



**DENT**  
LAW OFFICES, LTD.

DATE: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_

**GENERAL INFORMATION**

|  |  |
|--|--|
| Full Legal of Spouse/Partner #1            | Full Legal Name of Spouse/Partner #2       |
| How does your name appear on tax returns?  | How does your name appear on tax returns?  |
| How do you typically sign legal documents? | How do you typically sign legal documents? |
| Common Name:                               | Common Name:                               |
| Residence Address:                         | Residence Address:                         |
| County of Residence:                       | County of Residence:                       |
| Country of Citizenship:                    | Country of Citizenship:                    |
| Residence Telephone:                       | Residence Telephone:                       |
| Mobile Telephone:                          | Mobile Telephone:                          |
| Home Fax:                                  | Home Fax:                                  |
| E-Mail Address:                            | E-mail Address:                            |
| Employer/Business Name:                    | Employer/Business Name:                    |
| Employer/Business Address:                 | Employer/Business Address:                 |

|   |                                     |
|---|-------------------------------------|
| <b>Employer/Business Telephone:</b>   | <b>Employer/Business Telephone:</b> |
| <b>Date of Birth:</b>   | <b>Date of Birth:</b>               |
| <b>Social Security Number:</b>  | <b>Social Security Number:</b>      |
| <b>Are you a Veteran or a Spouse of a Veteran?</b>  |                                     |
| <b>Do you have a tribal connection to any Native American tribe?</b>                        |                                     |
| <b>How do you prefer to communicate?</b> Regular mail      E-Mail      (circle one or both) |                                     |

\* It is very important to plan carefully for tax or property consequences that may result from any interstate or international aspects of your estate. If you travel extensively or own residential property in more than one jurisdiction, please be prepared to discuss your views regarding what you consider to be your principal residence.

|  |
|--|
| <p><b>Community Property Domicile:</b><br/> If you have ever lived in any the following community property states, please indicate which states and the dates you resided in the state – Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin:</p> |
|  |
| <p><b>Currently Married?</b>    Date: _____    Place: _____</p>  |
| <p><b>Pre-Marital Agreement?</b> If yes, please supply a copy.</p>   |
| <p><b>Previously married?</b><br/> Name: _____    Yes    No    How many times? _____<br/> Name: _____    Yes    No    How many times? _____</p>  |
| <p>For each prior marriage of either spouse/partner, indicate name of prior spouse, date of marriage, date of termination (divorce, death) and, if divorced, whether prior spouse/partner is living. <b>Please supply copies of any divorce decrees.</b></p>                             |
|  |

**Please indicate what estate planning documents are currently in effect and the dates of execution:**

**Date of Living Trust and Amendments (if any):**

**Date of Will and Codicils (if any):**

**Date of Powers of Attorney (if any): Property:**

**Health Care:**

**Date of Living Will (if any):**

**Date of other estate planning documents (if any):**

**Do you have Long Term Care Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No.**

**Please supply copies of current documents.**

# FAMILY

List children from oldest to youngest and indicate if any are deceased.

\*If both spouses/partners are not legal parents of the child, please tell us which spouse or partner is the legal parent by circling #1 or #2 (from the first page).

| Child's Name<br>(first, middle initial, last) | *Are both spouses/<br>partners<br>legal<br>parents? | Address | Birth<br>Date | Child's<br>Spouse/Partner |
|---|---|---------|---------------|---------------------------|
| 1   | Yes<br>or<br>Sp./Ptnr:<br>1 / 2                     |         |               |                           |
| 2   | Yes<br>or<br>Sp./Ptnr:<br>1 / 2                     |         |               |                           |
| 3   | Yes<br>or<br>Sp./Ptnr:<br>1 / 2                     |         |               |                           |
| 4   | Yes<br>or<br>Sp./Ptnr:<br>1 / 2                     |         |               |                           |
| 5   | Yes<br>or<br>Sp./Ptnr:<br>1 / 2                     |         |               |                           |
| 6   | Yes<br>or<br>Sp./Ptnr:<br>1 / 2                     |         |               |                           |
| 7   | Yes<br>or<br>Sp./Ptnr:<br>1 / 2                     |         |               |                           |
| 8   | Yes<br>or<br>Sp./Ptnr:<br>1 / 2                     |         |               |                           |

List each grandchild and indicate which of your children that grandchild's parent is.

|        | <b>GRANDCHILD'S NAME</b><br>(first, middle initial, last) | <b>PARENT</b><br>(by number,<br>from above) | <b>BIRTH</b><br><b>DATE</b> | <b>SPOUSE</b> |
|--------|---|---|-----------------------------|---------------|
| 1<br>. |   |   |                             |               |
| 2<br>. |   |   |                             |               |
| 3<br>. |   |   |                             |               |
| 4<br>. |   |   |                             |               |
| 5<br>. |   |   |                             |               |
| 6<br>. |   |   |                             |               |

**Are all of the above persons U.S. Citizens? If not, please explain:**

**Do any of your children or grandchildren require special consideration? (Consider, for example, their educational, mental, or physical needs). If so, please explain:**

**Is anyone, other than minor children, dependent on you? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
**If so, please explain who and how?**

Is there a Court Order requiring you to pay alimony or child support?

Yes  No

Would you like to provide for any children you might have or adopt in the future?

Yes  No

## ADVISORS

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### Accountant/CPA

Firm/Name:

Address:

Telephone Number:

### Financial Advisor

Firm/Name:

Address:

Telephone Number:

### Personal Banker/Other

Firm/Name:

Address:

Telephone Number:

### Stock Broker/Other

Firm/Name:

Address:

Telephone Number:

### Life Insurance Agent

Firm/Name:

Address:

Telephone Number:

## AFFILIATIONS AND ORGANIZATIONS

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|                                       |
|---------------------------------------|
| <b>Church Affiliation</b>             |
| <b>Church Name:</b>                   |
| <b>Pastor:</b>                        |
| <b>Address:</b>                       |
| <b>Telephone Number:</b>              |
| <b>Organizations/Community Groups</b> |
| <b>Name of Entity:</b>                |
| <b>Contact Person:</b>                |
| <b>Telephone Number:</b>              |
| <b>Name of Entity:</b>                |
| <b>Contact Person:</b>                |
| <b>Telephone Number:</b>              |
| <b>Name of Entity:</b>                |
| <b>Contact Person:</b>                |
| <b>Telephone Number:</b>              |
| <b>Name of Entity:</b>                |
| <b>Contact Person:</b>                |
| <b>Telephone Number:</b>              |
| <b>Charities</b>                      |
| <b>Name of Charity:</b>               |
| <b>Contact Person:</b>                |
| <b>Telephone Number:</b>              |
| <b>Name of Charity:</b>               |
| <b>Contact Person:</b>                |
| <b>Telephone Number:</b>              |
| <b>Name of Charity:</b>               |
| <b>Contact Person:</b>                |
| <b>Telephone Number:</b>              |
| <b>Name of Charity:</b>               |
| <b>Contact Person:</b>                |
| <b>Telephone Number:</b>              |

## WHAT'S IMPORTANT TO YOU

| <b>PLANNING ISSUE</b>  | <b>IMPORTANCE</b><br>(Least being 1 and Most being 5)<br>Please circle your choice |
|--|--|
| <b>Retaining Control during lifetime</b>   | 1 2 3 4 5  |
| <b>Planning for incapacity</b><br>Financial Management<br>Health Care Decisions  | 1 2 3 4 5<br>1 2 3 4 5   |
| <b>Avoiding Probate</b><br>Cost<br>Delay<br>Complication<br>Publicity  | 1 2 3 4 5<br>1 2 3 4 5<br>1 2 3 4 5<br>1 2 3 4 5                                   |
| <b>Spousal Protection</b><br>Creditor Protection<br>Medicaid Protection<br>Investment Assistance<br>Remarriage Protection  | 1 2 3 4 5<br>1 2 3 4 5<br>1 2 3 4 5<br>1 2 3 4 5                                   |
| <b>Estate Tax Planning</b>   | 1 2 3 4 5  |
| <b>Keeping Assets in the Bloodline</b>   | 1 2 3 4 5  |
| <b>Planning for Beneficiaries</b><br>"Special Needs"   | 1 2 3 4 5  |
| <b>Planning for Adult Children</b><br>Investment Assistance<br>Tax & Administrative Assistance<br>Divorce Protection<br>Creditor Protection<br>Medicaid Protection | 1 2 3 4 5<br>1 2 3 4 5<br>1 2 3 4 5<br>1 2 3 4 5<br>1 2 3 4 5                      |
| <b>Special Bequests to Individuals</b><br>Monetary<br>Property (business, farm, etc.)<br>Personal Effects  | 1 2 3 4 5<br>1 2 3 4 5<br>1 2 3 4 5  |
| <b>Special Bequests to Charities</b>   | 1 2 3 4 5  |



**Please review your answers above and list the top 3 issues that are most important to you:**

1.

2.

3.

**Please list any other concerns:**

## MONTHLY INCOME & EXPENSE WORKSHEET

### Monthly Income

Social Security    \$\_\_\_\_\_

Pension            \$\_\_\_\_\_

(Company, Gov't, etc.)

Annuity Income    \$\_\_\_\_\_

401K                \$\_\_\_\_\_

Disability Income \$\_\_\_\_\_

Insurance

IRA Income        \$\_\_\_\_\_

Interest Income    \$\_\_\_\_\_

(stocks, CDs, bonds)

Farm Income        \$\_\_\_\_\_

Rental Income     \$\_\_\_\_\_

Oil Income         \$\_\_\_\_\_

Wages              \$\_\_\_\_\_

Other                \$\_\_\_\_\_

### Monthly Expenses

House or Rent Payment    \$\_\_\_\_\_

Utilities                \$\_\_\_\_\_

(Electric, Gas, Water)

Car Payments                \$\_\_\_\_\_

Credit Card Payments      \$\_\_\_\_\_

Other Debt Payments      \$\_\_\_\_\_

Health Insurance            \$\_\_\_\_\_

Car Insurance                \$\_\_\_\_\_

Medicare Insurance        \$\_\_\_\_\_

Premiums

Medicare Supplement      \$\_\_\_\_\_

Insurance Premiums

Home /Renters Ins.        \$\_\_\_\_\_

Dues                        \$\_\_\_\_\_

Prescriptions                \$\_\_\_\_\_

Property Taxes              \$\_\_\_\_\_

Other                        \$\_\_\_\_\_

# FINANCIAL SUMMARY

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| ASSETS   | VALUES                   |                         | TOTAL NUMBER OF ACCOUNTS/<br>PARCELS |
|--|--------------------------|-------------------------|--------------------------------------|
| <b>Cash &amp; Notes</b><br>(Checking, Savings, CDs, Money Market, money owed to you)       | \$                       |                         |                                      |
| <b>Real Estate</b><br>(Residential/Commercial/Farmland /Rental/Time Shares/Cemetery Plots) | \$                       |                         |                                      |
| <b>Securities</b><br>(Stock/Mutual Funds/Bonds)  | \$                       |                         |                                      |
| <b>Business Interests</b><br>(Corporation/LLC/Partnerships/etc.)                           | \$                       |                         |                                      |
| <b>Life Insurance</b><br>(Whole/Term/Variable/Universal/etc.)                              | <b>Death Value</b><br>\$ | <b>Cash Value</b><br>\$ |                                      |
| <b>Annuities</b>   | \$                       |                         |                                      |

|  |    |  |
|--|----|--|
| <b>Qualified Retirement Plans &amp; IRAs</b><br>(Traditional IRA/Keogh/SEP/Roth/Pension/401k/Profit Sharing) | \$ |  |
| <b>Non-Qualified Employee Benefits</b><br>(Deferred Comp/ESOP/etc.)  | \$ |  |
| <b>Tangible Personal Property</b><br>(Furniture/Autos/Collections/Jewelry/etc.)                              | \$ |  |
| <b>Miscellaneous</b>   | \$ |  |
| <b>TOTALS</b>  | \$ |  |
| <b>LIABILITIES</b>   |    |  |
| <b>Mortgages</b>   | \$ |  |
| <b>Loans/Notes</b>   | \$ |  |
| <b>Other Liabilities (Taxes/Student Loans/Credit Cards/etc.)</b>   | \$ |  |
| <b>TOTALS</b>  | \$ |  |
| <b>NET WORTH<br/>(Assets minus Liabilities)</b>  | \$ |  |

Please be prepared to provide a copy of your most recently-filed tax return (Form 1040), including all schedules and a copy of your most recent financial statement (if any).