

Client Id: \_\_\_\_\_

**INSTRUCTIONS:**

If you are single, please complete the information for Client 1.

If you are married, or you are in a relationship and we will be planning for both you and your spouse or partner, please complete the information for Client 1 and Client 2.

**PERSONAL INFORMATION**

Client 1

Client 2

Legal Name:	_____	_____
Perferred Name:	_____	_____
Date of Birth:	_____	_____
Address:	_____	_____
City:	_____	_____
State:	_____	_____
Postal Code:	_____	_____
County of Residence:	_____	_____
Email:	_____	_____
Phone Number:	_____	_____

If you would like to receive appointment confirmations, updates, and reminders by text, please provide **ONE** phone number for our office to use. \_\_\_\_\_

**PRELIMINARY QUESTIONS**

Do you have a **Premarital Agreement** or **Marital Property Agreement**?

Yes       No      If Yes, please bring a copy.

Is there a **Divorce Decree** or **Property Settlement Agreement** for divorce under which continued obligations exist (child support, spousal support, maintain life insurance, etc.)?

Yes       No      If Yes, please bring a copy.

Have you previously executed existing planning documents (wills, trusts, powers of attorney, health care directives, etc.)

Yes       No      If Yes, please bring a copy.

<b>FAMILY INFORMATION</b>				
Child's Full Name: _____				
Child from: <input type="checkbox"/> Child of Client 1 & 2 <input type="checkbox"/> Child of Client 1 <input type="checkbox"/> Child of Client 2				
Age or Date of Birth: _____				
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Other Info. <input type="checkbox"/> Adopted <input type="checkbox"/> Deceased <input type="checkbox"/> Special Needs				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
<u>Grandchildren:</u>				
	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### REAL PROPERTY

List any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Market Value	Loan Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	=====	=====
<i>Net</i>		

### AUTOMOBILES, BOATS AND RVs

For each motor vehicle, boat, RV, etc., please list the following: general description, market value and loan balance:

General Description	Market Value	Loan Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	=====	=====
<i>Net</i>		

### BANK & SAVINGS ACCOUNTS

Please indicate type of account: Checking "C", Savings "S", Certificate of Deposit "CD", Money Market "MM"

Do not include Retirement Accounts, IRAs or 401(k)s here

Name of Institution	Type	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	=====

## SUMMARY VALUE OF ASSETS

Real Property	_____
Automobiles, Boats and RV's	_____
Bank and Savings Accounts	_____
<b>Total:</b>	<b>=====</b>