

**\*\*CONFIDENTIAL LEGAL PLANNING INFORMATION\*\***  
FOR USE BY OSTERHOUT, McKINNEY & PRATHER, P.A.

The information requested in this form is extremely important to the attorney in evaluating your situation. Please complete all sections and call for an appointment. List all names as they would properly appear on legal documents.

**PERSONAL DATA**

*Please Print*

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

\*E-Mail Address \_\_\_\_\_

Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_

Retirement Date \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

County of Residence \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver License # \_\_\_\_\_

State DL issued \_\_\_\_\_

Resided in FL since \_\_\_\_\_

Type of residence:

\_\_\_\_\_ Rent home/apartment

\_\_\_\_\_ Own home/condominium

\_\_\_\_\_ Nursing Home/Care Facility

Name of Facility: \_\_\_\_\_

Admission date: \_\_\_\_\_

If widowed, please complete the following regarding your deceased spouse:

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

Date of death: \_\_\_\_\_

City/State of death: \_\_\_\_\_

County of death: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Florida residency: \_\_\_\_\_

If divorced, please complete the following regarding your former spouse:

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

Date of divorce: \_\_\_\_\_

County/State of divorce: \_\_\_\_\_

Were you referred to our firm? \_\_\_\_\_ If so, by whom? Name: \_\_\_\_\_

Address: \_\_\_\_\_

Can we send a thank you to the referral? Yes \_\_\_\_\_ No \_\_\_\_\_

If not referred, what made you choose our firm? \_\_\_\_\_

Purpose of visit? \_\_\_\_\_

Name of person who completed the form: \_\_\_\_\_

Have you visited our website? Yes \_\_\_\_\_ No \_\_\_\_\_

\*We do not communicate with clients by E-Mail, but occasionally make announcements by E-Mail.

**PERSONAL INFORMATION**

**It is imperative that you bring the originals of the following documents to be copied for our file as well as completing this portion of the form.**

Living Trust	State_____	Date_____
Last Will and Testament	State_____	Date_____
Durable Power of Attorney	State_____	Date_____
Health Care Surrogate	State_____	Date_____
Living Will	State_____	Date_____

1. Have you filed tax returns with the IRS for the past three years?\_\_\_\_\_ (If yes, please bring last return.)
  
2. Have you filed intangible tax returns with the State of Florida for the past three years? \_\_\_\_\_ (If yes, please bring last return.)
  
3. Who prepares your taxes?\_\_\_\_\_   
Address:\_\_\_\_\_
  
4. Who is your financial adviser?\_\_\_\_\_   
Address:\_\_\_\_\_
  
5. Who is your home insurance agent?\_\_\_\_\_   
Address:\_\_\_\_\_   
  
Who is your car insurance agent?\_\_\_\_\_   
Address:\_\_\_\_\_   
  
Who is your health insurance agent?\_\_\_\_\_   
Address:\_\_\_\_\_
  
6. Who is your spiritual advisor?\_\_\_\_\_   
Address:\_\_\_\_\_
  
7. What is the location of your important papers?\_\_\_\_\_
  
8. Do you have a safe deposit box?\_\_\_\_\_ If yes, what is the box number?\_\_\_\_\_   
Where is it located?\_\_\_\_\_   
What names are on the card?\_\_\_\_\_
  
9. Do you pay your own bills?\_\_\_\_\_ Balance the checkbook?\_\_\_\_\_ Decide how to invest?\_\_\_\_\_

10. Have arrangements been made for the disposition of your body at death? \_\_\_\_\_ Do you want to be buried or cremated? \_\_\_\_\_ Are the arrangements paid for? \_\_\_\_\_ If yes, complete the following:

Company: \_\_\_\_\_ Contract No.: \_\_\_\_\_  
 Total Amount: \$ \_\_\_\_\_

11. Do you expect to receive an inheritance? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

12. Are you a veteran? \_\_\_\_\_ If yes, did you serve during wartime\*? \_\_\_\_\_ What branch of the Military? \_\_\_\_\_ Are any benefits currently being received? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

If widowed, was your spouse a veteran? \_\_\_\_\_ If yes, did they serve during wartime\*? \_\_\_\_\_  
 What branch of the Military \_\_\_\_\_ Are any benefits currently being received? \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_

\*WWII 12/1941 - 12/1946; Korean Conflict 6/1950 - 1/1955; Vietnam 8/1964-5/1975 (or 2/1961 - 5/7/1975 for vets who served "in country"/boots on ground during that time period); Persian Gulf 8/1990

13. **FUNCTIONAL LIMITATIONS AND SUPPORT** - This section may not apply to you. If you need help in your living environment, please complete the following section.

The term "activities of daily living" refers to the basic tasks of everyday life. When people are unable to perform these activities, they need help in order to cope, from either other human beings or mechanical devises (such as a walker or wheelchair) or both.

Why do we want this information? Measurement of activities of daily living is critical because the more assistance people need with their daily activities, the more likely they are to be admitted to a nursing home or assisted living facility; use paid home care; and use hospitals and doctors.

Place an X in the box that most applies for each activity.

<b>Activities for Daily Living</b>			
<b>Activity</b>	<b>Need No Help</b>	<b>Need Some Help</b>	<b>Unable to Do at All</b>
Bathing			
Dressing			
Transferring from bed to chair			
Walking			
Feeding Self			
Using the toilet			

Activity	Need No Help	Need Some Help	Unable to Do at All
Grooming			

Instrumental Activities for Daily Living			
Activity	Need No Help	Need Some Help	Unable to Do at All
Using the telephone			
Getting out by car or public transport			
Grocery Shopping			
Preparing meals			
Doing housework or handyman work			
Doing laundry			
Taking medications			
Managing money			

List the names of all persons who provide assistance or caregiving for you: \_\_\_\_\_

\_\_\_\_\_

Do you have medical conditions that we should be aware of? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

What medications do you take and what are they for? \_\_\_\_\_

\_\_\_\_\_

14. Who is your primary physician? \_\_\_\_\_

Address: \_\_\_\_\_

15. Do you have any other legal issues which we should be aware of? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

16. Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

17. Does anyone to whom you are leaving part of your estate receive disability payments (SSDI) \$\_\_\_\_\_, Medicare \$\_\_\_\_\_, Medicaid \$\_\_\_\_\_, SSI \$\_\_\_\_\_, or other benefit (indicate which benefit and amount)? \_\_\_\_\_  
\_\_\_\_\_

18. **CHILDREN:** Please list names as they would properly appear on legal documents. Also list children who predeceased you, if any, and their children.

1. Name/Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

County of residence: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name/Age: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name/Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

County of residence: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name/Age: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name/Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

County of residence: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name/Age: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name/Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County of residence: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name/Age: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Name/Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County of residence: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name/Age: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Name/Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County of residence: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name/Age: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19.

**BENEFICIARY DATA**

PLEASE LIST THE NAMES AND ADDRESSES OF BENEFICIARIES OTHER THAN CHILDREN.

1. Name/Age: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_

2. Name/Age: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_

3. Name/Age: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_

4. Name/Age: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Do you have a pet? \_\_\_\_ Have you made arrangements for your pet at your death? \_\_\_\_

**IF YOU ARE LEAVING FUNDS TO A CHARITY, PLEASE PROVIDE THE COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER FOR THE CHARITY. PLEASE CALL THE CHARITY'S OFFICE AND ASK THEM TO SEND YOU A COPY OF THEIR IRS 501(c)(3) LETTER, AND BRING THAT TO YOUR APPOINTMENT.**

1. Charity Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_

2. Charity Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_

3. Charity Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_

4. Charity Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_

20.

**HEALTH INSURANCE**

**Medicare/Private Insurance/Medicare HMO**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Part D:                    YES    NO

**Medicare Supplement**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Monthly premium: \_\_\_\_\_

Deduction from pension? \_\_\_\_\_

Auto payment from bank account? \_\_\_\_\_

Prescription Coverage:                    YES    NO

**Long -Term Care Insurance**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Daily benefit: \_\_\_\_\_

Elimination period: \_\_\_\_\_

Is it an indemnity policy? \_\_\_\_\_

**Other; Cancer, Accidental**

Type: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Type: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

21. If you were unable to make medical decisions for yourself, whom would you want to do so for you (i.e. name as your health care surrogate)? (List in order of priority. Florida law does not allow for joint medical decision makers).

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

If you were seriously ill or in a comatose state, would you want to have your life prolonged artificially? YES NO

If you were seriously ill or in a comatose state, would you want to have a feeding tube put in? YES NO

If you were seriously ill, would you want to be resuscitated (given CPR)? YES NO

If you were having a heart attack, would you want to be resuscitated (given CPR)? YES NO

22. Do you wish to be an organ donor? YES NO

23. If you were unable to carry out your financial business, who would you want to manage your assets (i.e. name as your Power of Attorney)? (List in order of priority)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL**

**THE FINANCIAL SECTION MUST BE COMPLETED OR WE WILL NOT BE ABLE TO CONDUCT THE INTERVIEW. PLEASE BRING ALL REQUESTED DOCUMENTATION TO THE APPOINTMENT.**

24. Have you made gifts or transfers, totaling \$500.00 in any month, within the last 60 months? \_\_\_\_\_  
Have you added a person's name to a deed within the last 36 months?\_\_\_\_\_ If yes, please complete the following **and bring documentation of gifting** (use a separate page if necessary):

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_  
Was this gift made from an account titled in a Living Trust? \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_  
Was this gift made from an account titled in a Living Trust? \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_  
Was this gift made from an account titled in a Living Trust? \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_  
Was this gift made from an account titled in a Living Trust? \_\_\_\_\_

25. Have you given a gift greater than \$10,000 to any individual during your lifetime? \_\_\_\_\_  
If yes, did you file a gift tax return? \_\_\_\_\_ If yes, please complete the following (use a separate page if necessary).

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_

26. **LIFE INSURANCE** Please do not list annuity policies here, list annuity policies under section 29 or 30. Please contact the insurance carrier and request the following information in writing and bring it to the appointment.

1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Policy #: \_\_\_\_\_  
Face Value: \$ \_\_\_\_\_  
Cash Surrender Value: \$ \_\_\_\_\_  
Loan taken, if any: \$ \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Policy #: \_\_\_\_\_  
Face Value: \$ \_\_\_\_\_  
Cash Surrender Value: \$ \_\_\_\_\_  
Loan taken, if any: \$ \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Policy #: \_\_\_\_\_  
Face Value: \$ \_\_\_\_\_  
Cash Surrender Value: \$ \_\_\_\_\_  
Loan taken, if any: \$ \_\_\_\_\_

4. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Policy #: \_\_\_\_\_  
Face Value: \$ \_\_\_\_\_  
Cash Surrender Value: \$ \_\_\_\_\_  
Loan taken, if any: \$ \_\_\_\_\_

**TOTAL FACE VALUES:** \$ \_\_\_\_\_

**TOTAL CASH SURRENDER VALUES:** \$ \_\_\_\_\_

27. **PERSONAL PROPERTY:** *Please provide the title(s)*  
 (Automobiles, Manufactured Homes, R.V.s, Boats, Art, Antiques, Jewelry)

Description of Property	Value	How Titled?

**TOTAL VALUE PERSONAL PROPERTY:** \$ \_\_\_\_\_

28. **REAL ESTATE:** *Please provide deed(s) and most recent tax bill for all real property*

**RESIDENCE:** (Property Description) *Please bring your Deed and most recent tax bill with you.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is it a Manufactured Home? \_\_\_\_\_ If yes, do you own the ground \_\_\_\_\_, own a share in the park \_\_\_\_\_, is the park a cooperative \_\_\_\_\_, have you retired the title \_\_\_\_\_?

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

**INVESTMENT PROPERTY:** (Property Description) *Please bring your Deed and most recent tax bill with you.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

**INVESTMENT PROPERTY:** (Property Description)

\_\_\_\_\_  
\_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

**INVESTMENT PROPERTY:** (Property Description)

\_\_\_\_\_  
\_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

**TOTAL VALUE REAL ESTATE:** \$ \_\_\_\_\_

**LESS OUTSTANDING MORTGAGES:** \$ \_\_\_\_\_

**EQUITY IN REAL ESTATE:** \$ \_\_\_\_\_

29. **INTANGIBLE ASSETS:** (Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). THIS MUST BE COMPLETED IN FULL. ONLY LIST THE LAST FOUR DIGITS OF ACCOUNT NUMBERS. PLEASE BRING PROVIDE DOCUMENTATION OF EACH ASSET. IF THE ASSET IS AN IRA, KEOGH OR 401K PLAN, PLEASE LIST IN SECTION #30.

*EXAMPLE:*

Type of Asset: Checking Account

Name & Address of Co.: Bank of America, 123 Any Street, Fort Myers, FL 33901

How is it titled?: John Doe

Value: \$10,000 Last 4 digits of Account #: xxxx1234

Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_

Name & Address of Co.: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_

Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

**TOTAL INTANGIBLE ASSETS (#29) :**      \$ \_\_\_\_\_

**30. RETIREMENT FUNDS (IRAs, KEOGHs OR 401K PLANS):**

Type of Asset: \_\_\_\_\_  
 Name & Address of Co.: \_\_\_\_\_  
 How is it titled: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
 Life Expectancy Method chosen: \_\_\_\_\_ Minimum IRA distribution: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
 Name & Address of Co.: \_\_\_\_\_  
 How is it titled: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
 Life Expectancy Method chosen: \_\_\_\_\_ Minimum IRA distribution: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
 Name & Address of Co.: \_\_\_\_\_  
 How is it titled: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
 Life Expectancy Method chosen: \_\_\_\_\_ Minimum IRA distribution: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
 Name & Address of Co.: \_\_\_\_\_  
 How is it titled: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
 Life Expectancy Method chosen: \_\_\_\_\_ Minimum IRA distribution: \_\_\_\_\_

**TOTAL IRA, KEOGH OR 401K ASSETS (#30) :** \$ \_\_\_\_\_

Our firm does not give legal advice regarding retirement fund distribution. You will have to consult with a tax attorney or certified public accountant.

**31.** Total face value of life insurance (#26) \$ \_\_\_\_\_  
 Total value of personal property (#27) \$ \_\_\_\_\_  
 Total equity value of real estate (#28) \$ \_\_\_\_\_  
 Total value of intangible assets (#29) \$ \_\_\_\_\_  
 Total value of retirement accounts (#30) \$ \_\_\_\_\_  
**TOTAL OF ALL ASSETS:** \$ \_\_\_\_\_

32. **MONTHLY INCOME.** LIST INCOME FROM ALL SOURCES, EVEN IF REINVESTED.

Social Security:      Gross: \$ \_\_\_\_\_      Medicare Deduction:\$ \_\_\_\_\_  
                                  Net: \$ \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Disability:      From: \_\_\_\_\_  
                                  Gross: \$ \_\_\_\_\_      Deductions:\$ \_\_\_\_\_  
                                  Net: \$ \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Pension:      From: \_\_\_\_\_      From: \_\_\_\_\_  
                                  Gross: \$ \_\_\_\_\_      Gross: \$ \_\_\_\_\_  
                                  Deductions:\$ \_\_\_\_\_      Deductions:\$ \_\_\_\_\_  
                                  Net: \$ \_\_\_\_\_      Net: \$ \_\_\_\_\_  
                                  Direct deposit to: \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Veterans Admin:      Gross: \$ \_\_\_\_\_      Deductions:\$ \_\_\_\_\_  
                                  Net: \$ \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Employment:      From: \_\_\_\_\_  
                                  Gross: \$ \_\_\_\_\_      Deductions:\$ \_\_\_\_\_  
                                  Net: \$ \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

IRA:      From: \_\_\_\_\_      From: \_\_\_\_\_  
                                  Distribution:\$ \_\_\_\_\_      Distribution:\$ \_\_\_\_\_  
                                  Direct deposit to: \_\_\_\_\_      Direct deposit to: \_\_\_\_\_

Annuity (in pay mode): From: \_\_\_\_\_      From: \_\_\_\_\_  
                                  Gross: \$ \_\_\_\_\_      Gross: \$ \_\_\_\_\_  
                                  Deductions:\$ \_\_\_\_\_      Deductions:\$ \_\_\_\_\_  
                                  Net: \$ \_\_\_\_\_      Net: \$ \_\_\_\_\_  
                                  Direct deposit to: \_\_\_\_\_      Direct deposit to : \_\_\_\_\_

Interest: Bank Accounts \$ \_\_\_\_\_      CDs \$ \_\_\_\_\_      Paid out or reinvested? \_\_\_\_\_

Dividends (Stocks, Bonds):      \$ \_\_\_\_\_      Paid out or reinvested? \_\_\_\_\_

Other (Rents, Mortgages, etc.):      \$ \_\_\_\_\_

**TOTAL GROSS MONTHLY INCOME:**      \$ \_\_\_\_\_

33. **MONTHLY ESTIMATED BUDGET**

Rent/Mortgage:	\$ _____	Electricity:	\$ _____
Water/Sewer:	\$ _____	Trash Pickup:	\$ _____
Telephone:	\$ _____	Cable TV:	\$ _____
Food:	\$ _____	Vehicle Expense:	\$ _____
Other Insurance:	\$ _____	Bus, Taxi, etc:	\$ _____
Doctor bills:	\$ _____	Laundry:	\$ _____
Prescriptions:	\$ _____	Clothes:	\$ _____
Furniture:	\$ _____	Credit Cards:	\$ _____
Loans:	\$ _____	Cigarettes:	\$ _____
Personal Items:	\$ _____	Real Estate Taxes:	\$ _____
Homeowner's Ins.:	\$ _____	Condo Maintenance:	\$ _____
Other:	\$ _____		

**TOTAL MONTHLY BUDGET: \$ \_\_\_\_\_**

34. **LIABILITIES**

Mortgages:	\$ _____	Notes to Banks:	\$ _____
Notes to Others:	\$ _____	Unpaid Medical:	\$ _____
Credit Card Bills:	\$ _____	Other:	\$ _____

**TOTAL LIABILITIES: \$ \_\_\_\_\_**

35. Do you have a pet? \_\_\_\_ Have you made arrangements for your pet at your death? \_\_\_\_

36. Do you want anyone to receive your tangible personal property (furniture, jewelry, clothing, automobile, etc.)? YES NO

If yes, list the items and who should receive them: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

37. If you want to make any specific gifts of money, please list the amount and recipient:

I give \$ _____ to _____	I give \$ _____ to _____
I give \$ _____ to _____	I give \$ _____ to _____

38. Whom shall receive the balance of your estate? (Give percentages if more than one) \_\_\_\_\_  
\_\_\_\_\_

39. Whom do you want to serve as your personal representative (executor)? (List in order of preference)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

40. If you were ill and unable to manage your own affairs, could the attorneys at Osterhout, McKinney & Prather, P.A. discuss your financial situation and estate plan with any other individuals (i.e. family members, accountant, physician)?      YES      NO

If yes, write the names of all persons to whom the attorneys at Osterhout, McKinney & Prather, P.A. are authorized to disclose any information you have given. \_\_\_\_\_  
\_\_\_\_\_

41. If you were so ill that you could no longer reside at home and your family members had to find an alternate living arrangement, would you want your designated agent to transfer your resources to your family members so that you could qualify for Medicaid, a government program to pay for ill individuals? \_\_\_\_\_

Have you considered Long-Term Care Insurance to cover the cost if you could no longer live independently? \_\_\_\_\_

42. Do you have an emergency plan in case of \_\_\_\_ illness \_\_\_\_ natural disaster?

Although e-mail is not the primary method of communication by the attorneys and staff of Osterhout, McKinney & Prather, P.A., it is occasionally appropriate and serves to expedite communications. If you **DO NOT** want our attorneys and staff to communicate via e-mail with you, or anyone else on your behalf, you must so indicate by checking the box below.

**I DO NOT** authorize communication via e-mail regarding me or any information contained in my case file.

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Date: \_\_\_\_\_