# **CLIENT PROFILE**



#### DAN A. COLLINS

CERTIFIED SPECIALIST - ESTATE PLANNING AND PROBATE LAW

ADMITTED IN SOUTH CAROLINA AND NORTH CAROLINA

#### **JULIE M. COLLINS**

ADMITTED IN SOUTH CAROLINA AND NORTH CAROLINA

17A CALEDON COURT
PO BOX 25726
GREENVILLE, SOUTH CAROLINA 29616-0726
Phone: (864) 370-2277 • Fax: (864) 370-2276

# PERSONAL INFORMATION FAMILY INFORMATION

Date	
Your Name (exactly as it appears on your	•
Home Address	City
State Zip County	Home Phone
E-mail address	Cell Phone
Social Security Number	Birthdate
Employer Position	on Business Phone
Date of Marriage	U. S. Citizen Yes No
Social Security Number	Birthdate
E-mail address	Cell Phone
Employer Position	on Business Phone
U. S. Citizen Yes No	
CHILDREN (Show full legal names – attac	ch additional sheet if necessary) PARENT* BIRTHDATE
* Husband's child only (H), Wife's child only	y (W), Both Husband's and Wife's child (B)
ADVISERS	PHONE NUMBER
Accountant	
Attorney	
Primary Personal Banker	
Stockbroker	
Deferred to our firm by	

#### **CASH**

NAME OF INSTITUTION	TYPE	* OW	NER**	AMOUNT
				\$
				\$
				\$
		_		\$
				\$
*Checking Account (CA), Savings Account *Husband (H), Wife (W), Jointly (JT). Note: If account is in your name for benefits the same of th	, Tenants in Common	(TC), or Comm	unity Property (CP	).
	NOTES RE	ECEIVABI	L <b>E</b>	
NAME OF DEBTOR	DATE OF NOTE	DATE DUE	NOTE OWED TO*	CURRENT BALANCE OWED
				\$
				\$
				\$
*Husband (H), Wife (W), Jointly (JT), 7	Tenants in Common (7	TC), or Commun	nity Property (CP).	
*Husband (H), Wife (W), Jointly (JT), 7		CC), or Commur	nity Property (CP).	
Where you have either a deeded or land	REAL I	ESTATE		rtnership with someone elsc
Where you have either a deeded or land	REAL I contract interest (lan section):	ESTATE		
Where you have either a deeded or land should be listed under the Partnership of GENERAL DESCRIPTION AND/OR A	REAL I contract interest (lan section):	ESTATE  d or buildings to  OWNER*	<b>hat you own in pa</b> FAIR MARKI	ET MORTGAGE BALANCE
Where you have either a deeded or land should be listed under the Partnership of GENERAL DESCRIPTION AND/OR	REAL I contract interest (lan section):  ADDRESS	ESTATE  d or buildings to  OWNER*	hat you own in par FAIR MARKI VALUE \$	ET MORTGAGE BALANCE
Where you have either a deeded or land should be listed under the Partnership of GENERAL DESCRIPTION AND/OR A	REAL I contract interest (lan section):  ADDRESS	ESTATE  d or buildings to  OWNER*	<b>hat you own in pa</b> FAIR MARKI VALUE	ET MORTGAGE BALANCE
Where you have either a deeded or land should be listed under the Partnership of GENERAL DESCRIPTION AND/OR	REAL I contract interest (lan section):  ADDRESS	ESTATE  d or buildings to  OWNER*	hat you own in par FAIR MARKI VALUE \$	MORTGAGE BALANCE  \$\$

<sup>\*</sup> Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP). If property is owned either JT or TC with someone other than spouse, please furnish name and relationship. **Note:** if two or more names are on deed or contract without stating type of ownership, please use "?".

## SOLE PROPRIETORSHIP BUSINESS INTERESTS

NAME OF BUSINESS	DESCRIPTION OF BUSINESS	OWNER*	VALUE
			\$
			\$
			\$
* Husband (H), Wife (W), Joi	ntly (JT), Tenants in Common (TC), or Community Prope	erty (CP).	
	PARTNERSHIP INTERESTS		
	PERCENTAGE OF PARTNERSHIP INTEREST		
PARTNERSHIP NAME	GENERAL PARTNER LIMITED PARTNER	OWNER*	VALUE
			\$
			\$
* Husband (H), Wife (W), Joi	ntly (JT), Tenants in Common (TC), or Community Prope	erty (CP).	
	CORPORATE BUSINESS INTERES	STS	
Closely	Held, Privately Owned Corporations (Nonpu		)
COMPANY	NUMBER BUY/SELL PERCENTA OF SHARES AGREEMENT* OWNERSH		VALUE
			\$
			\$
			\$
		perty (CP).	nship.
	BONDS		
DESCRIPTION (U.S. Savings	s Bonds, corporate, municipal, etc.) OWN	ER*	FACE VALUE
		\$_	
		\$_	

If bond is owned either JT or TC with someone other than spouse, please furnish name and relationship.

**Note**: Please put ✓ next to Bearer Bonds.

<sup>\*</sup> Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP)

#### STOCK CERTIFICATES

#### **Publicly Traded Corporations**

Please list all stock ownership in publicly owned companies (stock traded on an exchange or over the counter). Stock owned in family or nonpublicly traded companies should be listed under the corporate business section. (Do not list each stock owned in a brokerage account. See Brokerage Accounts below.)

COMPANY	erage account. See Brokerag	OWNER*	NUMBER OF SHARES	FAIR MARKET VALUE
COMPANT				
				\$
				\$
				\$
				\$
				\$
	d either JT or TC with someone	s in Common (TC), or Community I e other than spouse, please furnish n	ame and relationship	).
		OKERAGE ACCOUNT	S	
Provide account	t information only. Please do	not list each stock.		
BROKERAGE (	COMPANY	BROKER	OWNER*	CURRENT ACCT VALUE
				\$
				\$
				\$
				\$
		s in Common (TC), or Community I e other than spouse, please furnish n		
	R	ETIREMENT PLANS		
TYPE OF PLAN*	COMPANY	BENEFICIARY UPON YOUR DEATH (Primary & Contingent)	PERCENT VESTED	VALUE
		_		\$
				\$
				\$

<sup>\*</sup> IRA, Pension (P), Profit-Sharing (PS), H.R. 10

## **OTHER ASSETS**

		\$
		\$
		\$
		\$
		<u> </u>
ANTICIPATED INHERITAN	NCES OR GIFTS	
		\$
		<u> </u>
		\$
ANY OTHER ASSETS		
		<u> </u>
		ф
		Ф
		<u> </u>
	INSURANCE POLICIES A	
Agent	Agent's	Phone
Policy Number	Type of Policy*	Who pays premium** _
nsured	Owner	
Primary beneficiary	Contingent	beneficiary

<sup>\*</sup>Term, whole life, split dollar, group life, annuity \*\*Husband (H), Wife (W), Corporation (C)

Company			
Agent		_ Agent's Phone	
Policy Number	Type of Po	olicy*	Who pays premium**
Insured		Owner	
Primary beneficiary		_ Contingent benef	iciary
Face amount \$	Cash value \$		Loans on Policy \$
Company			
Agent		_ Agent's Phone	
Policy Number	Type of Po	olicy*	Who pays premium**
Insured		Owner	
Primary beneficiary		_ Contingent benef	iciary
Face amount \$	Cash value \$		Loans on Policy \$
Company		_ Agent's Phone	
			Who pays premium**
Insured		Owner	
Primary beneficiary		_ Contingent benef	iciary
Face amount \$	Cash value \$		Loans on Policy \$
Company			
Agent		_ Agent's Phone	,
Policy Number	Type of Po	olicy*	Who pays premium**
Insured		Owner	
Primary beneficiary		_ Contingent benef	iciary
Face amount \$	Cash value \$		Loans on Policy \$

<sup>\*</sup>Term, whole life, split dollar, group life, annuity \*\*Husband (H), Wife (W), Corporation (C)

#### **SUMMARY OF VALUES**

#### **ASSETS**

#### AMOUNTS\*

	HUSBAND	WIFE
Cash	\$	\$
Notes receivable	\$	\$
Real estate	\$	\$
Sole proprietorship business interests	\$	\$
Partnership interests	\$	\$
Corporate business interests	\$	\$
Bonds	\$	\$
Stock certificates	\$	\$
Brokerage accounts	\$	\$
Retirement plans	\$	\$
Other assets and personal effects	\$	\$
Life insurance face amounts	\$	\$
TOTAL ASSETS	\$	\$

<sup>\*</sup>Joint Tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go half in husband's column, half in wife's column.

#### LIABILITIES

#### AMOUNTS\*

	HUSBAND	WIFE		
Loans payable	\$	\$		
Accounts payable	\$	\$		
Real estate mortgages payable	\$	\$		
Contingent liabilities	\$	\$		
Loans against life insurance	\$	\$		
Unpaid taxes	\$	\$		
Other obligations	\$	\$		
TOTAL LIABILITIES	\$	\$		
NET ESTATE	<b>\$</b>	<b>\$</b>		

# INDIVIDUALS OR INSTITUTIONS TO SERVE

	HUSBAND	WIFE
Initial Trustee · You may serve alone		
as your own Trustee.		
Initial Cotrustee  If you want someone		
to serve with you.		
Trustee(s), if I am disabled · You may want to name		
more than one.		
Trustee(s) upon my death		
You may want to name more than one.		
Successor Trustee(s)  · Individuals or institution		
to serve if your first choices cannot serve.		
Personal Representative		
(Executor under your Will)  · Usually the same as the Trustees named		
to serve at your death.		
Health Care Power of Attorney Agent		
Agent's Address		
Agent's Phone Number		

**HUSBAND** WIFE

Health Care Power of Attorney Successor Agent			 _	 	
Successor Agent's Address		 	 _	 	
Successor Agent's Phone Number			 _		
Financial Power of Attorney Attorney's Name			 _		
Financial Power of Attorney Successor Attorney's Name			 _		
Guardian(s) · For minors under the age of 18			 -		
Special Needs and Considerations					
Disabled or special needs beneficia	aries	 	 	 	
Prior marriages and any pre-marital agreements					
Describe any other concerns or obj	jectives				