

LAW OFFICE OF AARON M. HARRISON, LTD

PO Box 1266•Medina, Ohio 44258

Phone: (330) 591-9315•Fax: (866) 929-9055

Internet: <http://www.harrisonlawohio.com>

BACKGROUND INFORMATION

Date: _____

Client Full Name:

Client: _____

Spouse: _____

Soc. Sec. No. _____

Soc. Sec. No. _____

Date of Birth: _____

Date of Birth: _____

Prior Marriages? Yes _____ No _____

Prior Marriages? Yes _____ No _____

U.S. Citizen? Yes _____ No _____

U.S. Citizen? Yes _____ No _____

Employer/Occupation? _____

Employer/ Occupation: _____

Residence Address: _____

Residence Phone: (____) _____

Other Address: _____

Other Phone: (____) _____

FAMILY INFORMATION

NAMES OF CHILDREN

(Please indicate if husband's, wife's or both)

BIRTHDATES

ESTATE PLANNING: SIMPLE STATEMENT OF NET WORTH

Assets	Client	Spouse	Joint
Cash (Bank Acc't)			
Stocks & Bonds			
Notes Receivable			
Annuities			
Personal Residence			
Other Real Estate			
Partnerships			
Tangible Property			
IRAs			
Qualified Plans			
Life Insurance (1)			
TOTAL ASSETS			
Debts (\$1000's)			
Accounts Payable			
Mortgage			
Other Debts			
TOTAL DEBTS			
*****	*****	*****	*****
<u>NET WORTH</u>			

Note (1): List Death Benefits Payable. For each policy please list on a separate paper: (1) Cash Surrender Value (2) Face Amount, (3) Policy Loans, (4) Owner, (2) Insured, (3) Beneficiary, and (4) Policy's Purpose.

List the names, addresses, social security numbers, and telephone numbers of yourselves, your children or any other individual (or charitable organization) to whom you desire to leave property at your death.

Husband: _____ Date: _____ Wife: _____ Date: _____

COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY. LEAVE BLANK ANY PORTIONS THAT ARE INAPPLICABLE OR UNKNOWN. UPON COMPLETION PLEASE BRING WITH YOU TO THE INITIAL MEETING OR FAX OR EMAIL TO THE LAW OFFICE OF AARON M. HARRISON.