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:	<u> </u>
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:	<u> </u>
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:	•	<u>. </u>	-		
	Full Name:					
	Relationship:	-				
	Street:					
	City, State, Zip:					
	Social Security Number:			-		
	Full Name:					
	Relationship:					
	Street:					·
	City, State, Zip:					
	Social Security Number:		•			
	E-NAL.					
	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:			<u></u>		
	Mortgage:	Yes	N-			
	- ·		No		Balance Owed: _	
	Life Use of Real Estate:	Client:	Yes	No	Spouse: Yes 1	No
	Owner(s):					
	Location (Street, Town, State):					· —
	Approximate Value:	-				
	Mortgage:	Yes	No		—— Balance Owed:	
	Life Use of Real Estate:		Yes	No	-	V -
		Olicit.	163	NO	Spouse: Yes I	No
Chaltan Cast						
Shelter Cost						
	Mortgage \$ Real Estate Taxes \$				Rent \$	
	•					
	Homeowner's Insurance \$	per yea	ar \$		monthly \$	
Vehicles:						
	Vehicle #1:					
	Owner(s):					
	Make:		· · ·			
	Model: Year:					
	Vehicle #2:					
	Owner(s):				-	
	Make:					
	Model:					
	Year:					
	Safe Deposit Box:	Yes	No			
	Where?					
	Contents:					
Other Asse	ts:					-
	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:		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:		<u> </u>	per
Long Term Care Insurance:	Yes	No	Partnership Policy: Yes No
Insurance Company:			
Daily Rate:			
Jan, 114161			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):			Casil Sulferider Value:
Life Insurance Policy Owner:			
Life Insurance Company:			
Person Insured :			
Face Value:			Cash Surrender Value:
Beneficiary(ies) :			

Daily Dioyelage Accounts	
Bank/Brokerage Name:	
Name(s) on Account:	
Account Type (Checking, Savings, etc.):	
Present Balance (approx):	
Bank/Brokerage Name:	
Name(s) on Account:	
Account Type (Checking, Savings, etc.):	
Present Balance (approx):	
Bank/Brokerage Name: Name(s) on Account:	
Account Type (Checking, Savings, etc.):	
Present Balance (approx):	
Fresent balance (approx):	
Bank/Brokerage Name:	
Name(s) on Account:	
Account Type (Checking, Savings, etc.):	
Present Balance (approx):	
Bank/Brokerage Name:	
Name(s) on Account:	
Account Type (Checking, Savings, etc.):	
Present Balance (approx):	
Bank/Brokerage Name:	
Name(s) on Account:	
Account Type (Checking, Savings, etc.):	
Present Balance (approx):	
roson balance (approx).	
Bank/Brokerage Name:	
Name(s) on Account:	
Account Type (Checking, Savings, etc.):	
Present Balance (approx):	
Bank/Brokerage Name:	
Name(s) on Account:	
Account Type (Checking, Savings, etc.):	
Present Balance (approx):	
Stocks/Bonds Stock/Bond:	
Name(s) on shares/bonds:	
Number of shares:	
Number of shares:	Present Value (approx):
Stock/Bond:	
Name(s) on shares/bonds:	
Number of shares:	Present Value (approx):
Please list any transfers/gifts made	Date of Gift To Whom (Name & Roletionship)

Please list any transfers/gifts made by the client and/or spouse within the last 60 months. If the gift is of property, please provide your best estimate of the value of the property at the time of the gift.

Date of Gift	To Whom (Name & Relationship)	Amount or Value