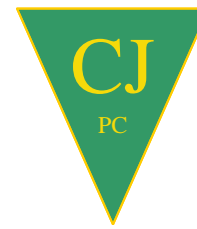


# Coleman Jackson, P.C.

A Professional Legal Services Corporation

Attorney And Counselor At Law



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740 East Campbell Road, Suite 450  
Richardson, Texas 75081

Phone: (972) 680-5118

Email:  
CJ@CJacksonlaw.com

## PERSONAL INFORMATION

*(Please Print)*

### Client # 1

Date Completed \_\_\_\_\_

Full Legal Name \_\_\_\_\_

How you sign your name on legal documents \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married: \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

U.S. Citizen  Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

### Client # 2

Full Legal Name \_\_\_\_\_

How you sign your name on legal documents \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married: Date \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

U.S. Citizen  Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

# CHILDREN'S INFORMATION

## Child # 1

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent:  Husband  Wife  Joint

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single      Spouse's Name: \_\_\_\_\_

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

## Child # 2

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent:  Husband  Wife  Joint

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single      Spouse's Name: \_\_\_\_\_

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



**Child # 3**

Child's Full Legal Name\_\_\_\_\_

Nickname\_\_\_\_\_ Birth date\_\_\_\_\_ Social Security Number\_\_\_\_\_

Home address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home telephone\_\_\_\_\_ County of Residence\_\_\_\_\_

Employer\_\_\_\_\_ Occupation\_\_\_\_\_ Education\_\_\_\_\_

Business address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Parent:  Husband  Wife  Joint

Special Needs  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

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

**Child # 4**

Child's Full Legal Name\_\_\_\_\_

Nickname\_\_\_\_\_ Birth date\_\_\_\_\_ Social Security Number\_\_\_\_\_

Home address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home telephone\_\_\_\_\_ County of Residence\_\_\_\_\_

Employer\_\_\_\_\_ Occupation\_\_\_\_\_ Education\_\_\_\_\_

Business address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Parent:  Husband  Wife  Joint

Special Needs  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

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

**Child # 5**

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent:  Husband  Wife  Joint

Special Needs  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

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

**Child # 6**

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent:  Husband  Wife  Joint

Special Needs  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

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

# OTHER DEPENDENTS

Friends or relatives who are dependents.

## **Dependent # 1**

Dependent's Full Legal Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs     Medical     Educational     Financial

Married     Divorced     Widowed     Single    Spouse's Name: \_\_\_\_\_

## **Dependent # 2**

Dependent's Full Legal Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs     Medical     Educational     Financial

Married     Divorced     Widowed     Single    Spouse's Name: \_\_\_\_\_

## OTHER PROFESSIONAL ADVISORS

Name of CPA: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Financial Advisor: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Family Attorney: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Stock Broker: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Life Insurance Agent: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Personal Banker: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

# IMPORTANT FAMILY QUESTIONS

Please Check “Yes” or “No” for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		
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?		
Have either you or your spouse been divorced?		
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- and/or post-marriage contract? (Please furnish a copy.)		
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 and your spouse United States citizens?		
If you answered “NO,” are either you or your spouse a resident or a non-resident alien?		

# CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD". (Indicate type below for all bank and credit union accounts.) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**TOTAL \$ \_\_\_\_\_**

# INVESTMENT ACCOUNTS

**• IRAs and Annuities should be listed later •**

TYPE: Money Market “MM” ♦ Investment Account “IA” ♦ Cash Management “CM” ♦ or Other Account “OA”. (*Indicate type below for all investment and street accounts.*) If you hold individual stock certificates, please indicate those under “Stocks” on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**TOTAL \$ \_\_\_\_\_**  
**STOCKS**

Please indicate any **stock certificates** that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under “Corporate and Professional Business Interests.” Stocks held in a **Street Account** or **Investment Account** should be listed under “Investment Accounts”. If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			
Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			
Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			
Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			

**Is this stock pledged as collateral on any loans?**    **Yes**    **No**

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name:_____			
Address:_____ Phone:_____			
_____			
Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name:_____			
Address:_____ Phone:_____			
_____			
Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name:_____			
Address:_____ Phone:_____			
_____			
Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**TOTAL \$** \_\_\_\_\_

# PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property. *(Indicate type below and give a lump sum value for miscellaneous items.)*

Type	Owner	Value	Indicate Primary Driver for Automobiles	Is there a lien against the asset?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TOTAL \$** \_\_\_\_\_

<b>Name of Car Insurance Agent</b> _____			
<b>Policy #</b> _____			
<b>Company</b> _____			
<b>Address</b> _____	<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Phone #</b> _____	<b>Fax #</b> _____	<b>E-Mail</b> _____	

# RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) *(Indicate type below.)* Please provide a copy of your Retirement Plan Summary Agreement.

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**TOTAL \$** \_\_\_\_\_

# PENSION PLANS

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**TOTAL \$** \_\_\_\_\_

# INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability ♦ Long Term Care *(Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation")*.

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

**Face Amount TOTAL \$** \_\_\_\_\_

Are any of the above referenced insurance policies pledged as collateral on any loans?  Yes  No

# ANNUITIES

Please provide a copy of each annuity contract.

<b>Company Name</b>	<b>Annuitant</b>	<b>Account #</b>	<b>Owner</b>	<b>Face Amount</b>	<b>Cash Value</b>
_____	_____	_____	_____	\$_____	\$_____
<b>Address:</b> _____		<b>Phone:</b> _____		<b>Agent:</b> _____	
<b>Primary Beneficiary:</b> _____			<b>Secondary Beneficiary:</b> _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

<b>Company Name</b>	<b>Annuitant</b>	<b>Account #</b>	<b>Owner</b>	<b>Face Amount</b>	<b>Cash Value</b>
_____	_____	_____	_____	\$_____	\$_____
<b>Address:</b> _____		<b>Phone:</b> _____		<b>Agent:</b> _____	
<b>Primary Beneficiary:</b> _____			<b>Secondary Beneficiary:</b> _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

<b>Company Name</b>	<b>Annuitant</b>	<b>Account #</b>	<b>Owner</b>	<b>Face Amount</b>	<b>Cash Value</b>
_____	_____	_____	_____	\$_____	\$_____
<b>Address:</b> _____		<b>Phone:</b> _____		<b>Agent:</b> _____	
<b>Primary Beneficiary:</b> _____			<b>Secondary Beneficiary:</b> _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

<b>Company Name</b>	<b>Annuitant</b>	<b>Account #</b>	<b>Owner</b>	<b>Face Amount</b>	<b>Cash Value</b>
_____	_____	_____	_____	\$_____	\$_____
<b>Address:</b> _____		<b>Phone:</b> _____		<b>Agent:</b> _____	
<b>Primary Beneficiary:</b> _____			<b>Secondary Beneficiary:</b> _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

**TOTAL \$** \_\_\_\_\_

# BONDS

TYPE: US Savings Bonds

Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*) If you are named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Type	Owner	Face Value	Social Security # on Bond Face
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL \$** \_\_\_\_\_

# MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you  
*(Please provide a copy of any promissory notes.)*

Name of Debtor	Date Due	Owed To	Current Balance	Promissory Note
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TOTAL \$** \_\_\_\_\_

# PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.  
(Please provide a copy of the Partnership Agreement.)

Name of Partnership or LLC _____
Owners _____ Value _____
Who holds Partnership or LLC papers _____ Phone: _____
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company
Name of General Partner or Managing Member _____

Name of Partnership or LLC _____
Owners _____ Value _____
Who holds Partnership or LLC papers _____ Phone: _____
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company
Name of General Partner or Managing Member _____

**TOTAL \$** \_\_\_\_\_

# CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.

*(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)*

Company _____	Address _____	Phone: _____
Number of Shares _____	% of Ownership _____	
Owner _____	Value _____	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company _____	Address _____	Phone: _____
Number of Shares _____	% of Ownership _____	
Owner _____	Value _____	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company _____	Address _____	Phone: _____
Number of Shares _____	% of Ownership _____	
Owner _____	Value _____	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**TOTAL \$** \_\_\_\_\_

# SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone _____ Policy # _____			
Address _____ City _____ State _____ Zip _____			

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone _____ Policy # _____			
Address _____ City _____ State _____ Zip _____			

**TOTAL \$** \_\_\_\_\_

# ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description	Value

**TOTAL \$** \_\_\_\_\_

## OIL, GAS AND MINERAL INTERESTS

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc. *(Please provide copy of Agreement, Certificate, or Deed.)*

Company _____	Type _____	Name _____
Address _____	City _____	State _____ Zip _____
County _____	Phone # _____	
Owner _____	Value _____	

Company _____	Type _____	Name _____
Address _____	City _____	State _____ Zip _____
County _____	Phone # _____	
Owner _____	Value _____	

**TOTAL \$** \_\_\_\_\_

# OTHER ASSETS

TYPE: Any property you own that does not fit into any other listed category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL \$** \_\_\_\_\_

# REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ♦ Tenants in common (TC) ♦ Tenancy by the entireties (TBE) *(Please provide a copy of the Deed or Agreement relating to each property.)*

Address _____  City _____ State _____ Zip _____ County _____ Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Lender _____ Address _____ Home Insurance Agent _____ Company _____ Address _____ City _____ State _____ Zip _____ What year did you buy this property? _____ How much did you pay? _____ Please provide a copy of your Title Insurance Policy	<b>Owner</b>  _____  <b>Loan #</b> _____  <b>Phone</b> _____	<b>Mortgage Amount</b>  _____  <b>Policy #</b> _____	<b>Fair Market Value</b>  _____
---	--	---	---------------------------------------

Address _____  City _____ State _____ Zip _____ County _____ Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Lender _____ Address _____ Home Insurance Agent _____ Company _____ Address _____ City _____ State _____ Zip _____ What year did you buy this property? _____ How much did you pay? _____ Please provide a copy of your Title Insurance Policy	<b>Owner</b>  _____  <b>Loan #</b> _____  <b>Phone</b> _____	<b>Mortgage Amount</b>  _____  <b>Policy #</b> _____	<b>Fair Market Value</b>  _____
---	--	---	---------------------------------------

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____ How much did you pay? _____			
Please provide a copy of your Title Insurance Policy			

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____ How much did you pay? _____			
Please provide a copy of your Title Insurance Policy			

**TOTAL \$ \_\_\_\_\_**

**ASSETS\***

**CLIENT #1 CLIENT # 2**  
**AMOUNT**

Cash Accounts		
Investment Accounts		
Stocks		
Personal Effects		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Partnership & LLC's Interests		
Corporate Business Interests		
Sole Proprietorship Interests		
Anticipated Inheritance, Gift, or Judgment		
Oil, Gas, and Mineral Interests		
Other Assets		
Real Property		
<b>TOTAL ASSETS</b>		

**LIABILITIES**

**CLIENT #1 CLIENT # 2**  
**AMOUNT**

Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
<b>TOTAL LIABILITIES</b>		
<b>NET ESTATE</b>		
<b>ANNUAL INCOME</b>		

1. Have you ever made any taxable gifts? (please include copies of gift tax returns that you have filed)

Recipient	Amount	Date	Source of Funds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Dispositive Plan

a. Do you presently have a will or trust? Yes \_\_\_ No \_\_\_  
(please include a copy, if readily available)

b. What are your estate planning objectives? (simplify probate, avoid income or estate taxes, provide for disabled relatives, make charitable gifts, set up generation-skipping trusts, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. In general, to whom do you want your estate to be distributed?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Do you want to disinherit anyone? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Your documents will set up basic trusts for any minor children, grandchildren, or other relatives who might inherit under your documents. At what age should these trusts terminate and distribute the assets outright to the children?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Fiduciaries

Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs who is willing to serve for free.

If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians). You must also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

a. Executor/ Trustee(s) if Living Trust

Primary

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

b. Guardian and Trustee for minor children

Primary

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate	First Alternate
Name: _____	Name: _____
City & State: _____	City & State: _____
Relationship: _____	Relationship: _____
Second Alternate	Second Alternate
Name: _____	Name: _____
City & State: _____	City & State: _____
Relationship: _____	Relationship: _____

4. Other Estate Planning Documents

a. Statutory Durable Power of Attorney

This document allows your designated agent to handle all of your personal affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way.

Primary  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

First Alternate  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Second Alternate  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

b. Medical Power of Attorney

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc.

Primary  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

First Alternate  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

Second Alternate  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

c. Living Will

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

1. A "terminal condition" is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

\_\_\_\_\_ Comfort treatment only. \_\_\_\_\_ All life-sustaining treatments. \_\_\_\_\_ Undecided.



**Client Confirmation:** Our signatures on this estate planning form signifies that we have voluntarily completed this form for the purpose of seeking estate planning legal counsel from the law offices of Coleman Jackson, P.C. We/I confirm that the form is complete and accurate as of the date of completion. If husband and wife are completing this form, by completing and signing this form, they agree to joint legal representation. Return the Completed Form to Coleman Jackson, P.C. in confidence.

---

*His Signature:*

*Date Form Completed:*

\_\_\_\_\_

\_\_\_\_\_

*Her Signature:*

*Date Form Completed:*

\_\_\_\_\_

\_\_\_\_\_

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**\*\*\* Disclaimer: No Attorney-Client Relationship has been formed between you and this law firm until such time as the parties has executed the Attorney Retainer Agreement and the required retainer has been paid.**

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