



## Topics You Want to Talk About

Notes

- Accumulation of wealth
- Asset allocation
- Alternative investments
- Business succession planning
- Budgeting
- Cash flow planning
- College planning
- Debt Management
- Estate planning
- Life insurance
- Long-term care insurance
- Nursing Home expenses
- Other insurance
- Investment tax planning
- Income tax planning
- Gift and estate tax planning
- Retirement Planning
- IRAs/Rollovers
- Distribution planning
- Charitable giving
- Wills and trusts
- Socially Responsible Investing
- Disability Insurance
- Professional referrals
- Other



Client 1		Client 2	
<b>Marital History</b>		<b>Marital History</b>	
Have you been: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Have you been: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Do you have any children or assets from previous relationships that need to be taken into account in this financial plan or any estate planning? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any children or assets from previous relationships that need to be taken into account in this financial plan or any estate planning? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employment Information</b>		<b>Employment Information</b>	
<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired		<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired	
Company Name: _____		Company Name: _____	
Job Title: _____		Job Title: _____	
Work Phone: _____		Work Phone: _____	
Number of Years with the Company: _____		Number of Years with the Company: _____	
Are there any expected employment changes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there any expected employment changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hobbies</b>		<b>Hobbies</b>	
<i>Ex: Gardening, Playing Golf, Collecting Antiques</i>		<i>Ex: Gardening, Playing Golf, Collecting Antiques</i>	
<b>Interests</b>		<b>Interests</b>	
<i>Ex: Traveling, Volunteering, Sports</i>		<i>Ex: Traveling, Volunteering, Sports</i>	
<b>Parent History</b>		<b>Parent History</b>	
<b>Father</b>		<b>Father</b>	
<input type="checkbox"/> Living	<input type="checkbox"/> Deceased	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
Current Age: _____	Age at Passing: _____	Current Age: _____	Age at Passing: _____
<b>Any Major Health Issues?</b>	<b>Cause of Death</b>	<b>Any Major Health Issues?</b>	<b>Cause of Death</b>
<b>Mother</b>		<b>Mother</b>	
<input type="checkbox"/> Living	<input type="checkbox"/> Deceased	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
Current Age: _____	Age at Passing: _____	Current Age: _____	Age at Passing: _____
<b>Any Major Health Issues?</b>	<b>Cause of Death</b>	<b>Any Major Health Issues?</b>	<b>Cause of Death</b>

# Beneficiaries

Please list all children, grandchildren, dependents or any other person to whom you wish to give a gift, designate as a beneficiary of your accounts, assign ownership of an insurance policy, or mention in your estate planning documents.

If you have already listed your children in the Immediate Family & Medical History section you don't need to list them here.

Name	Relationship

# Professional Contacts

We'd like to be aware of any other professionals that you consult for guidance as we may need to speak with them during the financial planning process.

**Professional**

**Name/Company**

**Type of Work Done?**

- Accountant
- Attorney
- Financial Advisor
- Insurance Agent

\_\_\_\_\_

\_\_\_\_\_

- Accountant
- Attorney
- Financial Advisor
- Insurance Agent

\_\_\_\_\_

\_\_\_\_\_

- Accountant
- Attorney
- Financial Advisor
- Insurance Agent

\_\_\_\_\_

\_\_\_\_\_

- Accountant
- Attorney
- Financial Advisor
- Insurance Agent

\_\_\_\_\_

\_\_\_\_\_

# Priorities

**1**  
Very Important

**2**  
Important

**3**  
Neutral

**4**  
Of Little Importance

**5**  
Unimportant

Client 1	Client 2
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## Making sure my finances are organized

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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## Financial peace of mind

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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## Understanding the "big picture" of my financial situation

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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## Increasing my standard of living

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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## Understanding and controlling current and future tax benefits / burdens

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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## Understanding my Insurance Options

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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## Buying a house or a second home

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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## Early Retirement

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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## Financial security at retirement

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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## Effects of inflation on my retirement savings

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Client 1	Client 2
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**Having an active retirement: hobbies, travelling, volunteering, etc.**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Knowing when financial decisions need to be made and being ready for them**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Paying for my children to go to college**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Providing monetary support to adult children or relatives if needed**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Provide monetary support or care for family members with disabilities or medical needs**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Donating money to charities now or in the near future**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Having my financial affairs organized and easy to understand for my heirs**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Controlling the distribution of assets to my heirs**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Minimizing the cost of probate and estate taxes**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Leaving assets to charities**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Knowing that my family is taken care of if I die suddenly**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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**Client 1**

**Client 2**

**What does retirement mean to you?**

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**What is important to you about money?**

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**When you think about your finances what are your biggest fears?**

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**What is your overall vision of the future?** *(continuing to work, traveling, helping with grandchildren, spend more time on hobbies, etc.)*

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## Cash Flow & Budgeting

Are you comfortable with your current cash flow?  Yes  No  Room for Improvement  Uncertain

Do you have any emergency funds or savings?  Yes  No  Uncertain

• If so, how much do you currently have saved? \_\_\_\_\_

Do you anticipate any significant changes in your cash flow?  Yes  No  Uncertain

• If so, what are you anticipating? \_\_\_\_\_

Do you anticipate cash inflows from sources other than income?  Yes  No  Uncertain

• If so, where are they coming from? \_\_\_\_\_

Do you anticipate inheriting money sometime in the future?  Yes  No  Uncertain

• If so, how much do you think you will receive? \_\_\_\_\_

## Lifestyle

Do you anticipate any major lifestyle changes? (marriage, moving, kids, etc.)  Yes  No  Uncertain

• If so, what are you expecting? \_\_\_\_\_

How often do you plan on purchasing / replacing your vehicle(s)? \_\_\_\_\_

• What is the price range for your new vehicle? \_\_\_\_\_

Are there any major purchases you would like to factor in? (Vacation Home, Boat, Hot Tub, etc.)  Yes  No  Uncertain

• If so, how much do you expect to spend? \_\_\_\_\_

• When do you want this purchase to take place? \_\_\_\_\_



**Do you anticipate any major expenditures in the near future?**  Yes  No  Uncertain

*(Home Improvements, Repairs, Special Celebrations, etc.)*

• *If so, what are you expecting?* \_\_\_\_\_

**Do you plan on staying in your current home after you retire?**  Yes  No  Uncertain

<b>If you plan on staying</b>	Will your current home need any improvements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	• <i>If so, how much do you plan on spending on home improvements?</i> _____
	• <i>When do you expect these improvements to be made?</i> _____

<b>If you plan on moving</b>	When do you want to move? _____
	Will you sell your current home? _____
	• <i>If so, approximately how much will you sell it for?</i> _____
	Will you be moving to a different area / state? _____
	How much do you plan on spending on a new home? _____

**Do you plan on traveling more during retirement ?**  Yes  No  Uncertain

How much do you think you'll need per year to achieve your travel goals? \_\_\_\_\_

## Charity / Legacy

**Do you give regularly to charities?**  Yes  No  Uncertain

• *If so, approximately how much each year?* \_\_\_\_\_

• *How are gifts made?*  Cash  Other real property  Through a charitable remainder trust

• *Would you like to increase this amount in the future?*  Yes  No  Uncertain

**Is leaving money for your kids, family, friends, charities or institution a goal?**  Yes  No  Uncertain

Description	Recipient	Target Amount to Leave

## College / Education

Do you have any goals to pay for all or part of any education costs for anyone in the future?  Yes  No  Uncertain

For	Start Year	# of Years	Type of Education	Target Amount to Pay	Already Saving?	If so, how much?
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Assistance to Others

Do you plan on paying for all or part of any weddings in the future?  Yes  No  Uncertain

Relation	Estimated Year of Wedding	Target Amount to Pay	Already Saving?	If so, how much?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you plan on financially assisting anyone in the future?  Yes  No  Uncertain

Description	Estimated Year	Estimated Amount	How Often?	How Many Times?
		\$		
		\$		
		\$		

Do you anticipate paying for the care of a loved one in the future?

*(Parent in a nursing home, a child with special needs, etc.)*

Yes  No  Uncertain

Description	Estimated Year	Estimated Amount	How Often	How Many Times?
		\$		
		\$		
		\$		

Any other comments or thoughts that weren't previously covered?

# Budget

If you already have a Budget of your own you may skip this section and just provide that to us. If not, please fill out this Budget so that we can get a general idea of what your current lifestyle looks like.

*You can fill in the **Monthly or Annually** column; you do not need to do both.*

\*If you do not have the specific breakdown of your budget but know the overall total please list it below:

Total Income

Total Expense

Income	Monthly	Annual	Notes
Client 1 Income			
Client 2 Income			
Other:			
Other:			
<b>Savings</b>			
Emergency / Savings Contributions			
IRA / Roth IRA Contributions			
Education Savings (529, UTMA, etc.)			
Employer-Sponsored Retirement Plan Deferrals (403b, 401k, etc.)			
Other:			
Other:			
<b>Debt</b>			
Credit Card Payments			
Loan Payments (HELOC, Student, etc.)			
Other:			
Other:			
<b>Home</b>			
Mortgage / Rent			
Homeowners Insurance			
Real Estate Tax			
Property Tax			
Repairs / Maintenance			
Association Dues			
Water			
Electric			
Gas			
Phone / Internet / Cable			
Cell Phone			
Lawn & Garden Maintenance			
Housekeeper			
Pest Control			
Other:			
<b>Car</b>			
Car Insurance			
Car Loan Payments			
Gas			
Repairs / Maintenance			
Other:			

Insurance	Monthly	Annual	Notes
Life Insurance			
Health Insurance			
Long Term Care Insurance			
Disability Insurance			
Other:			
<b>Personal</b>			
Groceries			
Eating Out			
Entertainment <i>(Netflix, Monthly Subscriptions, Movies, Music, etc.)</i>			
Personal Care / Spending <i>(Clothing, Hair Cuts, Spa Services, etc.)</i>			
Recreation <i>(Gym Membership, Yoga Classes, etc.)</i>			
Professional Fees			
Dry Cleaning / Alterations			
Doctor Bills			
Medication			
Vacation / Travel Expenses			
Gifts <i>(Christmas, Birthday, etc.)</i>			
Other:			
<b>Charity</b>			
Tithes			
Charity / Offerings			
<b>Kids</b>			
Daycare / Babysitter			
Activities / Recreation			
Allowance			
Toys			
School Supplies / Dues			
Tuition			
Other:			
<b>Pets</b>			
Food / Supplies			
Grooming			
Vet			
Other:			

# Asset Overview

**If you are able to provide your most recent statement, policy or any supporting documents you do not need to fill out the associated section.**

If you do not have access to these documents or cannot attach it for some reason, please fill out as much information as you can.

# Assets

## Bank, Savings, Loan, and Credit Union Accounts (e.g., Checking, savings, CD's)

*Statement Included*    Yes    No    Not Applicable

Type of Account	Balance

## Retirement Accounts (IRA's, Roth IRA, 401k, 403b, etc.)

*Statement Included*    Yes    No    Not Applicable

Type of Account	Balance	Do You Make Contributions?	Is there an Employer Match?

## Non-Retirement Investment Accounts (Individual, Joint, 529, etc.)

*Statement Included*    Yes    No    Not Applicable

Type of Account	Balance	Do You Make Contributions?

## Annuities

*Statement Included*    Yes    No    Not Applicable

Type of Account	Type of Product	Date Purchased	Maturity Date	Balance

## Planned Retirement Income (Pension, Social Security, Work, Rental Income, etc.)

*Statement Included*    Yes    No    Not Applicable

Source of Income	Expected Monthly or Annual Income

**Residence and Other Real Estate**

Statement Included  Yes  No  Not Applicable

Property	Original Cost	Current Value	Debt Balance

**Other Assets**

Statement Included  Yes  No  Not Applicable

Description	Balance

**Limited or General Partnerships**

Statement Included  Yes  No  Not Applicable

Description	Type of Investment	Amount Invested	Approximate Value

**Liabilities**

**Mortgages**

Statement Included  Yes  No  Not Applicable

Property	Current Balance	Monthly Payment	Interest Rate	Year it will be paid off

**Other Debt (Car Loans, Credit Card Balances, Student Loans, HELOC, etc.)**

Statement Included  Yes  No  Not Applicable

Debt	Interest Rate / Finance Charge	Balance



**Promissory Notes and Trust Deeds (e.g., amounts owed to you by someone who is paying you on a note)**

Statement Included  Yes  No  Not Applicable

Debtor	Interest Rate	Balance of Note	Year it will be paid off

**Insurance**

**Life Insurance**

Statement Included  Yes  No  Not Applicable

Company	Type	Benefit	Cash Value	Premium

**Long Term Care Insurance**

Statement Included  Yes  No  Not Applicable

Company	Type	Benefit	Length of Benefit Period	Premium

**Disability Insurance**

Statement Included  Yes  No  Not Applicable

Company	Type	Benefit	Length of Benefit Period	Premium

**Auto Insurance**

Statement Included  Yes  No  Not Applicable

Company	Coverage	Premium

**Homeowners Insurance**

Statement Included  Yes  No  Not Applicable

Company	Coverage	Premium

**These are the documents that we will need in order to create your financial plan. Please mark the ones that you have included, leave anything you don't have or are unsure of blank.**

**Related to Income:**

- If employed – most recent pay stubs
- Social Security benefits or statements
- Pension benefits, statements, and any employer provided estimates
- Real Estate income
- Annuity or Trust payments
- Budget and Cash Flow details (*A Budget Worksheet can be found in Section 5*)

**Related to Assets:**

- Cash, CDs, and banking assets
- Investment and Annuity statements
- Retirement account statements
- Retirement account investment options
- Real Estate or Business assets

**Related to Insurance:**

- Personal Policies (Life, Health, Disability and Long-Term Care)
- Employer provided Life, Health Disability, and Long-term Care benefits
- Employer benefits in retirement

**Debt and Taxes:**

- Mortgage statement(s)
- Loans, personal debt, and equity line statements
- Most recent tax return
- Real Estate and Property Tax records

**Estate Planning & Divorce:**

- Wills & Trusts
- Powers of Attorney & Health Directives
- Divorce Agreement

**Other**

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