

# Simple Background Information

PLEASE PRINT LEGIBLY

## Client 1 Information

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ US Citizen  Yes  No

Also known as: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home or other phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred method of communication: \_\_\_\_\_

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

Single  Married  Widowed  Divorced: (date of divorce \_\_\_\_\_)

## Client 2 Information

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ US Citizen  Yes  No

Also known as: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home or other phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred method of communication: \_\_\_\_\_

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

Single  Married  Widowed  Divorced: (date of divorce \_\_\_\_\_)

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Addresses of any other real estate owned including state and county: \_\_\_\_\_

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

If married, have you lived in any of the following states while married to each other? *Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, South Dakota, Tennessee, Texas, Washington or Wisconsin.* If so, which: \_\_\_\_\_

# CHILDREN

## Child 1

Full legal name: \_\_\_\_\_ Date of birth/death: \_\_\_\_\_

Child of:  Husband & Wife  Husband Only  Wife Only Child is:  Biological  Adopted

Male  Female  Single  Married  Divorced  US Citizen  Resident Alien  Non-resident alien

Special Needs:  None  Medical  Financial  Education Is child receiving:  SSI  Medicaid

Does this child have children:  Yes  No If so, how many: \_\_\_\_\_

Do any of these children (your grandchildren) have special needs?  Yes  No

## Child 2

Full legal name: \_\_\_\_\_ Date of birth/death: \_\_\_\_\_

Child of:  Husband & Wife  Husband Only  Wife Only Child is:  Biological  Adopted

Male  Female  Single  Married  Divorced  US Citizen  Resident Alien  Non-resident alien

Special Needs:  None  Medical  Financial  Education Is child receiving:  SSI  Medicaid

Does this child have children:  Yes  No If so, how many: \_\_\_\_\_

Do any of these children (your grandchildren) have special needs?  Yes  No

## Child 3

Full legal name: \_\_\_\_\_ Date of birth/death: \_\_\_\_\_

Child of:  Husband & Wife  Husband Only  Wife Only Child is:  Biological  Adopted

Male  Female  Single  Married  Divorced  US Citizen  Resident Alien  Non-resident alien

Special Needs:  None  Medical  Financial  Education Is child receiving:  SSI  Medicaid

Does this child have children:  Yes  No If so, how many: \_\_\_\_\_

Do any of these children (your grandchildren) have special needs?  Yes  No

## Child 4

Full legal name: \_\_\_\_\_ Date of birth/death: \_\_\_\_\_

Child of:  Husband & Wife  Husband Only  Wife Only Child is:  Biological  Adopted

Male  Female  Single  Married  Divorced  US Citizen  Resident Alien  Non-resident alien

Special Needs:  None  Medical  Financial  Education Is child receiving:  SSI  Medicaid

Does this child have children:  Yes  No If so, how many: \_\_\_\_\_

Do any of these children (your grandchildren) have special needs?  Yes  No

### Child 5

Full legal name: \_\_\_\_\_ Date of birth/death: \_\_\_\_\_

Child of:  Husband & Wife  Husband Only  Wife Only Child is:  Biological  Adopted

Male  Female  Single  Married  Divorced  US Citizen  Resident Alien  Non-resident alien

Special Needs:  None  Medical  Financial  Education Is child receiving:  SSI  Medicaid

Does this child have children:  Yes  No If so, how many: \_\_\_\_\_

Do any of these children (your grandchildren) have special needs?  Yes  No

### Child 6

Full legal name: \_\_\_\_\_ Date of birth/death: \_\_\_\_\_

Child of:  Husband & Wife  Husband Only  Wife Only Child is:  Biological  Adopted

Male  Female  Single  Married  Divorced  US Citizen  Resident Alien  Non-resident alien

Special Needs:  None  Medical  Financial  Education Is child receiving:  SSI  Medicaid

Does this child have children:  Yes  No If so, how many: \_\_\_\_\_

Do any of these children (your grandchildren) have special needs?  Yes  No

### Child 7

Full legal name: \_\_\_\_\_ Date of birth/death: \_\_\_\_\_

Child of:  Husband & Wife  Husband Only  Wife Only Child is:  Biological  Adopted

Male  Female  Single  Married  Divorced  US Citizen  Resident Alien  Non-resident alien

Special Needs:  None  Medical  Financial  Education Is child receiving:  SSI  Medicaid

Does this child have children:  Yes  No If so, how many: \_\_\_\_\_

Do any of these children (your grandchildren) have special needs?  Yes  No

### Child 8

Full legal name: \_\_\_\_\_ Date of birth/death: \_\_\_\_\_

Child of:  Husband & Wife  Husband Only  Wife Only Child is:  Biological  Adopted

Male  Female  Single  Married  Divorced  US Citizen  Resident Alien  Non-resident alien

Special Needs:  None  Medical  Financial  Education Is child receiving:  SSI  Medicaid

Does this child have children:  Yes  No If so, how many: \_\_\_\_\_

Do any of these children (your grandchildren) have special needs?  Yes  No

## ASSET ASSESSMENT

Assets	Jointly Owned Assets		Client 1 Individual Ownership		Client 2 Individual Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (checking, savings, CDs, money market)						
Investment Accounts (brokerage accounts)						
Intellectual Property (trademarks, copyrights, patents, NILs)						
Bonds (not held in an investment acct)						
Stocks (not held in an investment acct)						
Personal Effects (jewelry, household items, art, NFTs)						
Annuities (purchased without retirement money)						
Annuities (purchased with retirement money)						
Retirement Plans (401k, 403b, IRAs, etc.)						
Life Insurance Policies (death value)						
Company Stock Options						
Vehicles, Boats, Planes, RVs						
Business Interests						
Oil, Gas, & Mineral Interests						
Monies Owed to You (promissory notes)						
Personal Residence in Ohio						
Other Ohio Real Estate						
Out of State Real Estate (inc. timeshares)						
Anticipated Inheritance or Judgment						
<b>TOTAL ASSET VALUE</b>						

Liabilities <b>ENTER AS A NEGATIVE</b>	Joint Liability	Client 1 Liability	Client 2 Liability
Loan Payable			
Real Estate Mortgages			
<b>TOTAL LIABILITIES</b>			

<b>NET ESTATE (Total Assets minus Total Liabilities)</b>			
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# 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 marriages?
- 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 Is your name on any bank/investment account or real estate with a person other than spouse/partner?
- 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?

Names of any businesses you have an interest in: \_\_\_\_\_

If in a partnership, member of an 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 an operating agreement or buy/sell agreement between the individuals involved with your business?

# 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.

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

## CURRENT ESTATE DOCUMENTS

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

Do you have a Financial Power of Attorney?  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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_