

Bearman Law

David A. Bearman
Attorney at Law

Dated _____

CLIENT

SPOUSE

Name to use when you sign legal documents

Name to use when you sign legal documents

Street _____

P.O. Box _____

County _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Is Client a US Citizen?

☐ Yes

☐ No

Is Spouse a US Citizen?

☐ Yes

☐ No

Indicate if there is an existing Guardianship for:

☐ Client

☐ Spouse

Indicate if there is an existing Conservatorship for:

☐ Client

☐ Spouse

Birth date: _____

Employer: _____

Which legal documents currently exist - indicate all that apply

☐ Yes ☐ No Durable Power of Attorney

☐ Yes

☐ No

Irrevocable Living Trust

☐ Yes ☐ No Advance Directive

☐ Yes

☐ No

Marital agreement

☐ Yes ☐ No Last Will

☐ Yes

☐ No

Buy-Sell agreement

☐ Yes ☐ No Revocable Living Trust

☐ Yes

☐ No

Court financial obligation

Name - Date of existing Trust: _____

What are your current goals or primary concerns - indicate all that apply

Low Mid High Priority

☐ ☐ ☐ Avoid Probate, Conservatorships and Guardianships

☐ ☐ ☐ Minimize estate taxes

☐ ☐ ☐ Medicaid (long term care) planning for yourself or others

☐ ☐ ☐ Education and other significant expense planning for family members.

☐ ☐ ☐ Other: _____

☐ Yes ☐ No Do you wish to have documents (password protected) sent to you through your email?

Email Address to use: _____

YOUR FAMILY

Client

- Write the full name of the persona and contact information (use extra sheets if needed)
- Write in the relationship
 - (i.e. your *Father* is the child of *GrandparentName*)
 - (i.e. your *CousinName* is the child of *Aunt/UncleName*)
 - (i.e. your *GrandchildName* is the child of *your ChildName*)

First Generation (i.e Your Grandparents)

Name	_____
Street	_____
City/State/Zip	_____
Phone	_____
Relationship	Father's side: <input type="checkbox"/> Birth <input type="checkbox"/> Adoptive <input type="checkbox"/> Step

Name	_____
Street	_____
City/State/Zip	_____
Phone	_____
Relationship	Father's side: <input type="checkbox"/> Birth <input type="checkbox"/> Adoptive <input type="checkbox"/> Step

Name	_____
Street	_____
City/State/Zip	_____
Phone	_____
Relationship	Mother's side: <input type="checkbox"/> Birth <input type="checkbox"/> Adoptive <input type="checkbox"/> Step

Name	_____
Street	_____
City/State/Zip	_____
Phone	_____
Relationship	Mother's side: <input type="checkbox"/> Birth <input type="checkbox"/> Adoptive <input type="checkbox"/> Step

Second Generation (i.e. Your Parents/ Aunts/ Uncles

Your Father _____
Street _____
City/State/Zip _____
Phone _____
Who is the child of _____
Who is your father by ☐ Birth ☐ Adoptive ☐ Step

Your Father _____
Street _____
City/State/Zip _____
Phone _____
Who is the child of _____
Who is your father by ☐ Birth ☐ Adoptive ☐ Step

Your Mother _____
Street _____
City/State/Zip _____
Phone _____
Who is the child of _____
Who is your mother by ☐ Birth ☐ Adoptive ☐ Step

Your Mother _____
Street _____
City/State/Zip _____
Phone _____
Who is the child of _____
Who is your mother by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____

Phone _____
Child of _____

Third Generation (ie. Your Siblings - Cousins)

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____

Phone
Child of

Fourth Generation (ie. Your Children – Nieces/Nephews)

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Fifth Generation (ie. Your GrandChildren – GrandNieces/Nephews)

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Fifth Generation (ie. Your GreatGrandChildren – GreatGrandNieces/Nephews)

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

THE HEIRS TO YOUR ESTATE (THE FAMILY TREE)

Client Spouse

- Write the full name of the persona and contact information (use extra sheets if needed)
- Write in the relationship
 - (i.e. your *Father* is the child of *GrandparentName*)
 - (i.e. your *CousinName* is the child of *Aunt/UncleName*)
 - (i.e. your *GrandchildName* is the child of *your ChildName*)
 - If the information is the same as your spouses, you do not have to rewrite the information. Simple indicate the information is the same

First Generation (i.e Your Grandparents)

Name _____
Street _____
City/State/Zip _____
Phone _____
Relationship Father's side: ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Relationship Father's side: ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Relationship Mother's side: ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Relationship Mother's side: ☐ Birth ☐ Adoptive ☐ Step

Second Generation (i.e. Your Parents/ Aunts/ Uncles

Your Father _____
Street _____
City/State/Zip _____
Phone _____
Who is the child of _____
Who is your father by ☐ Birth ☐ Adoptive ☐ Step

Your Father _____
Street _____
City/State/Zip _____
Phone _____
Who is the child of _____
Who is your father by ☐ Birth ☐ Adoptive ☐ Step

Your Mother _____
Street _____
City/State/Zip _____
Phone _____
Who is the child of _____
Who is your mother by ☐ Birth ☐ Adoptive ☐ Step

Your Mother _____
Street _____
City/State/Zip _____
Phone _____
Who is the child of _____
Who is your mother by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____

Phone _____
Child of _____

Third Generation (ie. Your Siblings - Cousins)

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____

Name _____
Street _____
City/State/Zip _____

Phone
Child of

Fourth Generation (ie. Your Children – Nieces/Nephews)

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is your child by ☐ Birth ☐ Adoptive ☐ Step

Fifth Generation (ie. Your GrandChildren – GrandNieces/Nephews)

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Fifth Generation (ie. Your GreatGrandChildren – GreatGrandNieces/Nephews)

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

Name _____
Street _____
City/State/Zip _____
Phone _____
Child of _____
Who is a child by ☐ Birth ☐ Adoptive ☐ Step

THOSE WHO WILL INHERIT

Name _____ ☐ Male ☐ Female

Child of ☐ Client ☐ Spouse Other _____

Sibling of ☐ Client ☐ Spouse Other _____

Parent of ☐ Client ☐ Spouse Other _____

Friend of ☐ Client ☐ Spouse _____

Other Relationship _____

This person ☐ Is a Minor ☐ Is Deceased ☐ Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Name _____ ☐ Male ☐ Female

Child of ☐ Client ☐ Spouse Other _____

Sibling of ☐ Client ☐ Spouse Other _____

Parent of ☐ Client ☐ Spouse Other _____

Friend of ☐ Client ☐ Spouse _____

Other Relationship _____

This person ☐ Is a Minor ☐ Is Deceased ☐ Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Name _____ ☐ Male ☐ Female

Child of ☐ Client ☐ Spouse Other _____

Sibling of ☐ Client ☐ Spouse Other _____

Parent of ☐ Client ☐ Spouse Other _____

Friend of ☐ Client ☐ Spouse _____

Other Relationship _____

This person ☐ Is a Minor ☐ Is Deceased ☐ Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____
Home Phone _____ Cell Phone _____

Name _____ ☐ Male ☐ Female

Child of ☐ Client ☐ Spouse Other _____

Sibling of ☐ Client ☐ Spouse Other _____

Parent of ☐ Client ☐ Spouse Other _____

Friend of ☐ Client ☐ Spouse _____

Other Relationship _____

This person ☐ Is a Minor ☐ Is Deceased ☐ Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Name _____ ☐ Male ☐ Female

Child of ☐ Client ☐ Spouse Other _____

Sibling of ☐ Client ☐ Spouse Other _____

Parent of ☐ Client ☐ Spouse Other _____

Friend of ☐ Client ☐ Spouse _____

Other Relationship _____

This person ☐ Is a Minor ☐ Is Deceased ☐ Cannot manage money

Street _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Charity

Notes

YOUR DECISION MAKERS

Name _____ ☐ Male ☐ Female

☐ Financial decision maker

☐ Health Care decision maker

☐ Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ ☐ Male ☐ Female

☐ Financial decision maker

☐ Health Care decision maker

☐ Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ ☐ Male ☐ Female

☐ Financial decision maker

☐ Health Care decision maker

☐ Guardian for Minor Child

Relationship _____

Street _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Cell Phone _____

Name _____ ☐ Male ☐ Female
☐ Financial decision maker
☐ Health Care decision maker
☐ Guardian for Minor Child
Relationship _____
Street _____
City _____ State _____ Zip _____
Email _____
Telephone _____ Cell Phone _____

Name _____ ☐ Male ☐ Female
☐ Financial decision maker
☐ Health Care decision maker
☐ Guardian for Minor Child
Relationship _____
Street _____
City _____ State _____ Zip _____
Email _____
Telephone _____ Cell Phone _____

Name _____ ☐ Male ☐ Female
☐ Financial decision maker
☐ Health Care decision maker
☐ Guardian for Minor Child
Relationship _____
Street _____
City _____ State _____ Zip _____
Email _____
Telephone _____ Cell Phone _____

YOUR ADVISERS

Personal Attorney: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Business Attorney: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Accountant: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Financial Planner: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Stock Broker: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Life Insurance: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____
Web site: _____

Physician (Client): Name _____
Name of Clinic _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

Physician (Spouse): _____
Name of Clinic _____
Street _____
City _____ State _____ Zip: _____
Telephone _____ Fax _____
Email _____

YOUR WEALTH, INCOME AND EXPENSES

Type	Ownership: Check all that apply for each Type			Total value for each Type
	Client	Spouse	Joint	Use approximate values
Stocks, Bonds, Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Brokerage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Checking, Saving, M-Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certificates of deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Property in State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Property out of State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Business – Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Life insurance death benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Personal Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Potential inheritance	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
Stock options	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
Standard Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
IRAs, 401ks, SEPs, TSAs.	<input type="checkbox"/>			\$ _____
IRAs, 401ks, SEPs, TSAs		<input type="checkbox"/>		\$ _____
Real Property Debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- \$ _____
Assets held jointly with someone <u>other than</u> your spouse:				\$ _____

Total Current Wealth \$ _____

Income (annual) ☐ ☐ ☐ \$ _____

Expenses (annual) ☐ ☐ ☐ \$ _____

