

Client Full Name(s): _____

Date(s) of Birth: _____

Address: _____

City, State, Zip Code: _____

Best Daytime Phone: _____ Other phone: _____

Email(s): _____

Employer(s): _____

Do you currently have a Durable Power of Attorney? yes no

Do you currently have a Last Will or Living Trust? yes no

Do you own any real estate, other than your home? yes no

Largest Asset: home retirement account(s) other _____

Are you a U.S. Citizen? no yes Do you have long term care insurance? no yes

Are you or your spouse a veteran? no yes Disability Rating: _____

Family Status: _____ Never Married _____ Married _____ Divorced _____ Widow(er)

Do you now or have you ever received Medicaid or MoHealth.Net benefits? no yes

List **All** of Your Children (If None, List Your Siblings) - full names and addresses (if known)

1. _____

spouse: _____ children: _____

2. _____

spouse: _____ children: _____

3. _____

spouse: _____ children: _____

4. _____

spouse: _____ children: _____

5. _____

spouse: _____ children: _____

6. _____

spouse: _____ children: _____

Are any children under age 21? no yes

Are any children disabled or receive social security disability? no yes

Do any adult children have a guardian or conservator? no yes

Do any children receive Medicaid (Mo Health Net) or other public benefits? no yes unknown

Are any children deceased? no yes If yes, who? _____

Do any children live with you? no yes If yes, who? _____

Are any of the above listed children your step-children? no yes

Do you have any naturally born or legally adopted children that you did not list above? no yes

CPA: _____ Financial Advisor: _____

How did you find us? Friend / Colleague: _____

Phone Book Internet / Website Other: _____

List All of Your Grandchildren (If None, List Nieces and Nephews)

	name	city and state	approximate age (if under 21 years)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Are any grandchildren under age 21? no yes

Are any grandchildren disabled? no yes unknown

Do any grandchildren receive Medicaid (now Mo Health Net) benefits? yes no unknown

Do any grandchildren receive social security disability? yes no unknown

Are any grandchildren deceased? no yes

Do any grandchildren live with you? no yes

Are any of the above listed grandchildren your step-grandchildren? no yes

Do you have any grandchildren that you did not list above? no yes