

PERSONAL DATA FORM

GENERAL INFORMATION

DATE \_\_\_\_\_

Name		Date of Birth	Age			
Address (Include city and state)		ZIP	County			
Home Phone		Fax				
Office Phone		E-Mail				
Cell Phone						
Employer		Annual Income \$				
Social Security:						
Children-Name(s) & Address	Date of Birth	Married	Number of Children	Telephone Number	Prior Marriage	
Other Beneficiaries:						

I was referred to Parker, Pollard, Wilton & Peaden by: \_\_\_\_\_

Are you receiving benefits from a trust or an estate? \_\_\_\_\_

List the amount of any inheritance you expect to receive: \$ \_\_\_\_\_

Advisors:	Name	Address	Phone
Accountant			
Life Insurance Agent			
Stock Broker			
Investment Advisor			

Location of safety deposit box:

Miscellaneous Problems (*Burial Instructions, prior gifts, prior will, etc.*)

Has client lived in community property state? (*Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, and Washington*) Yes  or No

U.S. Citizens: Yes  No

Have you ever filed a gift tax return? Yes  No

Have you ever made any gifts over \$13,000? Yes  No

**FINANCIAL DATA FORM**  
*(Round off to nearest thousand)*

*Please complete the Financial Data Form to the best of your ability. If you are uncertain about the correct amount for any account, you can discuss them with the attorney that meets with you.*

<b>ASSETS</b>					
1.	Real Estate (List Address)				
2.	Checking				
3.	Savings				
4.	Stocks, Bonds and Mutual Funds				
5.	IRA, 401K or other Retirement Accounts				
6.	Business Interests				
7.	Household Effects, Jewelry, Furniture, Antiques				
8.	Automobiles and other assets				
9.	Life Insurance Death Benefit				
<b>TOTALS</b>					
<b>INSURANCE COMPANIES</b>	KIND	POLICY	OWNER	BENEFICIARY	AMOUNT
<b>LIABILITIES</b>					
1.	Mortgages				
2.	Loans to Insurance				
3.	Other Debts				
<b>TOTALS</b>					
<b>STOCKS</b>					

Total Assets \_\_\_\_\_

Total Liabilities \_\_\_\_\_

Net \_\_\_\_\_

Use page 4 to list additional data.

