

CLIENT INFORMATION WORKSHEET

A. PERSONAL DATA

DATE: _____

YOUR FULL LEGAL NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

COUNTY: _____ CITIZENSHIP: _____ SSN: _____

AGE: _____ BIRTHDATE: _____ EMAIL: _____

PHONE (H) _____ (W) _____ (M) _____ (F) _____

SPOUSE'S FULL LEGAL NAME: _____

AGE: _____ BIRTHDATE: _____ EMAIL: _____

CITIZENSHIP: _____ SSN: _____

PHONE: (W) _____ (M) _____ (F) _____

WHO REFERRED YOU TO OUR OFFICE: _____

COMPLETE THE FOLLOWING FOR THE CHILDREN OF YOUR CURRENT MARRIAGE:

FULL LEGAL NAME	BIRTHDATE	AGE	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU HAVE ANY OTHER DEPENDENTS OTHER THAN THE CHILDREN LISTED (PARENTS, OTHER RELATIVES) _____

LIST NAMES, ADDRESSES, AGES, RELATIONSHIPS: _____

HAVE YOU BEEN MARRIED PREVIOUSLY: _____

IF YES: PLEASE GIVE NAME OF PREVIOUS SPOUSE(S) AND OTHER PERTINENT INFORMATION: NAME: _____

HOW DID MARRIAGE END: _____

DATE: _____ (USE REVERSE SIDE OF PAPER IF NEEDED)

IF THERE WERE CHILDREN TO THIS PREVIOUS MARRIAGE, PLEASE COMPLETE:

FULL LEGAL NAME	BIRTHDATE	AGE	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU CURRENTLY HAVE A WILL: _____ IF SO, STATE THE FOLLOWING:

DATE: _____ LOCATION: _____

(Please bring a copy with you to our appointment.)

DO YOU OR ANYONE ELSE YOU INTEND TO INCLUDE IN YOUR WILL HAVE ANY UNUSUAL HEALTH PROBLEMS: _____ IF YES, EXPLAIN WHO HAS THE PROBLEM AND ITS NATURE: _____

DO YOU OR ANY MEMBER OF YOUR FAMILY ANTICIPATE INHERITING ANY PROPERTY IN THE FORESEEABLE FUTURE: _____ IF YES, GIVE SOURCE AND APPROXIMATE AMOUNTS: _____

DO YOU OR YOUR SPOUSE HAVE AN INTEREST IN ANY TRUSTS PRESENTLY ESTABLISHED? IF SO, PLEASE BRING IN A COPY WITH YOU TO OUR APPOINTMENT. _____

BONDS (List Name & Maturity Date)

- 1. _____ \$ _____
- 2. _____ \$ _____

STOCK ACCOUNTS/SHARES- (Other than Personal Business)

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

[USE THE BACK OF PAGE FOR ADDITIONAL STOCK AND BONDS]

B. REAL ESTATE (Give Full Values Without Deducting Debt)

- 1. Your Residence \$ _____
Purchase Price \$ _____
- 2. _____ \$ _____
Purchase Price \$ _____
Location _____
- 3. _____ \$ _____
Purchase Price\$ _____
Location _____

C. LIFE INSURANCE- Please give Face Value, i.e. Amount which will be paid out to your beneficiaries.

- 1. Insured _____ \$ _____
Type of Policy [Term or Whole] _____
- 2. Insured _____ \$ _____
Type of Policy [Term or Whole] _____
- 3. Insured _____ \$ _____
Type of Policy [Term or Whole] _____
- 4. Insured _____ \$ _____
Type of Policy [Term or Whole] _____

D. MISCELLANEOUS ASSETS- Give Estimated Current Value

- 1. HOME FURNISHINGS \$ _____
- 2. AUTOMOBILES \$ _____
- 3. JEWELS & FURS \$ _____
- 4. COLLECTIONS (Art, Coins, Etc.) \$ _____
- 5. MISCELLANEOUS PERSONAL EFFECTS \$ _____
- 6. MACHINERY & EQUIPMENT \$ _____

E. RETIREMENT PLANS & IRA ACCOUNTS

- 1. Amounts held in Your 401K Plan \$ _____
- 2. Amounts held in Spouse's 401K Plan \$ _____
- 3. Amounts held in Your IRA's \$ _____
- 4. Amounts held in Spouse's IRA's \$ _____
- 5. Amounts held in Your Other Retirement Plans (Stock Options, Keogh's, etc...) \$ _____
- 6. Amounts held in Spouse's Other Retirement Plans \$ _____

- F. SOLE PROPRIETORSHIP** \$ _____
- PARTNERSHIP** \$ _____
- CORPORATION** \$ _____
- LIMITED LIABILITY COMPANY** \$ _____

G. TOTAL GROSS ESTATE [Add all columns A-F] \$ _____

H. TOTAL LIABILITIES

[Mortgage, Notes Payable, and all other debts you owe] <\$ _____ >

I. TOTAL NET ESTATE

[Subtract column H from column G] \$ _____

FROM THIS POINT FORWARD THE INFORMATION IS OPTIONAL. WE MERELY ASK THAT YOU DO THE BEST YOU CAN AND WE CAN GATHER MISSING INFORMATION WHEN YOU COME IN.

C. DOCUMENT INFORMATION:

(PERSON WHO WILL BE RESPONSIBLE FOR CARRYING OUT THE PROVISIONS OF YOUR WILL)

EXECUTOR: _____

ADDRESS: _____

RELATIONSHIP: _____

FIRST ALTERNATE EXECUTOR: _____

ADDRESS: _____

RELATIONSHIP: _____

SECOND ALTERNATE EXECUTOR: _____

ADDRESS: _____

RELATIONSHIP: _____

DESIGNATION FOR DURABLE POWER OF ATTORNEY :

(This person will make financial decisions in the event you are not able to do so.)

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

NAME/ADDRESS/PHONE OF ANY ALTERNATE: _____

DESIGNATION FOR DURABLE POWER OF ATTORNEY FOR HEALTH CARE:
(This person will make health decisions in the event you are not able to do so.)

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

NAME/ADDRESS/PHONE OF ANY ALTERNATE: _____

ANSWER THE FOLLOWING IF YOU HAVE MINOR CHILDREN:

IN CASE OF SIMULTANEOUS DEATH OF YOU AND YOUR SPOUSE, YOU WILL NEED TO NAME
GUARDIANS FOR ANY MINOR CHILDREN:

(Will be responsible for the estate and actual physical possession of the children)

GUARDIAN OF MINOR CHILDREN (if applicable): _____

ADDRESS: _____

RELATIONSHIP: _____

ALTERNATE GUARDIAN OF MINOR CHILDREN: _____

ADDRESS: _____

RELATIONSHIP: _____

TRUSTEE FOR TRUST PROVISIONS FOR MINOR BENEFICIARIES:

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

ALTERNATE TRUSTEE FOR TRUST PROVISIONS:

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

AGE TRUST IS TERMINATED: _____ (Will be discussed further at meeting with attorney)

D. EMPLOYMENT

YOUR EMPLOYER: _____

BUSINESS ADDRESS: _____

NUMBER OF YEARS: _____ TITLE: _____

Do you participate in your employer's: Profit Sharing Plan _____

Group Life Insurance Plan _____

Group Hospitalization Plan _____ Stock Option Plan _____

YOUR SPOUSE'S EMPLOYER: _____

BUSINESS ADDRESS: _____

NUMBER OF YEARS: _____ TITLE: _____

Do you participate in your employer's: Profit Sharing Plan _____

Group Life Insurance Plan _____

Group Hospitalization Plan _____ Stock Option Plan _____

If you or your spouse owns your own business, do you have information on prospective purchasers in the event of you or your spouse's death or on other aspects of the disposition of the business? If yes, who knows the location of this information?

E. ADVISORS

LIST NAME, FIRM, ADDRESS, AND TELEPHONE NO.

Attorney (if more than one, indicate area of advice)

Accountant

Banking Contact

Investment Advisor/ Stockbroker

General Insurance Broker

F. BENEFICIARY DESIGNATIONS:

IF YOU OWN AN IRA ACCOUNT, WHAT IS THE CURRENT BENEFICIARY DESIGNATION ON THE ACCOUNT? _____

IF YOUR SPOUSE OWNS AN IRA ACCOUNT, WHAT IS THE CURRENT BENEFICIARY DESIGNATION ON THE ACCOUNT? _____
