

# 7 Steps of Highly Effective Agents

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APPENDIX A – SAMPLE FACT FINDER  
Confidential Personal Data Form

	Client #1	Client #2
Name		
Address		
City, State & Zip		
Home Phone Number		
Cell Phone Number		
Fax Number		
E-Mail Address		
Date of Birth		
Place of Birth		
Social Security Number		
Employer		
Address		
City, State & Zip		
Work Phone Number		
Fax Number		
E-Mail		
Height		
Weight		
Children	Residence Address	Phone
1.                      Age		
2.                      Age		
3.                      Age		
4.                      Age		

1. Age of Parents now \_\_\_\_\_ or age when they died \_\_\_\_\_  
Did they need long term care services?  Yes  No Cause of death \_\_\_\_\_
2. Please describe your relationship with your children (close, distant, harmonious, etc.). \_\_\_\_\_  
\_\_\_\_\_
3. Are you currently collecting disability insurance or are you currently disabled?  Yes  No
4. Do you currently depend on your children for care or financial support?  Yes  No
5. Have you been married before?  Yes  No
6. Do you have children from a former marriage?  Yes  No
7. Do you have grandchildren?  Yes  No How many? \_\_\_\_\_  
Where do they live? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have a will?  Yes  No Advance Health Care Directive?  Yes  No
9. Name of estate planning attorney \_\_\_\_\_