

CLIENT INFORMATION

Client Name(s): _____

Address: _____

Primary Phone: _____ Alt. Phone: _____

Email(s): _____

Children's Names: _____

Prior Estate Planning: ___ Yes ___ No. If yes, what estate planning documents are currently in place?* _____

Estimated Value of Total Assets: _____

Medicaid Concerns: ___ Yes ___ No

Goals of Estate Planning: _____

* Copies of prior Estate Planning documents will be required.