

BUDISH, SOLOMON, STEINER & PECK, LTD.

ESTATE PLANNING INFORMATION—PLEASE PRINT NEATLY

CLIENT - FULL NAME

CLIENT - FULL NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

TELEPHONE NO.

TELEPHONE NO.

SOCIAL SECURITY NO.

SOCIAL SECURITY NO.

DATE OF BIRTH

DATE OF BIRTH

E-MAIL ADDRESS

CITIZENS OF THE USA?

ANY HEALTH ISSUES?

BENEFICIARIES' NAMES

#1 - FULL NAME

#2 - FULL NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

TELEPHONE NO.

TELEPHONE NO.

DATE OF BIRTH

DATE OF BIRTH

RELATIONSHIP, MARITAL STATUS

RELATIONSHIP, MARITAL STATUS

#3 - FULL NAME

#4 - FULL NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

TELEPHONE NO.

TELEPHONE NO.

DATE OF BIRTH

DATE OF BIRTH

RELATIONSHIP, MARITAL STATUS

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>
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House: \$ _____ _____

Cash & Equivalents:

Checking Account(s) \$ _____ _____

Savings Account(s) \$ _____ _____

CD's & Money Market \$ _____ _____

Marketable Securities (not held in Retirement Accounts):

Stocks \$ _____ _____

Mutual Funds \$ _____ _____

Brokerage Accounts \$ _____ _____

Other \$ _____ _____

Retirement Plans:

Pension/Profit-sharing /401K,etc \$ _____ _____

IRA's \$ _____ _____

Roth IRA \$ _____ _____

Annuity \$ _____ _____

Other \$ _____ _____

Personal Property:

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. _____