

THE LAW OFFICE OF  
**MICHAEL J. HOWELL, P.A.**  
112 Executive Center  
1 Corpus Christi Place, #112  
Hilton Head Island, SC 29928

HiltonHeadEstatePlanning.com

Michael J. Howell  
Licensed in Florida and South Carolina  
Certified by the South Carolina  
Supreme Court as a Specialist  
In Estate Planning and Probate Law

Margaret Rhea Howell  
Licensed  
In  
Florida and  
South Carolina

**CLIENT INFORMATION SHEET**

FULL NAME: \_\_\_\_\_  
STREET ADDRESS OR POST OFFICE: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_  
HOME TELEPHONE NUMBER: \_\_\_\_\_  
OFFICE/CELL TELEPHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
CITIZENSHIP (if not United States): \_\_\_\_\_

Names and Dates of Birth of Children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other names, if any, that you, your children and/or any of your beneficiaries have been known by:

\_\_\_\_\_  
\_\_\_\_\_

**NATURE OF THE WORK NEEDED - PLEASE CHECK ONE OR MORE OF THE FOLLOWING:**

<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Trust Funding
<input type="checkbox"/> Will	<input type="checkbox"/> Trust and/or Estate Dispute
<input type="checkbox"/> Trust	<input type="checkbox"/> Asset Protection Planning
<input type="checkbox"/> Living Will	<input type="checkbox"/> Pre-Marital Agreement
<input type="checkbox"/> Durable General Power of Attorney	<input type="checkbox"/> Special Needs Trust for Disabled Beneficiaries Who Receive or May Receive Government Assistance
<input type="checkbox"/> Health Care Power of Attorney	<input type="checkbox"/> Medicaid Planning for Nursing Home Care
<input type="checkbox"/> Estate and/or Gift Tax Issues	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Probate and/or Trust Settlement	

How did you find out about us? \_\_\_\_\_

How did you find our telephone number?  Internet  Phone Book  Other

Please sign this Client Information Sheet and provide us with a copy. Keep the original for your file.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_, 20\_\_\_\_\_  
DATE

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**ASSET SUMMARY SHEET**

(Single United States Citizen)

\_\_\_\_\_  
Name of Client

**DESCRIPTION  
OF ASSETS**

**VALUE OF ASSETS  
PLEASE LIST:**

Real Estate

\_\_\_\_\_

Stocks & Bonds

\_\_\_\_\_

Checking Accounts

\_\_\_\_\_

Savings Accounts

\_\_\_\_\_

CDs

\_\_\_\_\_

Notes & Receivables

\_\_\_\_\_

Life Insurance

\_\_\_\_\_

Annuities and IRAs

\_\_\_\_\_

Other Property

\_\_\_\_\_

Less Debts

(\_\_\_\_\_)

**TOTAL**

\_\_\_\_\_

If an asset is owned in any form of co-ownership, please let us know, in writing, which asset it is and how many co-owners there are. For property in a Revocable Trust, please place "RT" beside it. If property is in an Irrevocable Trust, please place "IT" beside it. If you own assets in TOD or POD accounts, please so note them.

This information will be used in planning your estate. If the information is not correct, the advice which you are given may not be correct and may create unexpected and adverse estate planning and tax consequences. Please sign below as your acknowledgment that the information is substantially correct and that we may rely upon its validity in advising you.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_, 20\_\_\_\_\_  
DATE