

MARITAL INFORMATION (If Applicable)

Date and Place of Marriage: _____

Date of Spouse's Death: _____ Date of Divorce: _____

Have you been married more than once? If so, please explain _____

If yes, please provide copy of divorce decree, spouse's name and address, date of death, or divorce from prior spouse, the title, location, and case number of probate or divorce court: _____

CHILDREN OR OTHER LIVING RELATIVES

Name	Address	Phone #	Soc. Sec. #	Spouse
		H: W:		
		H: W:		
		H: W:		
		H: W:		
		H: W:		

GRANDCHILDREN:

Name	Address	Phone #	D.O.B.	Soc. Sec. #

GENERAL INFORMATION

Yes/No

*Do you receive Social Security?
 If so, where is the check deposited? _____
 Is the check directly deposited by Social Security?

*Have you been appointed as a fiduciary
 (executor, trustee, attorney-in-fact, etc.)
 under any legal documents
 If so, please describe said documents: _____

*Are you involved in a lawsuit?
 If so, please explain:

*Do any family members require special attention? (Explain; use back of page if necessary). For example,
 health, physical, mental, financial status, special and/or individual needs?

*Does anyone in your family receive Social Security Disability? _____
 *Does anyone in your family receive Supplemental Security Income? _____
 *Is anyone at risk because of becoming seriously ill or disabled (due to a medical condition or family history)?

*If you were unable to make health care decisions for yourself, who would you want to make those decisions
 for you? (list in order) (1) _____ (2) _____
 (3) _____ (4) _____

*If you were unable to make financial business decisions, who would you want to pay bills, make investment

decisions and carry out other financial transactions for you (list in priority order) (1) _____
(2) _____ (3) _____
(4) _____

HEALTH CARE INFORMATION

Yes/No

*Do you have or receive the following?
Medicare Part A _____ Part B _____ Part C _____ _____

*Supplemental Insurance
If yes, name: _____

*Medicare HMO?
If yes, name: _____

*Long Term Care insurance
If yes, name: _____

*Medicaid Benefits? _____
*Veterans Benefits? _____

DOCUMENTS

Please indicate if you have any of the following: Yes/No

Will?

Date of Will? _____

Durable Power of Attorney?

Health Care Proxy?

Living Will?

Living Trust?

Indicate Irrevocable or Revocable (circle one)

Burial Arrangements - Do you own a burial plot?

Yes _____ No _____

If so, Burial Plot: Location: _____

Have you pre-paid your funeral?

Yes _____ No _____

Pre-need Burial Contract (please provide a copy)

Yes _____ No _____

PROFESSIONAL ADVISORS:

Tax Preparer:

Name _____
Company _____
Address _____
City _____
State _____ Zip _____
Telephone: Home: _____
Business: _____
Fax: _____

Insurance Advisor:

Name _____
Company _____
Address _____
City _____
State _____ Zip _____
Telephone: Home: _____
Business: _____
Fax: _____

Insurance Agent:

Name _____
Company _____
Address _____
City _____
State _____ Zip _____
Telephone: Home: _____
Business: _____
Fax: _____

Person who referred you to

Futterman & Lanza, LLP

Name _____
Company _____
Address _____
City _____
State _____ Zip _____
Telephone: Home: _____
Business: _____
Fax: _____

Is this person a client of the law firm? () yes
() no

If a Professional Advisor referred you, do you want us to contact him or her and let them know you have met with us?

Yes/No

INCOME AND EXPENSES

Please list your estimated monthly income and health care expenses.

Monthly Income

Income

Social Security	_____
Interest	_____
Dividends	_____
Pension Benefits	_____
IRA Benefits	_____
Rental Income	_____
Capital Gains (Losses)	_____
Other Taxable Income	_____
Other Non-Taxable Income	_____
.....	_____
Total Income	_____

Monthly Health Care Expenses

Total

Home Care	_____
Insurance Premiums	_____
Prescription drugs	_____
Nursing Home	_____
Other	_____
.....	_____
Total Expenses	_____

ASSETS

1. Real Estate

<u>Owner</u>	<u>Location</u>	<u>Estimated Value</u>	<u>Mortgage Balance</u>	<u>Cost Basis</u>
_____	(a) _____	_____	_____	_____
_____	(b) _____	_____	_____	_____
_____	(c) _____	_____	_____	_____
_____	(d) _____	_____	_____	_____

Do you receive a veteran's exemption on your primary residence?
 Do you receive a senior citizen's exemption on your primary residence?

()Yes ()No
 ()Yes ()No

2. Cash, Bank Accounts and Certificates of Deposit

<u>Name on or Title of Account</u>	<u>Name of Financial Institution</u>	<u>Amount</u>
Cash		\$ _____
Checking Accounts		
_____	_____	\$ _____
_____	_____	\$ _____
Savings/Money Market Accounts		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Certificates of Deposit		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3. Stocks and Bonds

<u>Name on or Title of Account</u>	<u>Description</u>	<u>Amount</u>
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Individually Held (Name of Stock/Bond/# of Shares)

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Brokerage Accounts (Name of Financial Institution/Acct. #)

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Mutual Funds (Name of Financial Institution/Acct. #)

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Savings Bonds (Type/How is it titled)

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

4. Life Insurance

<u>Owner</u>	<u>Company</u>	<u>Face Amount</u>	<u>Cash Amount</u>	<u>Loan Balance</u>	<u>Insured</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

5. Retirement Benefits

<u>Owner</u>	<u>Description</u>	<u>Beneficiary</u>	<u>Principal Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6. Annuities, Mortgages and Notes (money owed to you)

<u>Owner</u>	<u>Description</u>	<u>Beneficiary</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

_____ \$ _____

7. Personal Property
Home Furnishings

<u>Owner</u>	<u>Location</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____

Automobiles

_____	_____	\$ _____
_____	_____	\$ _____

Jewels and/or Furs

_____	_____	\$ _____
_____	_____	\$ _____

Other (Collections, etc.)

_____	_____	\$ _____
_____	_____	\$ _____

Safe Deposit Boxes

() Yes () No

<u>Owner</u>	<u>Location of Box</u>	<u>Contents</u>	<u>Location of Key</u>	<u>Estimated Value</u>
_____	_____	_____	_____	\$ _____

_____ \$ _____

8. Business Interest(s)

9. Miscellaneous and Comments

GIFTS YOU HAVE MADE

Include gifts in excess of \$10,000 per year. Also, please provide us with any filed gift tax returns.

Donor	Donee	Date Given	Tax Returns filed	Value

LIABILITIES: (Debt owed by you or your spouse, contractual and lease hold obligations, pending lawsuits and claims, etc.)

<u>Description</u>	<u>Name of Debtor</u>	<u>Amount</u>	<u>When Due</u>
1. General Debts			
Notes and accounts payable by you	_____	_____	_____
Loans on life insurance policies	_____	_____	_____
Unsecured promissory notes	_____	_____	_____

General obligations	_____	_____	_____
Other	_____	_____	_____
2. Mortgage Payables			
Home Mortgage	_____	_____	_____
Other Mortgages	_____	_____	_____
Total Liabilities		_____	