
Names and addresses of Incapacitated Person's Parents, Children, & Siblings:

If you need more space, please put additional information on the back of the page.

Name (first, middle initial, last):	Addresses
1. _____	_____ _____
2. _____	_____ _____
3. _____	_____ _____
4. _____	_____ _____
5. _____	_____ _____
6. _____	_____ _____

Monthly Income of Incapacitated Person:

Social Security	_____
Pension	_____
Annuity	_____
Other	_____
Total	_____

Assets of the Incapacitated Person:

Do you own a qualified annuity (funded with retirement funds)? Y N

Do you own a non-qualified annuity (not funded with retirement funds)? Y N

Real Estate:

Address: _____

Acreage: _____

Vehicle(s):

Bank Accounts (please add additional pages as necessary):

Name of Bank: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Name of Bank: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Other Investments:

Name of Company: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Name _____ of _____ Company:

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Type of Account/Account Number: _____
Current Balance: _____

Life Insurance (please add additional pages as necessary):

Company: _____

Policy Number: _____ Value: _____

Company: _____

Policy Number: _____ Value: _____

Company: _____

Policy Number: _____ Value: _____

Other Assets: _____

Referral:

Who referred you to this office?

Name _____

Street Address _____

City _____ State _____ ZIP _____

Client's Signature

Date: _____

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