Referred	ov:	
	-   -	

## PERSONAL AND FINANCIAL ORGANIZER

SEC	TION			Cell F	Phone(s):		1.00 -000		D 4	
1	~~~~~	WWODEK!	mr.o.x	Home	Phone:	Marrie	1 - 15	t o 2 <sup>nd</sup> o Sin	Date:	vorced
1	GENERAL	INFORMA	IVIAITI		Widow		U2 U 3III	igle d Di	vorceu	
				Email	<u>:</u>			000 <u>0</u>		
							CI	LIENT	CLIE	NTS SPOUSE
Your	Legal Name (CLIENT)				Social Secu	rity#				
		TTC CDOUCE			Date of Birt U. S. Citize				5	
Spous	e's Legal Name (CLIEN	NIS SPOUSE)			Currently h		Yes	No	Yes	No
Street	Address	County	of residence	<del></del>	or Trust? If	so, give	Yr		Yr	
City		State	Zip		year & state prepared	in which	State		State	
City		State	Zip		Expect to re	ceive mo	ney	Gift		Gift
Your	Employer				or other ass			nheritance	1	nheritance
					(circle all th	nat apply)		Lawsuit Other		Lawsuit Other
Addre	SS				If so, approx	ximately		Omer		Other
Your	Occupation		Work Phone		how much?		\$		\$	
<u>C</u>	-2a E-malausa				Do you and	vour enou	100			
Spous	e's Employer				have a pre-r		use	Yes	No	
Addre	ess			<del></del>	14.2 Martin 12.2					
-	2.0		Work Phone		Are you a V	eteran/	Yes	No	Yes	No
Spous	e's Occupation		Work Phone							
SEC	CTION									
	2 ABOUT	TIOTID OTT		220						
	A ABOUT	YOUR CHI	LDREN	# o	f children			# of grandc	hildren_	
1.										
	gal name		Date of Birth		-	<b></b>		's child only	☐ Joint cl	hild
Go	es by		Gender		<del></del>	□ Natu				(3
Str	eet address					Spouse's		□ receiving		ofite
Cit	ly	State	Zip	Phone		□ Disc	ioica	_ receiving	5 gove och	ones.
2.										
	gal name		Date of Birth					's child only	☐ Joint c	hild
Go	es by		Gender					☐ Legally ad		
Str	reet address									
Cit		State	Zip	Phone		□ Disa	abled	☐ receiving	g govt ben	efits
Cit	ty	State	Zip	THORE						
3			n						= <u></u> 0	
	gal name		Date of Birth		<u></u>	D		's child only		hild
Go	es by		Gender			☐ Natu		☐ Legally ade		
Str	reet address					☐ Disa		☐ receiving		efits
Ci	ty	State	Zip	Phone					2000	
Grand	Ichildren (names and age	s) 1.					.1.11	П		-G.
2						□ Disa	anica	☐ receiving	g govt ben	CIIIS

SECTIO	ON									
3				Financial Planner:						
1. Doy	Ou own a home or any other of Description and Location	real estate?	ose name	Purchase Price	Current Value	(-) mortgage	(=) Equity			
	Description and Location		000 11.11.10		<u>````</u>	()	( ) = 4			
9						Total Net Value =				
2 Day	ou own any other titled prope	tu such a as a car bo	ot trailer RV	iate ekie ate	9	Total Net Value –	4			
2. Do y	20 20 20	ty such a as a car, be		(A)(T)	Current					
	Description		Titled in whose na	me	Value	l T				
					7					
	ou have a Safety Deposit Box	? Titled in who	se name		Va	Total Net Value =				
4. Do you have any checking accounts & saving accounts  Name of Institution  Account Number  Total Net Value =  Approx  Titled in whose name balance							pprox			
						Total Net Value =				
5. Do ye	ou won any CD's, Mutual Fur	nds, stocks, bonds or	mutual funds,	investments (	including co	ompany stoc	k)			
# of shares	Description	Account Num		Titled in whose		Purchase Price	Current Value			
# OI SHAICS	Безеприон	, recount runn								
				- L						
				HAT WAS EXCEPTED BY SELECT						

Total Net Value =

6.	6. Income: Social Security: Retirement: Pension: Spousal Benefit:							_		
7.	Do you have any IRAs, 40	01ks, 403B	, Invest	tments						
	Description	n/Location					Beneficiary			Current Value
	***************************************						· · · · · · · · · · · · · · · · · · ·			
				***************************************						
									Total Net Valu	ie =
Q	Do you or your spouse ow	m a busine	es or h	ave anv n	artnershi	in intere	ete?			
0.	Do you or your spouse on	in a busine	.33 OI III	ave any p	ar thersin	ip intere				
	Descriptio	n				Type of ov	wnership		Purchase Price	Current Value
			100							
									Total Net Valu	ne =
9	Do you have any life insu	rance noli	cies?							
٠.	Do you have any me man	runee pon								
_	Name of Company			Policy Ov	vner	1 <sup>st</sup> Bo	eneficiary	2 <sup>nd</sup> Be	neficiary	Death Benefit
						B				
									Total Net Valu	e =
1(	Do you have Long Tern	n Care Ins	urance	27						
	Name of Company		Daily I	Benefit	Yearly M	ax	How Long?		Cash Value	Death Benefit
Г						6600				
					•				Total Net Valu	e =
1	<ol> <li>Does anyone owe you m</li> </ol>	oney?								
Description						Approx	c. Value			

Total Net Value =

☐ Do you own guns?						
Description			Approx. Value			
			Total Net Value =			
13. Do you have any debts other than mortgag	ge(s) and loans listed above (credit care	ds, personal	l loans, etc.)?			
			Amount Owed			
			Total Net Value =			
14. Total value of everything you (and your sp	oouse) own (add totals of lines 1 throug	gh 12 above	e) \$			
15. Total amount you (and your spouse) owe (	(total line13 above)		. \$			
16. Subtract line 14 from line 13.	NET	ESTATE	= \$			
To. Subtract mile 1 - Hein mile 1e-			y 627 3			
Organizations/Charities/Churches I/We currently support:						
Name:	donation amt. \$	□ yearly i	□ monthly □ weekly			
Name:	donation amt. \$	□ yearly i	□ monthly □ weekly			
Name:	donation amt. \$	□ yearly I	□ monthly □ weekly			
Name:	donation amt. \$	□ yearly I	□ monthly □ weekly			
Name:	donation amt. \$	□ yearly	□ monthly □ weekly			
Name:	donation amt. \$	□ yearly	□ monthly □ weekly			
Name	donation amt \$	□ venelv !	□ monthly □ weekly			

12. Do you have any special items of value such as coin collections, antiques, jewelry, guns, etc?