



## PRELIMINARY FACT FINDER

Date: \_\_\_\_\_

### CONTACT INFO

<b>Client Name:</b>	<b>DOB:</b>	<b>Fax:</b>
<b>Spouse Name:</b>	<b>DOB:</b>	
<b>Address:</b>	<b>City, State Zip:</b>	
<b>Home Phone:</b>	<b>E-mail:</b>	
<b>Cell Phone:</b>	<b>Spouse Cell Phone:</b>	

Children	DOB	Spouse (if applicable)
Grandchildren	DOB	Parent Name

## REAL ESTATE / PERSONAL PROPERTY

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Description	Purchase Year	Purchase Amount	Current Value	Tax Basis	Owner

**INVESTMENTS (AFTER-TAX)**

Institution Name / Account Type	Owner	Current Value	Tax Basis	Year Opened

**INVESTMENTS (RETIREMENT)**

Institution Name / Account Type	Owner	Beneficiary	Current Value	Annual Contrib	Employer Match?

**BUSINESS ASSETS**

Business Name / Description	Owner	Business Type	Current Value	Tax Basis

**LIFE INSURANCE**

Company Name	Owner	Policy Type	Death Benefit	Cash Value	Annual Premium

**LONG TERM CARE / DISABILITY COVERAGE**

Company Name	Owner	Policy Type	Benefit	Term	Annual
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						<b>Premium</b>

### LIABILITIES

Institution Name	Original Loan Amount	Date of Loan	Current Balance	Interest Rate	Loan Term	Monthly Payment

### INCOME

Type	Annual Amount	Indexed At	Destination Account	Anticipated End Date	Comments
Salary – Primary					
Salary – Spouse					
Social Sec – Primary					
Social Sec – Spouse					
Other:					
Other:					

### EXPENSES

Current	Semi-Retirement	Retirement	Advanced Years	Desired Income in the Event of Death	
				<b>Client's Death:</b>	
				<b>Spouse's Death:</b>	

### ESTATE PLANNING

Client	Simple Will	RLT	Funded	Gifts	ILIT	FLP	CLT	CRT	Business Succession	Other
Client										
Spouse										

### ATTORNEY / CPA

1. Do you have an Estate Planning Attorney?    Y     N

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2. Would you like us to recommend someone? Y  N
3. Is your Attorney a decision maker for you? Y  N
4. Is your CPA a decision maker for you? Y  N

## PERSONAL GOALS

1. Do you feel you have achieved financial security through retirement? Y  N
2. Do you have any potential inheritances? Y  N
3. How would you like to pass your estate?
4. Do you plan to leave any portion of your estate to charity? Y  N
5. Do you need any special financial provisions for any member of your family? Y  N   
Who?
6. What are your plans to deal with Estate Taxes?
7. What is your largest obstacle in achieving your goals?
8. Are you willing to invest effort/money, if plan serves to reduce/eliminate tax? Y  N

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