

**Personal Information:**

Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip/County: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth (Citizenship): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever lived in any other state or foreign country? If so, where and when:

\_\_\_\_\_

Do you have a will? Yes  No

Do you have a trust? Yes  No

**Marriage Information**

Date of Previous Marriage (if any): \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Name of Former Spouse: \_\_\_\_\_

Do you have financial obligations to a former spouse? Yes  No

Do you have an Ante Nuptial Agreement? Yes  No

**Family Information: Children**

1.	NAME	ADDRESS	BIRTHDATE
2.	NAME	ADDRESS	BIRTHDATE
3.	NAME	ADDRESS	BIRTHDATE
4.	NAME	ADDRESS	BIRTHDATE
5.	NAME	ADDRESS	BIRTHDATE
6.	NAME	ADDRESS	BIRTHDATE

Branch Information: 11234 Cornell Park Drive, Cincinnati, OH 45242

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7. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

8. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

**Family Information: Grandchildren**

1. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

2. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

3. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

4. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

5. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

6. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

7. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

8. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

9. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

10. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

11. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

12. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

**Family Information: Persons other than children who are dependent upon you for support**

1. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

2. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

3. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

4. \_\_\_\_\_  
NAME ADDRESS BIRTHDATE

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Estate Planning Information for Single Persons

1. How do you want your assets distributed upon your death?
2. Explain how you would like to provide for your heirs and should any particular assets be distributed to any person or persons. Do you want them to receive assets outright or in a trust?
3. Do any of your children have special health needs?
4. If you die when your children are minors, should your children receive your property when they are 18 years old or should it be held until they are older? Should your children receive equal shares?
5. Do you want to make bequests to charitable organizations?
6. If neither your parents nor your children survive you, who should receive your property?

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7. Who would you like to serve as your fiduciaries? A fiduciary may be an individual or a bank.
- a. The executor will manage your estate. He or she should be a resident of your home state; however, out-of-state relatives (by blood or marriage) may serve.
    - 1.
    - 2.
    - 3.
  - b. The Trustee will manage your trust, if you decide to create one. The Trustee must invest and manage money, as well as maintain relationships with the beneficiaries and make decisions about distributions to the beneficiaries.
    - 1.
    - 2.
    - 3.
  - c. A Guardian is responsible for the physical well-being, the estate, or both, of an incompetent or minor. Parents of young children frequently want to name relatives or friends to serve as guardians of their children if both parents die.
    - 1.
    - 2.
    - 3.
8. Is minimizing income and estate taxes a high priority for you?
9. Would you like to make lifetime gifts to your children, other persons, or charity?

10. Would you like a Living Will, a Durable Power of Attorney for Health Care, or a general Durable Power of Attorney?

**Power of Attorney for Health Care & Living Will**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Primary Agent (if not spouse)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

First Alternate Agent (if Primary Agent is unavailable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Second Alternate Agent (if First Alternate Agent is unavailable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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