

ESTATE PLAN CONSULTATION FORM

Flynn Keith & Flynn
250 S. Water St., Kent, OH 44240
330-673-0114

Please fill out this form as best you can. If time allows, please return the completed form to me before our first meeting; otherwise, bring the completed form with you to our meeting. All information is *strictly confidential*.

Name _____

Nickname? _____ (first) (m.i.) (last)

Home Address _____ Home Phone (____) _____

_____ Cell Phone (____) _____

Preferred e-mail: _____

Date of Birth _____

Social Sec. No. _____ - _____ - _____

Occupation _____

Employer _____

Work Address _____

Work Phone (____) _____

U.S. citizen? Yes No

Previous marriage? Yes No

Children from previous marriage? Yes No

Please bring to our meeting any trust agreements created by you or under which you are a beneficiary, Wills, real estate deeds, powers of attorney, recent financial statements, recent statements for investments accounts and filed gift tax returns, if any. If widowed, please provide us with the name of your deceased spouse and date of death of deceased spouse here: _____.

If divorced, please provide us with name of former spouse here: _____.

CHILDREN OR ANTICIPATED HEIRS

Name	Address and Phone No.	Date of Birth	Married?		No. of Children	Ages
			Yes	No		
_____	_____ _____ () _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____ _____ () _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____ _____ () _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____ _____ () _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ADVISORS – NAME AND ADDRESS

Investment _____ **Phone No.** () _____

Tax Preparer _____ **Phone No.** () _____

Life Insurance _____ **Phone No.** () _____

Please describe briefly any special goals and/or concerns for yourselves and your family members such as health concerns or ability to handle finances.

ASSETS AND LIABILITIES

As of _____

If you need more space, please attach an additional sheet.

INCOME

Salary \$ _____ Pension \$ _____
Social Security \$ _____ Dividend/Interest \$ _____ Other \$ _____

CASH ACCOUNTS

Checking and savings accounts

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Certificates of deposit

1. _____ \$ _____
2. _____ \$ _____

Money markets

1. _____ \$ _____
2. _____ \$ _____

INVESTMENT ACCOUNTS

(NON-RETIREMENT – LIST THOSE BELOW)

Investment House	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

STOCK HELD IN SHARE FORM (NOT IN AN ACCOUNT) OR BONDS, IF ANY

_____ \$ _____ \$ _____ \$ _____

RETIREMENT ACCOUNTS & ANNUITIES

	<i>PLAN 1</i>	<i>PLAN 2</i>	<i>PLAN 3</i>
Type	_____	_____	_____
Participant/Annuitant	_____	_____	_____
Current value	\$ _____	\$ _____	\$ _____
Beneficiary(ies)	_____	_____	_____
Annual contribution	\$ _____	\$ _____	\$ _____
Annual withdrawal	\$ _____	\$ _____	\$ _____

REAL ESTATE

1. Principal Residence \$ _____

2. _____ \$ _____

Is any of the real estate listed above rental property? yes no. If yes, which property(ies) do you rent and how much income is earned each year? _____

NOTES AND ACCOUNTS RECEIVABLES (include loans to family members)

_____ \$ _____ \$ _____ \$ _____

BUSINESS OR PROFESSIONAL PRACTICE

Type and name of business: _____

S Corporation C Corporation Partnership Sole Proprietorship Limited Liability Co.

Ownership percentages: Client _____% Other _____%

Estimated fair market value \$ _____ Face value of life insurance owned by business \$ _____

At what rate is the value of your business growing each year? _____%

Is there a buy/sell agreement in place? yes no. If yes, what is date of agreement? _____

Long term, do you wish to sell your interest or pass it on to other family members?

MISCELLANEOUS ASSETS

Tangible personal property \$ _____ \$ _____ \$ _____

Please describe any tangible personal property of significant value (such as an art collection): _____

Motor vehicles and/or boats \$ _____ \$ _____

Estimated future inheritance \$ _____ \$ _____

Please describe anticipated future inheritance(s): _____

LIFE INSURANCE

	<i>POLICY 1</i>	<i>POLICY 2</i>	<i>POLICY 3</i>
Insurance company	_____	_____	_____
Insured	_____	_____	_____
Owner	_____	_____	_____
Beneficiary(ies)	_____	_____	_____
Face value	\$ _____	\$ _____	\$ _____
Cash value	\$ _____	\$ _____	\$ _____

Do you have the following types of insurance coverage? Please circle yes or no.

Umbrella insurance? YES NO

Long-term health care insurance? YES NO

Disability insurance? YES NO

529 Accounts?

Custodian Accounts?

LIABILITIES

Residence:		Accounts Payable	\$ _____
Primary mortgage	\$ _____	Personal loans	\$ _____
Second mortgage	\$ _____	Business loans	\$ _____
Other real estate mortgages	\$ _____	Other debts	\$ _____