



Wells Fargo Center
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**ESTATE PLANNING
 CLIENT INFORMATION**

FINANCIAL AND FAMILY PLANNING WORKSHEET

Date: _____

(H): Husband (W): Wife

FULL LEGAL NAMES			SOCIAL SECURITY NUMBERS		
(H)			(H)		
(W)			(W)		
ADDRESS			PHONE NUMBERS		
_____			Home: _____		(H) Work: _____
_____					(W) Work: _____

DATE & PLACE OF BIRTH			CITIZENSHIP		
(H)			(H) U.S.:	yes/no	Other:
(W)			(W)U.S.:	yes/no	Other:
DATE & PLACE OF MARRIAGE					
DO YOU CURRENTLY HAVE:			SAFE DEPOSIT BOXES		
Wills:	(H)	(W)	Name & Location of Institution:		

Trusts:	(H)	(W)	Box No.s: _____		

Power of Attorney:	(H)	(W)	Persons authorized to open box:		

Health Care Directive:	(H)	(W)	_____		

NAMES, ADDRESSES & PHONE NUMBERS OF OTHER ADVISORS

Personal Bankers: <hr/> <hr/> <hr/> <hr/>	Accountants: <hr/> <hr/> <hr/> <hr/>
Insurance Advisors: <hr/> <hr/> <hr/> <hr/>	Investment Advisors: <hr/> <hr/> <hr/> <hr/>

FINANCIAL INFORMATION
(Brief description, approximate value, ownership, and beneficiary designation)

Asset Type	Husband	Wife	Joint
Real Estate:	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
Bank Accounts:	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
Investment Accounts:	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
Other Securities:	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
Retirement Assets:	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

Asset Type	Husband	Wife	Joint
Life Insurance:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Long Term Care Insurance:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Salary: (H) _____ (W) _____	Current Employer and Job Position: _____
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Estimated Net Worth: _____

FAMILY INFORMATION

Children of present marriage:

Name	Current Address	Date of Birth	Spouse's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children of former relationships:

Name	Current Address	Date of Birth	Spouse's Name
(H) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
(W) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any special needs of the children or grandchildren: _____

Please list any potential charities you would like to benefit from your estate or discuss in the initial meeting: _____

Please list any other concerns or issues you would like to discuss in the initial meeting:

Please bring any of the following documents (if applicable and available) to the initial meeting:

- Copies of all buy-sell or stock transfer restriction agreements to which you are a party
- Copies of all documents which give to you a power of appointment
- Copies of all divorce decrees and any modifications
- Copies of all pre-nuptial or post-nuptial agreements
- Copies of all gift tax returns previously filed by you or on your behalf
- Current wills, trusts, power of attorney, and/or health care directives

Other Information

Provided by:

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