



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

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 STRICTLY CONFIDENTIAL

MAILING/BILLING ADDRESS	
Street Address / P.O. Box:	
City:	State:
Zip:	County:

YOUR PERSONAL INFORMATION		
Full Legal Name:		
M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth:	Country of Citizenship:
Home Phone:	Cell Phone:	
Occupation:	Employer:	
SSN:	Email Address:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (Date of Marriage _____) <input type="checkbox"/> Pre/Post Nuptial Agreement <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

SPOUSE'S PERSONAL INFORMATION		
Full Legal Name:		
M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth:	Country of Citizenship:
Home Phone:	Cell Phone:	
Occupation:	Employer:	
SSN:	Email Address:	

FAMILY INFORMATION	
Child #1 - Full Legal Name:	
Joint of Marriage <input type="checkbox"/> Husband's Child <input type="checkbox"/> Wife's Child <input type="checkbox"/>	Date of Birth:
Address:	
Telephone:	Email Address:



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	Still Living Yes <input type="checkbox"/> No <input type="checkbox"/>
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Child #2 - Full Legal Name:	
Joint of Marriage <input type="checkbox"/> Husband's Child <input type="checkbox"/> Wife's Child <input type="checkbox"/>	Date of Birth:
Address:	
Telephone:	Email Address:
	Still Living Yes <input type="checkbox"/> No <input type="checkbox"/>

Child #3 - Full Legal Name:	
Joint of Marriage <input type="checkbox"/> Husband's Child <input type="checkbox"/> Wife's Child <input type="checkbox"/>	Date of Birth:
Address:	
Telephone:	Email Address:
	Still Living Yes <input type="checkbox"/> No <input type="checkbox"/>

Child #4 - Full Legal Name:	
Joint of Marriage <input type="checkbox"/> Husband's Child <input type="checkbox"/> Wife's Child <input type="checkbox"/>	Date of Birth:
Address:	
Telephone:	Email Address:
	Still Living Yes <input type="checkbox"/> No <input type="checkbox"/>

attach separate sheet, if needed

Is your Personal Financial Advisor (PFA) sending your family and financial information?

Or will you be providing it? PFA is sending info I will provide info

Who would you like to appoint as Personal Representative (Executor) / Trustee? (If married, other than your spouse)	
Full Legal Name:	Phone No:
Address:	
Full Legal Name:	Phone No:
Address:	
Who would you like to appoint as Guardian for minor children, if applicable? (If married, other than your spouse)	
Full Legal Name:	Phone No:
Address:	
Full Legal Name:	Phone No:



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Address:	
Who would you like to appoint as Agent for your Durable Power of Attorney? (If married, other than your spouse)	
Full Legal Name:	Phone No:
Address:	
Full Legal Name:	Phone No:
Address:	
Who would you like to appoint as Surrogate for your Living Will? (If married, other than your spouse)	
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? (If married, other than your spouse)	
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 <input type="checkbox"/> No <input type="checkbox"/>	
If you answered Yes, please explain here:	

Other Persons or Institutions to be named in your documents (not listed above)	



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FINANCIAL INFORMATION

Check the box if held in a Revocable Trust

*Please indicate if any accounts receive direct deposits

ASSETS (Estimate Current Fair Market Value)	In Husband's Name	In Wife's Name	Owned Jointly
1. Principal Residence Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Other Real Estate Location: Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Mineral Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Certificates of Deposit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Brokerage Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other Securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Business Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Notes Receivables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Personal Effects & Furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Automobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL ASSETS			

LIABILITIES	In Husband's Name	In Wife's Name	Owned Jointly
1. Home Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Other Mortgages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Other Loans			
TOTAL LIABILITIES			

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

OWNER	DESCRIPTION	BENEFICIARY	CURRENT VALUE

Husband's Total Retirement Benefits: _____ Wife's Total Retirement Benefits: _____
 COMBINED TOTAL RETIREMENT BENEFITS: _____

Life Insurance

*Please bring policies to initial appointment

Type (e.g. term, group, whole life, accidental)	Face Amount of Death Benefit	Approximate Cash Value	Owner Husband Wife Trust Other	Insured Husband Wife Trust Other	Primary Beneficiary	Secondary Beneficiary

Husband's Total Insurance: _____ Wife's Total Insurance: _____
 COMBINED TOTAL INSURANCE: _____

$$\frac{\text{Net Assets}}{\text{Net Assets}} + \frac{\text{Combined Total Retirement Benefits}}{\text{Combined Total Retirement Benefits}} + \frac{\text{Combined Total Insurance}}{\text{Combined Total Insurance}} = \frac{\text{Total}}{\text{Total}}$$

PROFESSIONAL ADVISORS

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



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MISC. NOTES/INFORMATION

All information provided on this form will be treated as privileged and confidential.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE WE UNDERSTAND THAT KATINA PANTAZIS, PA IS RELYING ON THIS INFORMATION FOR THE ADVICE IT GIVES US, AND IF THERE IS ANY MATERIAL CHANGE IN OUR ASSET COMPOSITION, VALUES, OR OTHER PERSONAL DATA, WE WILL NOTIFY KATINA PANTAZIS PA.

NOTICE OF NON-REPRESENTATION.

It is hereby understood that the information contained in this client intake sheet is for consultation ONLY and that no further obligation is incurred by either party as a result of same. It is further understood that Katina Pantazis, P.A. has not yet been retained to represent the above named individual(s) and will take no further action on behalf of said individual(s), unless and until a separate Retainer/Fee Agreement has been executed. If and when Katina Pantazis, P.A. is retained in the above matter, a formal Retainer/Fee Agreement shall be executed by all parties.

Any fee quotes provided at your consult will expire 30 days from the date of your consultation.

 Signature

 Date

 Signature

 Date