: _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Cell Phone _____

E-mail address _____ Business telephone _____

Special Needs: Medical Educational Financial

OTHER FAMILY & FRIENDS (Who may act as agents on your behalf)

Client # 1

Name _____ Age _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Cell phone _____ Home telephone _____
E-mail _____ Work telephone _____

Name _____ Age _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Cell phone _____ Home telephone _____
E-mail _____ Work telephone _____

Name _____ Age _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Cell phone _____ Home telephone _____
E-mail _____ Work telephone _____

Client # 2

Name _____ Age _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Cell phone _____ Home telephone _____
E-mail _____ Work telephone _____

Name _____ Age _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Cell phone _____ Home telephone _____
E-mail _____ Work telephone _____

Name _____ Age _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Cell phone _____ Home telephone _____
E-mail _____ Work telephone _____

IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer	YES	NO
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre-nuptial and/or post-nuptial marriage agreement? (Please furnish a copy.)		
Have you or significant other ever signed an agreement relating to property rights?		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Are you or your spouse a trustee or beneficiary of a trust created by you or anyone else? (Please furnish copies.)		
Do you wish to benefit any charities in your estate plan?		
Do you have Disability or Long Term Care Insurance in Place?		

YOUR ADVISORS (In case we need to consult with them).

Accountant	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Life Insurance Agent	Name	Firm	Phone
Attorney if other than us	Name	Firm	Phone
Client #1 Physician	Name	Address	Phone
Client #2 Physician	Name	Address	Phone

Who referred you to us?

Name	Firm	Phone
------	------	-------

YOUR ASSETS

Please provide us with an estimate of the value of your estate by completing the following schedule. Use your **best estimate** of each asset's value, assuming you could cash it in or sell it today at a fair price. Disregard what you paid for the asset, or what it was worth when you inherited it.

ASSETS*	<u>AMOUNT</u>		
	CLIENT 1	CLIENT 2	JOINTLY
Cash Accounts			
Investment Accounts			
Stocks			
Personal Effects			
Retirements Plans			
Pension Plans			
Life Insurance Policies (Death Benefit)			
Annuities			
Bonds			
Monies Owed to You			
Business Interests (Corp., LLC, etc...)			
Anticipated Inheritance, Gift, or Judgment			
Oil, Gas, and Mineral Interests			
Farm and Ranch Interests			
Other Assets			
Real Property			
TOTAL ASSETS			

LIABILITIES	<u>AMOUNT</u>		
	CLIENT 1	CLIENT 2	JOINTLY
Loans payable			
Accounts payable			
Real estate mortgages payable			
Loans against life insurance			
Unpaid taxes			
Other obligations			
TOTAL LIABILITIES			
NET ESTATE			
ANNUAL INCOME			