

PERSONAL DATA			
Client's Full Name:		Known by any Other Names:	
Address:		Residence Telephone:	Business Telephone:
		Internet E-Mail Address:	
Domicile:	State Where Income Tax Paid:	U.S. Citizen?	Social Security Number:
Date of Birth:	Place of Birth:	Occupation	Annual Income
Previous Marriages:			
State of Health:		Insurable?	
Period of Residence in Arkansas <i>(if less than 10 years, list prior residence and length of time in residence):</i>			
If you lived in any one of these states: Texas, Louisiana, California, Arizona, Idaho, Washington, Nevada, New Mexico or Wisconsin since you have been married, please give the approximate date in each state:			

CLIENT'S SPOUSE

Full Name:		Known by any Other Names:	
Address:		Residence Telephone:	Business Telephone:
Domicile:	State Where Income Tax Paid:	U.S. Citizen?	Social Security Number:
Date of Birth:	Place of Birth:	Occupation	Annual Income:
Previous Marriages:			
State of Health:		Insurable?	

CLIENT'S CHILDREN

Is there a physical possibility of more children?	
Are any children or grandchildren adopted? If so, which ones?	Have any of your children been adopted by someone else? If so, which ones?
Do you have any children who have predeceased you? If so, please provide their name(s), date(s) of birth, date(s) of death. If your predeceased child had children at his or her death, please provide the names and dates of birth of those children.	
Are any children handicapped, in poor health, or needing special education or care, possessing physical or mental infirmities? If so, please explain.	

LIVING CHILDREN INFORMATION

Child's Name:		Date of Birth:
Child's Spouse's Name:		
Address:		Telephone:
Education Completed?	Child of husband/wife/or both?	
Child's Children:		Dates of Birth:
Comments:		

Child's Name:		Date of Birth:
Child's Spouse's Name:		
Address:		Telephone:
Education Completed?	Child of husband/wife/or both?	
Child's Children:		Dates of Birth:
Comments:		

Child's Name:		Date of Birth:
Child's Spouse's Name:		
Address:		Telephone:
Education Completed?	Child of husband/wife/or both?	
Child's Children:		Dates of Birth:
Comments:		

Child's Name:		Date of Birth:
Child's Spouse's Name:		
Address:		Telephone:
Education Completed?	Child of husband/wife/or both?	
Child's Children:		Dates of Birth:
Comments:		

CLIENT'S PARENTS

Father's Name:		Mother's Name:	
Address:		Address:	
Telephone:		Telephone:	
Age:	State of Health:		Financially Dependent on you?

SPOUSE'S PARENTS

Father's Name:		Mother's Name:	
Address:		Address:	
Telephone:		Telephone:	
Age:	State of Health:		Financially Dependent on you?

EXPECTED INHERITANCE

CLIENT	SPOUSE
From Whom:	From Whom:
Approximate Value:	Approximate Value:
From Whom:	From Whom:
Approximate Value:	Approximate Value:

CLIENT'S BROTHERS AND SISTERS

Name:	Living?
Address:	Age:
	Married?
Telephone:	
Children (<i>Name and Address</i>):	
Comments:	

Name:	Living?
Address:	Age:
	Married?
Telephone:	
Children (<i>Name and Address</i>):	
Comments:	

Name:	Living?
Address:	Age:
	Married?
Telephone:	
Children (<i>Name and Address</i>):	
Comments:	

SPOUSE'S BROTHERS AND SISTERS

Name:	Living?
Address:	Age:
	Married?
Telephone:	
Children (<i>Name and Address</i>):	
Comments:	

Name:	Living?
Address:	Age:
	Married?
Telephone:	
Children (<i>Name and Address</i>):	
Comments:	

Name:	Living?
Address:	Age:
	Married?
Telephone:	
Children (<i>Name and Address</i>):	
Comments:	

OTHER BENEFICIARIES

Other **relatives** or **friends** of Client and Spouse who would be immediate beneficiaries or ultimate beneficiaries if Client, his/her Spouse, all Issue and Parents are deceased.

Name:	Age:
Address:	Relation:
Telephone:	
Name:	Age:
Address:	Relation:
Telephone:	

CHARITIES

Charities as immediate beneficiaries or ultimate beneficiaries if all individual beneficiaries are deceased.

Name:	Special Purpose:
Address:	
Name:	Special Purpose:
Address:	

TRUSTEES

Names and addresses of individuals or corporate fiduciaries who will serve as successor trustees.

First Named Successor:

Address:

Relation:

Telephone:

Second Named Successor:

Address:

Relation:

Telephone:

GUARDIANS

If client's children are minors or under some form of legal disability, who will serve as their guardian?

First Named Guardian:

Address:

Relation:

Telephone:

Successor Guardian:

Address:

Relation:

Telephone:

AGENTS

Names of individuals or corporate fiduciary to serve under power of attorney.

First Named Agent:

Address:

Relation:

Telephone:

Successor Agent:

Address:

Relation:

Telephone:

ARMED FORCES SERVICE

Serial Number:

Branch of Service:

Dates of Service:

Veterans Claim No.:

PENSION OR PROFIT SHARING PLAN

Description of Benefits:

LOCK BOX / AGENTS

Location of Lock Box:

In Whose Name:

Any Property of Other in Box:

Identifiable as Such:

FINANCIAL ADVISORS

Name / Address of Broker:

Name / Address of Accountant:

Telephone:

Telephone:

Name / Address of Life Insurance Agent:

Name of Casualty Insurance Agent:

Telephone:

Telephone:

Preference as to Bank:

LIABILITIES

Amount	Owed to Whom	Due Date	Secured by What Asset

Have you made any substantial gifts in the past, or placed property in joint names with anyone other than yourselves? Details:

Do you or your spouse have any powers of appointment provided in others' estate plans (such as your parents' trusts or wills)? Details:

Are you or your spouse the beneficiary under any trust (such as your parents' estate plans)? Details:

DEPENDENTS

Name the person and relationship of anyone other than your children who is dependent on you.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

OTHER PERTINENT INFORMATION