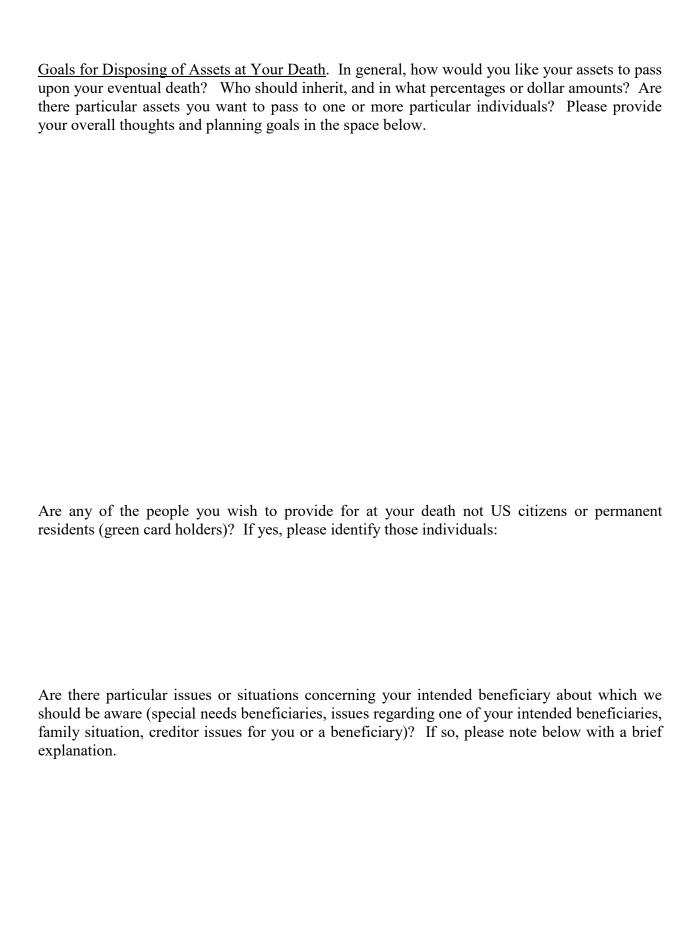
## **Estate Plan Information Form for Unmarried Client**

Please provide the following information about yourself:				
Full Legal Name:				
Date of Birth:				
Home Address:				
1	Home: Cellular:			
E-Mail Address:				
Are you currently married, or the marriage end – divorce, dea	have you ever been married (and if previously married, how did ath of spouse)?			
Please provide the full legal nagrandchildren, parents).	ames, relationship and age for your immediate relatives (children,			
Please identify any other relati provisions at your death in you	ves, friends or charitable organization for whom you wish to make ir estate plan:			



Management of Financial Affairs (Power of Attorney)
---

Please consider who you wish to authorize to manage your financial affairs for you if you become incapacitated during your life or are for any reason unable to manage your financial affairs for yourself. *Indicate the name, address and phone number of the individual you would designate* to hold this authority, and, if possible, a second individual to serve as the "back-up" if your first choice cannot serve in that role for any reason:

Primary choice:	
Secondary choice:	
Health Care Decision-Making (Health Care Directive):  Please consider who you wish to authorize to make medical decisions for you if you becomincapacitated during your life or are for any reason unable to make or communicate your own wishes regarding medical care and treatment. <i>Indicate the name, address and phone number the individual</i> you would designate to hold this authority, and, if possible, a second individuate to serve as the "back-up" if your first choice cannot serve in that role for any reason:	vn <i>er</i>
Primary choice:	

Secondary choice:

## **Schedule of Assets**

Descript	ion	Approximate \$ value
(a) Real estate that you own,		
Address of property:		
(b) Tangible items	Jewelry	
	Furniture	
	Vehicle(s)	
	Other	
(c) Cash (including checking/savings	s accounts)	
Name of bank(s)		
(d) Stocks, bonds or other investmen		
Name of institution where accoun	it(s) maintained:	
(e) Retirement savings (identify type	of account)	
Name of company where account		
(f) Any money owed to you by other	S	
(a) Any other assets you own not inc	uludad ahaya	
(g) Any other assets you own not inc	iuucu above	
TOTALS		

Please indicate if any of the assets you identified above are owned by you together	with another
individual or individuals (for example, a bank account or real property owned	jointly with
another individual) – if so, identify the co-owner(s).	

Please indicate if any bank or investment account listed above has one or more beneficiaries identified to receive that account upon your death:

If you hold life insurance, please fill in the information below:

Name of insurer	Coverage amount	Type of insurance (term or life insurance)	Current cash surrender value (if any)	Policy Owner	Beneficiary of the policy and relationship to you
	\$		\$		

List any significant debts you have currently (mortgage, credit cards, other):

If you own a home, does anyone else live there with you and is dependent on you for their housing needs?

Do you support any other persons financially? If so, please provide details: