

# SIMPLE BACKGROUND INFORMATION

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you.

## Client 1 Information

Full Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

Also Known As \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Birth date \_\_\_\_\_ Age: \_\_\_\_\_ US Citizen? ☐ Yes ☐ No

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

☐ Never Married ☐ Married ☐ Widowed ☐ Ever Divorced: date of divorce \_\_\_\_\_

Have you served or are currently serving in the U.S. Military? ☐ Yes ☐ No

Have you ever been married to someone who has served in the U.S. Military? ☐ Yes ☐ No

## Client 2 Information

Full Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

Also Known As \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Birth date \_\_\_\_\_ Age: \_\_\_\_\_ US Citizen? ☐ Yes ☐ No

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

☐ Never Married ☐ Married ☐ Widowed ☐ Ever Divorced: date of divorce \_\_\_\_\_

Have you served or are currently serving in the U.S. Military? ☐ Yes ☐ No

Have you ever been married to someone who has served in the U.S. Military? ☐ Yes ☐ No

If married, have you lived in any of the following states while married to each other? *Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin (Mark all that apply)*

Date of Marriage \_\_\_\_\_ Existing Pre- or Postnuptial Agreement? Yes No Date: \_\_\_\_\_

## STEP 2 – CHILDREN

### Child 1 Information

Full Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Date of Death \_\_\_\_\_ Cell Phone Telephone \_\_\_\_\_

Child of: ☐ Husband & Wife ☐ Husband Only ☐ Wife Only

Child is: ☐ Biological Child ☐ Adopted Child is: ☐ US Citizen ☐ Resident Alien ☐ Non-Resident Alien

Special Needs: ☐ Medical ☐ Physical ☐ Educational Child Receives: ☐ Social Security ☐ Medicaid ☐ Other

Child is: ☐ Married ☐ Divorced Number of Children \_\_\_\_\_

Do any of these children have Special Needs? ☐ Yes ☐ No

### Child 2 Information

Full Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Date of Death \_\_\_\_\_ Cell Phone Telephone \_\_\_\_\_

Child of: ☐ Husband & Wife ☐ Husband Only ☐ Wife Only

Child is: ☐ Biological Child ☐ Adopted Child is: ☐ US Citizen ☐ Resident Alien ☐ Non-Resident Alien

Special Needs: ☐ Medical ☐ Physical ☐ Educational Child Receives: ☐ Social Security ☐ Medicaid ☐ Other

Child is: ☐ Married ☐ Divorced Number of Children \_\_\_\_\_

Do any of these grandchildren have Special Needs? ☐ Yes ☐ No

### Child 3 Information

Full Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Date of Death \_\_\_\_\_ Cell Phone Telephone \_\_\_\_\_

Child of: ☐ Husband & Wife ☐ Husband Only ☐ Wife Only

Child is: ☐ Biological Child ☐ Adopted Child is: ☐ US Citizen ☐ Resident Alien ☐ Non-Resident Alien

Special Needs: ☐ Medical ☐ Physical ☐ Educational Child Receives: ☐ Social Security ☐ Medicaid ☐ Other

Child is: ☐ Married ☐ Divorced Number of Children \_\_\_\_\_

Do any of these grandchildren have Special Needs? ☐ Yes ☐ No

## STEP 3 - ASSET ASSESSMENT

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. The “character” is relevant in assessing the manner by which the asset can transfer. (If necessary, approximate current total values). **Please do not use commas when filling out dollar amounts.**

Assets	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e. checking, savings, CD, Money Market)						
Investment Accounts (i.e. brokerage accounts)						
Bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Personal Effects (i.e. jewelry, household items, art)						
Annuities (purchased with retirement money)						
Annuities (purchased without retirement money)						
Retirement Plans (401k, IRAs, etc.)						
Life Insurance Policies (death value)						
Company Stock Options						
Vehicles, Boats, Planes, RV's						
Business Interests						
Oil, Gas, and Mineral Interests						
Monies Owed to You (promissory notes)						
Personal Residence in Ohio						
Other Ohio Real Estate						
Out-of-State Property Real Estate Including Time Shares						
Other Assets						
Anticipated Inheritance, or Judgment						
<b>TOTAL ASSET VALUE</b>						

Liabilities						
Loans Payable						
Real Estate Mortgages						
<b>TOTAL LIABILITIES (\$\$\$)</b>						

<b>NET ESTATE (\$\$\$)</b> (Total Assets minus Total Liabilities)			
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**COMBINED NET ESTATE (\$\$\$)**  
(Client Net + Client 2 Net + Joint Net)

= \_\_\_\_\_

## STEP 4 – ADDITIONAL CONCERNS

☐ Yes ☐ No If you have young adult children (ages 18-25), are you concerned about them managing a large inheritance?

☐ Yes ☐ No Are you concerned about any of your children's marriage?

☐ Yes ☐ No Do any of your children or grandchildren not manage money well, spend a lot, have creditor issues, or have declared bankruptcy before?

☐ Yes ☐ No Are you concerned about any of your children or grandchildren's work ethic, especially if they inherited a significant amount of money (\$150,000 or more)?

☐ Yes ☐ No Are there any physical or mental health or addiction issues with you or within your family?

☐ Yes ☐ No Does anyone in your family currently require long-term care (help with things like getting dressed, bathing, making meals or feeding, taking medication, etc.)?

☐ Yes ☐ No Are there any conflicts between you and your children or between your children?

☐ Yes ☐ No Are there any persons other than minor children who are dependent upon you?

☐ Yes ☐ No Do you have pets? If yes, do you want to plan for your pets? ☐ Yes ☐ No

☐ Yes ☐ No Have you ever filed a Federal Gift Tax Return (IRS Form 709)?

☐ Yes ☐ No Do you jointly own property with right of survivorship with a parent, child, or another person other than your spouse?

☐ Yes ☐ No Do you own any property, other than an automobile, that is worth less than the purchase price?

☐ Yes ☐ No Have you, or your spouse, ever filed for bankruptcy?

☐ Yes ☐ No Have you, or your spouse, ever had a lawsuit filed against you?

☐ Yes ☐ No Are you concerned about a lawsuit being filed against you from a car accident or from work you do?

☐ Yes ☐ No Do you own any firearms?

☐ Yes ☐ No Do you own any Class III firearms (machine gun, silencer, etc.)?

☐ Yes ☐ No Do you, or your spouse, hold a professional license, like a doctor, lawyer, CPA, Engineer, etc.?

☐ Yes ☐ No Are you self-employed, in a partnership, a member of an LLC or a shareholder in a corporation?

If in a partnership, member of a LLC with more than one person, or a shareholder in a corporation with others, what is your percentage of ownership or shares? \_\_\_\_\_

☐ Yes ☐ No Is there a buy/sell agreement between the individuals involved with your business?

## STEP 5 – ABOUT YOUR GOALS & OBJECTIVES

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used but rather on the outcomes to be achieved.

### About Your Goals & Objectives

Goals	Consequences if Goal Isn't Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

## STEP 6 – CURRENT ESTATE DOCUMENTS

Do you have a Health Care Power of Attorney? ☐ No ☐ Yes Date Signed \_\_\_\_\_

Do you have a Living Will? ☐ No ☐ Yes Date Signed \_\_\_\_\_

Do you have a Last Will and Testament? ☐ No ☐ Yes Date Signed \_\_\_\_\_

Do you presently have a Revocable Living Trust? ☐ No ☐ Yes Date Signed \_\_\_\_\_

Do you have any type of Irrevocable Trust? ☐ No ☐ Yes Date Signed \_\_\_\_\_

Did you create these documents yourself or use an attorney? ☐ Myself ☐ Used an Attorney

Attorney Name \_\_\_\_\_

Affirmation: We understand that Culpepper Law, LLC (the "Firm") will need to rely on the information we supply to develop an estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1: \_\_\_\_\_

DATE: \_\_\_\_\_

Client 2: \_\_\_\_\_

DATE: \_\_\_\_\_