

LEGACY ESTATES & TRUSTS, PLLC

www.mylegacyfirm.com

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*** Licensed in Arkansas & Missouri**

+ Licensed in Arkansas

DATE: _____

Your Full Name: _____

Date of Birth: _____ Social Security #: _____

Email: _____ Phone: _____

Address: _____

Employer & Address: _____

Date of Marriage (if married): _____

Spouse's (if applicable) Full Name: _____

Date of Birth: _____ Social Security #: _____

Email: _____ Phone: _____

Address: _____

Employer & Address: _____

CHILDREN:

Name	Address/Phone	Email	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DECISION MAKERS: If you were unable to make decisions regarding your own health care or finances/property, who would you want making these decisions for you?

Health & Financial For You & Spouse Name:	1ST CHOICE	NEXT CHOICE	FINAL CHOICE
Phone #(s):	_____	_____	_____
Email(s):	_____	_____	_____

CHECKING & SAVINGS ACCOUNTS, CD'S, STOCKS, BONDS, ETC.

Account Type	Financial Institution	Acct. #	Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IRA'S, 401(K)'S, & OTHER RETIREMENT ACCOUNTS & PLANS

Account Type	Financial Institution	Acct. #	Owner
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE POLICIES

Account Type	Financial Institution	Acct. #	Owner
_____	_____	_____	_____
_____	_____	_____	_____

SIGNIFICANT TITLED PERSONAL PROPERTY

Asset Description	VIN/ID No. (if any)	Owner(s)
_____	_____	_____
_____	_____	_____

REAL PROPERTY

Land Description	Address (if any)	Owner(s)
_____	_____	_____
_____	_____	_____

Please attach deeds to any real properties you own, along with stock certificates or ownership documentation regarding any closely held businesses that you own or operate. Also, please attach a statement regarding any other assets, special issues, etc. that you wish to discuss with us.

 FOR OFFICE USE ONLY (DO NOT WRITE BELOW)

SCOPE OF REPRESENTATION: _____

FEE STRUCTURE: \$ _____

LIMITATIONS OF REPRESENTATION: _____

RETAINER: \$ _____

REFERRAL: _____

APPROVED: _____

FOR FIRM

CLIENT

CLIENT