

ATTORNEY CLIENT PRIVILEGED INFORMATION



Estate Planning Information Sheet

Name: _____ U.S. Citizen: Y N

Home Phone: _____ Mobile Phone: _____

Email: _____ SSN: _____ DOB: _____

Primary Residence: FL Homestead: Y N Copy of Deed: Y N

County: _____

Address: _____ Value: _____

_____ Mortgage: _____

Title on homestead: _____

Do you have any estate planning documents in place? Y N

If yes, please provide copies including any wills, powers of attorney, health care documents, etc.

Advisors

Accountant: _____ Telephone: _____

Financial Advisor: _____ Telephone: _____

Assets

Cash: \$ _____

Stocks, Bonds, Securities: _____

IRA and Other Retirement: _____

Life Insurance (at face value): _____

Other Assets: _____

Total Assets (approx): \$ _____