# ElrodHill Logo

*To take the next step in your estate planning needs, please complete the questionnaire below and submit it prior to your consultation appointment.*

|  |  |  |
| --- | --- | --- |
|  | **Referred by:** |  |
| **Individual Information**  |

|  |
| --- |
| **\*\**Only include spouse information if they will be an agent within LLC*** |
| **Name:** |  |  | **Spouse:** |  |
| **DOB:** |  |  | **DOB:** |  |
| **SSN:** |  |  | **SSN:** |  |
| **Address:** |  |
| **City:** |  |  | **State:** |  | **Zip:** |  |
| **Phone (H):** |  |  | **Phone (C):** |  |
| **Phone (W):** |  |  | **Phone (Other)** |  |

|  |  |
| --- | --- |
| For confirmations via text message, please list your phone carrier: |  |
| **PLEASE NOTE:** *Texting is for scheduling purposes only. Legal questions* ***cannot*** *be answered via text message.* |

**Company Information**

|  |  |
| --- | --- |
| **Preferred Name of Company:** |  |
| **Second Choice:** |  |
| **Third Choice:** |  |
| ***Name Available:*** | ***[ ]  First Choice*** | ***[ ]  Second Choice*** | ***[ ]  Third Choice*** |

**Registered Agent / Office**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Name:**  |  |
| **Mailing Address:** |  |  | **Mailing Address:** |  |
| **City, ST Zip** |  |  | **City, ST Zip** |  |
|  |  |  |  |  |
| **Physical Address:** |  |  | **Physical Address:** |  |
| **City, ST Zip** |  |  | **City, ST Zip** |  |

**rincipal Office**

|  |  |
| --- | --- |
| **Name:** |  |
| **Mailing Address:** |  |
| **City, ST Zip** |  |
|  |  |
| **Physical Address:** |  |
| **City, ST Zip** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **[ ]  Own** | **[ ]  Lease** | **[ ]  Assignment of lease** | **[ ]  Preparation of lease** |

|  |  |
| --- | --- |
| **Name of landlord (*if applicable*):** |  |

**Company Purpose:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Date Commencing Operations:** |  |
| **Are any loans being made to the company?** | **[ ]  Yes** | **[ ]  No** |

|  |  |
| --- | --- |
| **If yes, please give details:** |  |
|  |

|  |  |
| --- | --- |
| **Accountant** |  |
| **Insurance Agent** |  |
| **Financial Advisor** |  |

|  |  |  |
| --- | --- | --- |
| **Retirement plan** | **[ ]  Yes** | **[ ]  No** |

|  |  |
| --- | --- |
| **If yes, please give details:** |  |
|  |

|  |  |  |
| --- | --- | --- |
| **Qualifications in other states** | **[ ]  Yes** |  |
|  | **[ ]  No** |

|  |
| --- |
| **Entity Type** |
| **Corporation** |  | **Limited Liability Company** |
| **[ ]**  | **Articles of Incorporation** |  | **[ ]**  | **Articles of Organization** |  |
| **[ ]**  | **Bylaws** |  | **[ ]**  | **Operating Agreement** |  |
| **[ ]**  | **Organizational Minutes** |  | **[ ]**  | **Organizational Minutes** |  |
| **[ ]**  | **Corporate Kit** |  | **[ ]**  | **Corporate Kit** |  |
| **[ ]**  | **S Election** |  | **[ ]**  | **S Election** |  |
| **[ ]**  | **Corporate Shield through** |  | **[ ]**  | **Corporate Shield through** |  |
| **Number of authorized shares** |  | **[ ]**  | **Appraisal Required** |  |
|  | **[ ]**  | **No Par** | **Par Value** |  |  |

|  |  |
| --- | --- |
| **[ ]**  | **Pre-emptive rights** |
| **[ ]**  | **Cumulative voting** |
| **[ ]**  | **Appraisal required** |

|  |  |
| --- | --- |
| **[ ]**  | **Assets to be transferred and FMV – *Please attach a list of assets to be transferred*** |

**Shareholders / Members**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Name:** |  |
| **Address:** |  |  | **Address:** |  |
| **City, ST, Zip** |  |  | **City, ST, Zip** |  |
| **Shares / %:** |  |  | **Shares / %:** |  |
| **Consideration:** |  |  | **Consideration:** |  |
| **Estate Plan:** |  |  | **Estate Plan:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Name:** |  |
| **Address:** |  |  | **Address:** |  |
| **City, ST, Zip** |  |  | **City, ST, Zip** |  |
| **Shares / %:** |  |  | **Shares / %:** |  |
| **Consideration:** |  |  | **Consideration:** |  |
| **Estate Plan:** |  |  | **Estate Plan:** |  |

**Officers / Managers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Name:** |  |
| **Address:** |  |  | **Address:** |  |
| **City, ST, Zip** |  |  | **City, ST, Zip** |  |
| **Title:** |  |  | **Title:** |  |
| **Term:** |  |  | **Term:** |  |
| **Salary:** |  |  | **Salary:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Name:** |  |
| **Address:** |  |  | **Address:** |  |
| **City, ST, Zip** |  |  | **City, ST, Zip** |  |
| **Title:** |  |  | **Title:** |  |
| **Term:** |  |  | **Term:** |  |
| **Salary:** |  |  | **Salary:** |  |

**Directors (Corporations only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Name:** |  |
| **Address:** |  |  | **Address:** |  |
| **City, ST, Zip** |  |  | **City, ST, Zip** |  |
| **Term:** |  |  | **Term:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Name:** |  |
| **Address:** |  |  | **Address:** |  |
| **City, ST, Zip** |  |  | **City, ST, Zip** |  |
| **Term:** |  |  | **Term:** |  |