LEGACY ESTATES & TRUSTS, PLLC

www.mylegacyfirm.com

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Cliff Collins, Attorney at Law+ (cliff@cliffcollinslaw.com)
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Facsimile: 866-423-3341

*** 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	**1ST CHOICE**	**NEXT CHOICE**	**FINAL CHOICE**
Name:	_____	_____	_____
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