

**CLIENT INFORMATION**  
**[Strictly Confidential]**

Spouse 1 Legal Name: \_\_\_\_\_

Other Names used by Spouse 1: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Business/Employment: \_\_\_\_\_

Spouse 2 Legal  
Name: \_\_\_\_\_

Other Names used by Spouse  
2: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Business/Employment: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Prior Marriages?

Spouse 1:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

Spouse 2:  Yes  No. If yes, name of prior  
spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE:**  None **AGE or DOB**

_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

**CHILDREN FROM PRIOR MARRIAGE:**  
**AGE**

**SPOUSE 1**

**SPOUSE 2**

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage?  No  Yes

**YES** **NO**

- Any deceased children?    
If yes, name: \_\_\_\_\_  
If yes, survived by issue?
- Any adopted children?    
If yes, name: \_\_\_\_\_
- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?
- Do you have any relatives (other than children) who depend on you for all or part of their support?
- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?

- Do you wish to disinherit any of your children, grandchildren or any other close relative?
- Do you have an existing Marital Property Agreement?
- Do either of you expect to inherit substantial assets (\$100,000 +)?
- Do you wish to make anatomical bequests (organ donor)?
- Do you have existing Wills?
- Do you have any existing trusts?
- Have you ever filed a Federal Gift Tax Return?
- Should the surviving spouse have the power to control the distribution of the entire estate after the first death?
- Do you want any assets to pass to your children before the second spouse's death?
- If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

- The name of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death:

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- The name of the person(s) that you want to raise a child that is under 18, if both spouses die (if applicable):

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- The name of the person(s) other than the surviving spouse that you want to make any major medical decisions on your behalf:

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- In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

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- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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# ESTIMATED\* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc.**)	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____
• LIFE INSURANCE: (term, whole life, etc.)	\$ _____
<b>TOTAL:</b>	\$ _____

\* Use best guess; this can be a “ballpark” estimate.

\*\* Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

# BURIAL WISHES

At my death, I wish to be:             cremated             buried.

If cremation, I would like my ashes disposed as follows:

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If buried, I would like my remains interred as follows:

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I have already made arrangements at:

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