

BUDISH, SOLOMON, STEINER & PECK, LTD.

ESTATE PLANNING INFORMATION—PLEASE PRINT NEATLY

CLIENT - FULL NAME

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NO.

SOCIAL SECURITY NO.

DATE OF BIRTH

E-MAIL ADDRESS

CITIZEN OF THE USA?

ANY HEALTH ISSUES? _____

CHILDREN'S OR BENEFICIARIES' NAMES

#1 - FULL NAME

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NO.

DATE OF BIRTH

RELATIONSHIP, MARITAL STATUS

#2 - FULL NAME

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NO.

DATE OF BIRTH

RELATIONSHIP, MARITAL STATUS

#3 - FULL NAME

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NO.

DATE OF BIRTH

RELATIONSHIP, MARITAL STATUS

#4 - FULL NAME

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NO.

DATE OF BIRTH

RELATIONSHIP, MARITAL STATUS

ANY FAMILY HEALTH, FINANCIAL OR OTHER ISSUES? _____

PLEASE LIST YOUR ASSETS

<u>ASSETS</u>	<u>VALUE</u>	<u>HOW ASSET IS TITLED (FOR EXAMPLE JOINT WITH SOMEONE OR IN YOUR SOLE NAME)</u>
House:	\$ _____	_____
<u>Cash & Equivalents:</u>		
Checking Account(s)	\$ _____	_____
Savings Account(s)	\$ _____	_____
CD's & Money Market	\$ _____	_____
<u>Marketable Securities (not held in Retirement Accounts):</u>		
Stocks	\$ _____	_____
Mutual Funds	\$ _____	_____
Brokerage Accounts	\$ _____	_____
Other	\$ _____	_____
<u>Retirement Plans:</u>		
Pension/Profit-sharing /401K,etc	\$ _____	_____
IRA's	\$ _____	_____
Roth IRA	\$ _____	_____
Annuity	\$ _____	_____
Other	\$ _____	_____
<u>Personal Property:</u>		
Automobiles	\$ _____	_____
Collections of value	\$ _____	_____

Other Real Estate:

Ohio \$ _____

Non-Ohio \$ _____

Other \$ _____

Life Insurance:

Insured _____ Face Value _____ Beneficiary _____

Insured _____ Face Value _____ Beneficiary _____

Insured _____ Face Value _____ Beneficiary _____

Business Interests: \$ _____

Limited Liability Companies \$ _____

Other Assets: \$ _____

■
LIABILITIES: _____

■
INCOME:

Salary \$ _____

Pension \$ _____

Social Security \$ _____

Other \$ _____

Do you have Long Term Care Insurance? Yes _____ No _____

Do you have a Prepaid Funeral Contract? Yes _____ No _____

Do you have a Cemetery Plot? Yes _____ No _____

Do you have supplemental Health Insurance? Yes _____ No _____

If so, what is the monthly cost? _____

Do you have Rx Insurance? Yes_____ No_____

If so, what is the monthly cost? _____

ADVISORS

Accountant: _____

Financial Planner: _____

Life Insurance Agent: _____

How did you find out about our services?

Internet _____ Newspaper _____ Telephone Book _____ Golden Opportunities _____

Seminar _____ Word of mouth/Referral _____, If someone referred you, please let us know who. _____