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Personal and Financial Information Snap Shot

*** All information contained in this form is confidential and protected by attorney-client privilege.***

Contact Information:

Today's Date:

Name: _____ DOB: _____ US citizen Naturalized citizen Resident alien
Your Occupation: _____ Retired Employed Veteran
Marital status: Single/widow(er) Married (Date: _____ First Other ___ Spouse DOD:(if Applicable) _____
Spouse Name: _____ DOB: _____ US citizen Naturalized citizen Resident alien
Spouse Occupation : _____ Retired Employed Veteran
Address: _____ City: _____ State: _____ Zip: _____
Cell # _____ Spouse Cell # _____ Home # _____
Work # _____ Spouse Work # _____ Alternate # _____
Email Address: _____ Spouse E-mail: _____
Which number(s) would you prefer to be contacted? Home Cell Work What is the best time to call? _____

Source - How did you hear about us?:

Financial Advisor Team Member Client Newspaper Ad Radio Ad Facebook Presentation LinkedIn
 Other: _____ Name: _____ Firm Name: _____

Current Estate Planning:

| <u>Planning Documents</u> | <u>You</u> | <u>Spouse</u> <input type="checkbox"/> NA | <u>Date Document Executed</u> |
|---------------------------|--|--|-----------------------------------|
| Will | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ |
| Trust | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ |
| Power of Attorney | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ |
| Medical Power of Attorney | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ |
| Advance Directive | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ |
| Long-Term Care Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Daily benefit:\$ _____ Term _____ |

Health Status

You - current health status: Good Concern Problem
Specific concern/problem: _____

Spouse - current health status: Good Concern Problem
Specific concern/problem: _____

Children & Grand Children:

| | <u>You</u> | <u>Spouse</u> <input type="checkbox"/> NA |
|----------------------------|---|---|
| Do you have children: | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| Please specify: | How many? _____ <input type="checkbox"/> No <input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted | How many? _____ <input type="checkbox"/> No <input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted |
| Do you have grandchildren: | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| Please specify: | How many? _____ <input type="checkbox"/> No <input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted | How many? _____ <input type="checkbox"/> No <input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted |

Rank the following on a scale of 1 to 5 how important each is to you. (1 being not very important and 5 being very important)

| | |
|--|--|
| _____ Avoid Probate | _____ Protect assets from government/lawsuits/nursing homes |
| _____ Keep estate matters private | _____ Protect assets for family from predators after my death (i.e. my spouse's disability or remarriage, my children's/beneficiary's lawsuits, divorce or bankruptcy) |
| _____ Minimize/eliminate taxes | _____ Keep it simple for my family when something happens to me (disability/death) |
| _____ Remain independent and in control of my care and/or assets | _____ Provide detailed instructions and authority to people I trust to have the care I desire provided for me if I become disabled |

CHILDREN/BENEFICIARY/OTHER DECISION MAKERS INFORMATION

Child Beneficiary Other- Contact Information

Name: _____ Male Female Date of Birth: _____

Child of: Joint You Spouse Adopted Foster child Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

Occupation: _____ Student Employed Self Employed

{ Single Married} { First Second Other: _____} How long have they been married? _____

Spouse's Name: _____ Spouse's Occupation: _____

Children: None - How many? _____ Ages: _____ Special needs/considerations _____

Potential problems/hardships/issues _____

Child Beneficiary Other- Contact Information

Name: _____ Male Female Date of Birth: _____

Child of: Joint You Spouse Adopted Foster child Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

Occupation: _____ Student Employed Self Employed

{ Single Married} { First Second Other: _____} How long have they been married? _____

Spouse's Name: _____ Spouse's Occupation: _____

Children: None - How many? _____ Ages: _____ Special needs/considerations _____

Potential problems/hardships/issues _____

Child Beneficiary Other- Contact Information

Name: _____ Male Female Date of Birth: _____

Child of: Joint You Spouse Adopted Foster child Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

Occupation: _____ Student Employed Self Employed

{ Single Married} { First Second Other: _____} How long have they been married? _____

Spouse's Name: _____ Spouse's Occupation: _____

Children: None - How many? _____ Ages: _____ Special needs/considerations _____

Potential problems/hardships/issues _____

Child Beneficiary Other- Contact Information

Name: _____ Male Female Date of Birth: _____

Child of: Joint You Spouse Adopted Foster child Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

Occupation: _____ Student Employed Self Employed

{ Single Married} { First Second Other: _____} How long have they been married? _____

Spouse's Name: _____ Spouse's Occupation: _____

Children: None - How many? _____ Ages: _____ Special needs/considerations _____

Potential problems/hardships/issues _____

CHILDREN/BENEFICIARY/OTHER DECISION MAKERS INFORMATION (Cont.)

Child Beneficiary Other- Contact Information

Name: _____ Male Female Date of Birth: _____

Child of: Joint You Spouse Adopted Foster child Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

Occupation: _____ Student Employed Self Employed

{ Single Married} { First Second Other: _____} How long have they been married? _____

Spouse's Name: _____ Spouse's Occupation: _____

Children: None - How many? _____ Ages: _____ Special needs/considerations _____

Potential problems/hardships/issues _____

Child Beneficiary Other- Contact Information

Name: _____ Male Female Date of Birth: _____

Child of: Joint You Spouse Adopted Foster child Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

Occupation: _____ Student Employed Self Employed

{ Single Married} { First Second Other: _____} How long have they been married? _____

Spouse's Name: _____ Spouse's Occupation: _____

Children: None - How many? _____ Ages: _____ Special needs/considerations _____

Potential problems/hardships/issues _____

Child Beneficiary Other- Contact Information

Name: _____ Male Female Date of Birth: _____

Child of: Joint You Spouse Adopted Foster child Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

Occupation: _____ Student Employed Self Employed

{ Single Married} { First Second Other: _____} How long have they been married? _____

Spouse's Name: _____ Spouse's Occupation: _____

Children: None - How many? _____ Ages: _____ Special needs/considerations _____

Potential problems/hardships/issues _____

Child Beneficiary Other- Contact Information

Name: _____ Male Female Date of Birth: _____

Child of: Joint You Spouse Adopted Foster child Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

Occupation: _____ Student Employed Self Employed

{ Single Married} { First Second Other: _____} How long have they been married? _____

Spouse's Name: _____ Spouse's Occupation: _____

Children: None - How many? _____ Ages: _____ Special needs/considerations _____

Potential problems/hardships/issues _____

Financial Information Snap Shot

**** It is very important you indicate in each category ownership and dollar amount separately, as well as total value.****

Monthly Income:

| Source | You | Spouse | Joint | Combined Total |
|----------------------|-----|--------|-------|----------------|
| Wages | \$ | \$ | \$ | \$ |
| Pension | \$ | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ | \$ |
| Investments | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ |
| Total Income: | \$ | \$ | \$ | \$ |

ASSET INFORMATION AS OF _____ (date) -Please provide total amount for each type of asset and who owns the asset.

| Type of Asset | You | Spouse | Joint | Combined Total |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Cash & Checking: | \$ | \$ | \$ | \$ |
| Savings: | \$ | \$ | \$ | \$ |
| CD's | \$ | \$ | \$ | \$ |
| Investment Accounts Non-Retirement (Stocks, Mutual Funds, Cash Management Accounts, and Money Markets) | \$ | \$ | \$ | \$ |
| Bonds: | \$ | \$ | \$ | \$ |
| Stocks You Hold (Not in Brokerage accounts): | \$ | \$ | \$ | \$ |
| Other Investments: | \$ | \$ | \$ | \$ |
| Retirement- IRA | \$ | \$ | \$ | \$ |
| Retirement- 401K | \$ | \$ | \$ | \$ |
| Retirement. Other: | \$ | \$ | \$ | \$ |
| Retirement. Other: | \$ | \$ | \$ | \$ |
| Annuities: \$ = original amount Invested date = month/year purchased CV=current value | \$ _____ Date _____ CV _____ | \$ _____ Date _____ CV _____ | \$ _____ Date _____ CV _____ | \$ _____ Date _____ CV _____ |
| Total Assets | \$ | \$ | \$ | \$ |

| Life Insurance: | You | | Spouse | | Combined Total | |
|-----------------------------|---------------|------------|---------------|------------|----------------|------------|
| Provider | Death Benefit | Cash Value | Death Benefit | Cash Value | Death Benefit | Cash Value |
| | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ |
| Total Life Insurance | \$ | \$ | \$ | \$ | \$ | \$ |

Notes: _____

Financial Information Snap Shot (Continued)

| Property | You | | Spouse | | Joint | | Combined Total | |
|--------------------------|--|----------------|--|----------------|--|----------------|--|----------------|
| Real Estate/Address | Mortgage Yes/No/Bal. | Assessed Value | Mortgage Yes/No/Bal. | Assessed Value | Mortgage Yes/No/Bal. | Assessed Value | Mortgage Yes/No/Bal. | Assessed Value |
| Primary Residence: | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ |
| Total Real Estate | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ |

| Vehicles | You | | Spouse | | Joint | | Combined Total | |
|-----------------------|--|----------------|--|----------------|--|----------------|--|----------------|
| Type | Lien Yes/No/Bal. | Assessed Value | Lien Yes/No/Bal. | Assessed Value | Lien Yes/No/Bal. | Assessed Value | Lien Yes/No/Bal. | Assessed Value |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ |
| Total Vehicles | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | \$ |

| Type of Loan Credit Card/Personal | You | Spouse | Joint | Combined Total |
|-----------------------------------|-----|--------|-------|----------------|
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| Total Assets | \$ | \$ | \$ | \$ |

Business Interest:

| Company/Business Name | Type- LLC/Corp.?Other | You | Spouse | Joint | Combined |
|----------------------------------|-----------------------|-----|--------|-------|----------|
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| Total Business Interests: | | \$ | \$ | \$ | \$ |

Considerations or any additional information you would like us to know: _____

What do you want us to help you accomplish? _____

Are you the beneficiary of any Trust? Yes No

Is there anyone in your family with special needs or that requires special consideration? Yes No

Comments/ Concerns: _____