

ESTATE PLAN CONSULTATION FORM

Flynn Keith & Flynn
250 S. Water St., Kent, OH 44240
330-673-0114

Please fill out this form as best you can. If time allows, please return the completed form to me before our first meeting; otherwise, bring the completed form with you to our meeting. All information is *strictly confidential*.

Name Client 1 _____
Nickname? _____ (first) (m.i.) (last)

Name Client 2 _____
Nickname? _____ (first) (m.i.) (last)

Home Address _____ Home Phone (____) _____
_____ Cell Phone (____) _____

Preferred e-mail: _____

CLIENT 1

CLIENT 2

Date of Birth	_____	_____
Social Sec. No.	_____ - _____ - _____	_____ - _____ - _____
Occupation	_____	_____
Employer	_____	_____
Work Address	_____	_____
Work Phone	(____) _____	(____) _____

U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children from previous marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please bring to our meeting any trust agreements created by you or under which you are a beneficiary, Wills, real estate deeds, powers of attorney, recent financial statements, recent statements for investments accounts and filed gift tax returns, if any.

CHILDREN OR ANTICIPATED HEIRS

Name	Address and Phone No.	Date of Birth	Married?		No. of Children	Ages
			Yes	No		
_____	_____ _____ () _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____ _____ () _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____ _____ () _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____ _____ () _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ADVISORS – NAME AND ADDRESS

Investment _____ **Phone No.** () _____

Tax Preparer _____ **Phone No.** () _____

Life Insurance _____ **Phone No.** () _____

Please describe briefly any special goals and/or concerns for yourselves and your family members such as health concerns or ability to handle finances.

ASSETS AND LIABILITIES

As of _____

If you need more space, please attach an additional sheet.

INCOME

Client 1 salary \$ _____ Client 2 salary \$ _____ Pension \$ _____
Social Security \$ _____ Dividend/Interest \$ _____ Other \$ _____

CLIENT 1

CLIENT 2

JOINT

CASH ACCOUNTS

Checking and savings accounts

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____

Certificates of deposit

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____

Money markets

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____

Other

1. _____	\$ _____	\$ _____	\$ _____
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INVESTMENT ACCOUNTS

(NON-RETIREMENT – LIST THOSE BELOW)

Investment House	Amounts		
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____

STOCK HELD IN SHARE FORM (NOT IN AN ACCOUNT) OR BONDS, IF ANY

\$ _____	\$ _____	\$ _____
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RETIREMENT ACCOUNTS AND ANNUITIES

	<i>PLAN 1</i>	<i>PLAN 2</i>	<i>PLAN 3</i>
Type	_____	_____	_____
Participant/Annuitant	_____	_____	_____
Current value	\$ _____	\$ _____	\$ _____
Beneficiary(ies)	_____	_____	_____
Annual contribution	\$ _____	\$ _____	\$ _____
Annual withdrawal	\$ _____	\$ _____	\$ _____
	<i>PLAN 4</i>	<i>PLAN 5</i>	<i>PLAN 6</i>
Type	_____	_____	_____
Participant/Annuitant	_____	_____	_____
Current value	\$ _____	\$ _____	\$ _____
Beneficiary(ies)	_____	_____	_____
Annual contribution	\$ _____	\$ _____	\$ _____
Annual withdrawal	\$ _____	\$ _____	\$ _____

REAL ESTATE

	<i>CLIENT 1</i>	<i>CLIENT 2</i>	<i>JOINT</i>
1. Principal Residence	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____

Is any of the real estate listed above rental property? yes no. If yes, which property(ies) do you rent and how much income is earned each year? _____

NOTES AND ACCOUNTS RECEIVABLES (include loans to family members)

_____ \$ _____ \$ _____

BUSINESS OR PROFESSIONAL PRACTICE

Type and name of business: _____

S Corporation C Corporation Partnership Sole Proprietorship Limited Liability Co.

Ownership percentages: Client 1 _____% Client 2 _____% Other _____%

Estimated fair market value \$ _____ Face value of life insurance owned by business \$ _____

At what rate is the value of your business growing each year? _____%

Is there a buy/sell agreement in place? yes no. If yes, what is date of agreement? _____

Long term, do you wish to sell your interest or pass it on to other family members?

MISCELLANEOUS ASSETS

	<i>CLIENT 1</i>	<i>CLIENT 2</i>	<i>JOINT</i>
Tangible personal property	\$ _____	\$ _____	\$ _____

Please describe any tangible personal property of significant value (such as an art collection): _____

Motor vehicles and/or boats	\$ _____	\$ _____	\$ _____
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Estimated future inheritance	\$ _____	\$ _____	\$ _____
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Please describe anticipated future inheritance(s): _____

LIFE INSURANCE

	<i>POLICY 1</i>	<i>POLICY 2</i>	<i>POLICY 3</i>
Insurance company	_____	_____	_____
Insured	_____	_____	_____
Owner	_____	_____	_____
Beneficiary(ies)	_____	_____	_____
Face value	\$ _____	\$ _____	\$ _____
Cash value	\$ _____	\$ _____	\$ _____

	<i>POLICY 4</i>	<i>POLICY 5</i>	<i>POLICY 6</i>
Insurance company	_____	_____	_____
Insured	_____	_____	_____
Owner	_____	_____	_____
Beneficiary(ies)	_____	_____	_____
Face value	\$ _____	\$ _____	\$ _____
Cash value	\$ _____	\$ _____	\$ _____

Do you have the following types of insurance coverage? Please circle yes or no.

Umbrella insurance? YES NO

Long-term health care insurance? YES NO

Disability insurance? YES NO

529 Accounts?

Custodian Accounts?

Liabilities

Residence:		Accounts Payable	\$ _____
Primary mortgage	\$ _____	Personal loans	\$ _____
Second mortgage	\$ _____	Business loans	\$ _____
Other real estate mortgages	\$ _____	Other debts	\$ _____