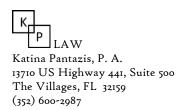


INFORMATION SHEET

INSTRUCTIONS: Please complete the following form. If you are unsure what to put or whether a question applies to your situation, you may leave it blank. Please be sure to complete the summary of assets on the final pages of this form. It is important that we get a comprehensive overview of your financial circumstances so that we can advise you on an estate plan that best meets your needs. Once you have completed the form, please mail, fax, e-mail, or drop the form by our office.

Client Name(s):				
How did you hear about our office? (please check all that apply)				
□ Newspaper □ Phonebook □ Facebook □ POA □ Other:				
ALL	INFORMATION IS ST	TRICTLY CONFIDI	ENTIAL	
MAILING/BILLING ADDRESS Street Address / P.O. Boyr				
Street Address / P.O. Box: City:		State:		
•				
Zip:		County:		
YOUR PERSONAL INFORMAT	ION			
Full Legal Name:	Date of Birth:		Country of Citizanahin.	
M G F G	Date of Birth:	C II N	Country of Citizenship:	
Home Phone:		Cell Phone:		
Occupation:		Employer:		
SSN:		Email Address:		
Marital Status: ☐ Single ☐ Marr	ried (Date of Marriage) □ Pre/Post Nuptial Agreement	
☐ Separated ☐ Divorced ☐ Widowed				
FAMILY INFORMATION				
Child #1 - Full Legal Name:				
Biological □ Adopted □ Date of Birth:			Date of Birth:	
Address:				
Telephone:	Telephone: Email Address:			
Still Living Yes □ No □			/es □ No □	
Child #2 - Full Legal Name:				
Biological □ Adopted □ Date of Birth:				
Address:				
Telephone: Email Address:				



	Still Living Yes □ No □	
Child #3 - Full Legal Name:		
Biological □ Adopted □	Date of Birth:	
Address:		
Telephone:	Email Address:	
	Still Living Yes □ No □	
Child #4 - Full Legal Name:		
Biological □ Adopted □	Date of Birth:	
Address:	,	
Telephone:	Email Address:	
	Still Living Yes □ No □	
attach separate	sheet, if needed	
Is your Danson of Einancial Admison (DEA) sondi-	a a manu family and financial information?	
Is your Personal Financial Advisor (PFA) sending		
Or will you be providing it? \Box PFA is sending	inio 🗆 I wili provide inio	
Who would you like to appoint as Personal Representative (Executor) / Trustee?	
Full Legal Name:	Phone No:	
Address:		
Full Legal Name:	Phone No:	
Address:		
Who would you like to appoint as Guardian for minor child		
Full Legal Name:	Phone No:	
Address:		
Full Legal Name:	Phone No:	
Address:		
Who would you like to appoint as Agent for your Durable P	ower of Attorney?	
Full Legal Name:	Phone No:	
Address:		
Full Legal Name:	Phone No:	
Tun Logar Ivanic.	I HOHO INO.	



Katina Pantazis, P. A. 13710 US Highway 441, Suite 500 The Villages, FL 32159 (352) 600-2987

Address:	
Who would you like to appoint as Surrogate for your Living Will?	
Full Legal Name:	Phone No:
Address:	,
Full Legal Name:	Phone No:
Address:	
Who would you like to appoint as Surrogate for your Health Care Surrogate?	
Full Legal Name:	Phone No:
Address:	
Full Legal Name:	Phone No:
Address:	
Is any third party depending or relying on changes being made to your	estate plan? Yes □ No □
If you answered Yes, please explain here:	
Other Devices on Institutions to be remading your decrements (not listed	I ahawa)
Other Persons or Institutions to be named in your documents (not listed	i above)



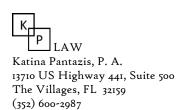
Katina Pantazis, P. A. 13710 US Highway 441, Suite 500 The Villages, FL 32159 (352) 600-2987

FINANCIAL INFORMATION

	the box if held in a Revo		
*Pleas	e indicate if any accounts	receive direct deposits	
ASSI		In Your Name	Held Jointly With Someone Else
	mate Current Fair		
	tet Value) Principal Residence		
	Location:		
2. (Other Real Estate		
	Location:		
	Location:		
3. I	Mineral Interests		
4. (Checking Account(s)		
5. \$	Savings Account(s)		
6. (Certificates of Deposit(s)		
7. I	Brokerage Account(s)		
8. (Other Securities		
9. I	Business Interests		
10. 1	Notes Receivables		
I	Personal Effects & Furnishings		
12. A	Automobiles		
13. (Other		
TOT	AL ASSETS		
ŢŢĀĪ	BILITIES	In Your Name	
LIAI		in Four Name	
1. H	Home Mortgage		
2. (Other Mortgages		

LIABILITIES	In Your Name
1. Home Mortgage	
2. Other Mortgages	
3. Other Loans	
TOTAL LIABILITIES	

NET ASSETS	



Profit Sharing, IRA, Pension Plans, 401(k), Etc.

OWNER	DESCRIPTION	BENEFICIARY	CURRENT VALUE

Total Retiremen	t Benefits:					
Life Insurance						
*Please bring pol	icies to initial appoi	ntment				
Type (e.g. term, group, whole life, accidental)	Face Amount of Death Benefit	Approximate Cash Value	Owner: Self Trust Other	Insured: Self Trust Other	Primary Beneficiary	Secondary Beneficiary
Total Insurance:	:					
1		+	_			
Net Assets	Combined Total Retirement	Combined Insurance		 Γotal		

PROFESSIONAL ADVISORS

Benefits

ADVISOR	Name of Firm	Address/Phone Number
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Trust Officer		
Other		



MISC. NOTES/INFORMATION	
All information provided on this form will b	e treated as privileged and confidential.
KATINA PANTAZIS, PA IS RELYING ON T	CORRECT TO THE BEST OF MY KNOWLEDGE I UNDERSTAND THAT HIS INFORMATION FOR THE ADVICE IT GIVES TO ME, AND IF THERE COMPOSITION, VALUES, OR OTHER PERSONAL DATA, I WILL NOTIFY
that no further obligation is incurred by Pantazis, P.A. has not yet been retaine action on behalf of said individual(s), ur	tion contained in this client intake sheet is for consultation ONLY areither party as a result of same. It is further understood that Katinad to represent the above named individual(s) and will take no further less and until a separate Retainer/Fee Agreement has been P.A. is retained in the above matter, a formal Retainer/Fee ties.
Any fee quotes provided at your consul	t will expire 30 days from the date of your consultation.
Signature	Date