

Kraner & Hess - Initial Consultation - Client Information

Date of Appointment: | |

Client(s):

Full Name (including middle initial if used): _____

Street: _____

City, State, Zip: _____

Presently Residing at (if not at home): _____

Street: _____

City, State, Zip: _____

Home Phone: () - _____

Work Phone: () - _____

Cellular Phone: () - _____

Personal Email: _____

Date of Birth: | |

Social Security Number: _____ - _____ - _____

Gender (M, F): M F

Marital Status: _____

U.S. Citizen? Yes No

Doctor: _____

Doctor's Address: _____

Doctor's Phone: () - _____

Spouse:

Full Name (including middle initial if used): _____

Street: _____

City, State, Zip: _____

Presently Residing at (if not at home): _____

Street: _____

City, State, Zip: _____

Home Phone: () - _____

Work Phone: () - _____

Cellular Phone: () - _____

Personal Email: _____

Date of Birth: | |

Social Security Number: _____ - _____ - _____

Gender (M, F): M F

Marital Status: _____

U.S. Citizen? Yes No

Doctor: _____

Doctor's Address: _____

Doctor's Phone: () - _____

Primary Contact:

Name: _____

Relationship: _____

Street: _____

City, State, Zip: _____

Home Phone: () - _____

Work Phone: () - _____

Cellular Phone: () - _____

Personal Email: _____

Children or Close Relatives:

Full Name: _____
 Relationship: _____
 Street: _____
 City, State, Zip: _____
 Social Security Number: - - _____

 Full Name: _____
 Relationship: _____
 Street: _____
 City, State, Zip: _____
 Social Security Number: - - _____

 Full Name: _____
 Relationship: _____
 Street: _____
 City, State, Zip: _____
 Social Security Number: - - _____

 Full Name: _____
 Relationship: _____
 Street: _____
 City, State, Zip: _____
 Social Security Number: - - _____

Real Estate:

(Please bring a copy of the Deed or Deeds)

Yes No

Owner(s): _____
 Location (Street, Town, State): _____
 Approximate Value: _____
 Mortgage: Yes No Balance Owed: _____
 Life Use of Real Estate: Client: Yes No Spouse: Yes No

Owner(s): _____
 Location (Street, Town, State): _____
 Approximate Value: _____
 Mortgage: Yes No Balance Owed: _____
 Life Use of Real Estate: Client: Yes No Spouse: Yes No

Shelter Costs:

Mortgage \$ _____ Rent \$ _____
 Real Estate Taxes \$ per year \$ _____ monthly \$ _____
 Homeowner's Insurance \$ per year \$ _____ monthly \$ _____

Vehicles:

Vehicle #1:
 Owner(s): _____
 Make: _____
 Model: _____
 Year: _____
Vehicle #2:
 Owner(s): _____
 Make: _____
 Model: _____
 Year: _____

Safe Deposit Box: Yes No

Where? _____
 Contents: _____

Other Assets:

Valuable Collections: _____
 Annuities: _____
 Savings Bonds: _____
 Business Interest: _____
 Non-home Real Estate: _____
 Personal Loans: _____

Income

Client:

Income Source: _____ Amount per month: _____
 Income Source: _____ Amount per month: _____
 Income Source: _____ Amount per month: _____

Spouse:

Income Source: _____ Amount per month: _____
 Income Source: _____ Amount per month: _____
 Income Source: _____ Amount per month: _____

Health Insurance:

Client:

Medicare Part A: Yes No Medicare Part B: Yes No

Supplemental Medical Insurance: Yes No

Supplemental Medical Insurance Provider: _____

Medical Insurance Premium: _____ per _____

Long Term Care Insurance: Yes No Partnership Policy: Yes No

Insurance Company: _____

Daily Rate: _____ Term (i.e. Number of Years): _____

Spouse:

Medicare Part A: Yes No Medicare Part B: Yes No

Supplemental Medical Insurance: Yes No

Supplemental Medical Insurance Provider: _____

Medical Insurance Premium: _____ per _____

Long Term Care Insurance: Yes No Partnership Policy: Yes No

Insurance Company: _____

Daily Rate: _____ Term (i.e. Number of Years): _____

Life Insurance:

Yes No

Life Insurance Policy Owner: _____

Life Insurance Company: _____

Person Insured : _____

Face Value: _____ Cash Surrender Value: _____

Beneficiary(ies) : _____

Life Insurance Policy Owner: _____

Life Insurance Company: _____

Person Insured : _____

Face Value: _____ Cash Surrender Value: _____

Beneficiary(ies) : _____

Life Insurance Policy Owner: _____

Life Insurance Company: _____

Person Insured : _____

Face Value: _____ Cash Surrender Value: _____

Beneficiary(ies) : _____

Life Insurance Policy Owner: _____

Life Insurance Company: _____

Person Insured : _____

Face Value: _____ Cash Surrender Value: _____

Beneficiary(ies) : _____

