

CLIENT INFORMATION
[Strictly Confidential]

Party #1's Legal Name: _____

Other Names used: _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home) _____ (work) _____ (cell) _____

Date of Birth: _____ Social Security No.: _____

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

Business/Employment: _____

Party #2's Legal Name: _____

Other Names used: _____

Date of Birth: _____ Social Security No.: _____

Business/Employment: _____

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

Registered Domestic Partners? Yes No Legally Married? Yes No

Term You Use to Characterize Your Relationship:

"Partner" "Life Partner" "Spouse" "Husband" "Wife" "Significant Other"

Other: _____

Prior Marriages?

Party #1: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

Party #2: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

CHILDREN OF THIS RELATIONSHIP: None

AGE or DOB

Number of grandchildren: _____ Range of Ages: _____

CHILDREN FROM PRIOR RELATIONSHIPS:

	#1	#2	AGE
_____	<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 both parties? No Yes

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Any deceased children?
If yes, name: _____
If yes, survived by issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children?
If yes, name: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Property Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do either of you expect to inherit substantial assets (\$100,000 +)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to make anatomical bequests (organ donor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing Wills? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |

YES **NO**

- Should the surviving party have the power to control the distribution of the entire estate after the first death?
- Do you want any assets to pass to any beneficiary before the second party's death?
- If a beneficiary dies prior to the second party'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(s) and address(es) of the person(s) other than the surviving party that you want to be the decision maker concerning your estate upon your death:

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

- The name(s), address(es), phone number(s), and how related, of the person(s) other than the surviving party that you want to make any major medical decisions on your behalf:

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

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

- The name(s), address(es), phone number(s), and how related, of the person(s) other than the surviving party that you want to make any major medical decisions on your behalf:

BURIAL WISHES

PARTY #1:

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

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

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

I have already made arrangements at:

PARTY #2:

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

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

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

I have already made arrangements at:

* ESTIMATED VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>PARTY #1'S SEP. PROP.</u>	<u>PARTY #2'S SEP. PROP.</u>	<u>JOINT PROPERTY</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)	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

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

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

Value of Life Insurance policies will be listed separately on the next page.

LIFE INSURANCE

(do not include accidental death policies)

- "Owner" will be "#1" or "#2" or "J", if jointly owned;
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "#1"; "#2" wife; "C" child, "O" other

INSURED (#1 or #2)	OWNER (#1/#2/J)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (#1/#2/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

WAIVER OF POTENTIAL CONFLICT OF INTEREST

We have each read the foregoing material and understand that there are potential conflicts of interest between ourselves in the matters about which we are consulting you. If either of us desire to have separate counsel or desire you not to be involved at all, that party shall notify you. We each hereby consent to having you represent both of us in the drafting of our estate planning documents and we each hereby waive any potential or actual conflicts of interest. We understand that since you will be representing both of us on the same matter, as between ourselves and you, there are no confidential communications.

Dated: _____

Party #1's Signature

Party #2's Signature