

## PRELIMINARY INFORMATION

Client #1 Full Name:		
Name you prefer to be called:		
Date of birth:	Social Security Number:	
Home Address:		
City:	State:	Zip:
County of Residence:		Home Phone:
Cell Phone:	Best place to reach you:	

Client #1's Place of Employment:		
Work Address:		
City:	State:	Zip:
Work phone:		Work fax:
Email address:		

Client #2 Full Name:		
Name you prefer to be called:		
Date of birth:	Social Security Number:	
Home Address:		
City:	State:	Zip:
County of Residence:		Home Phone:
Cell Phone:	Best place to reach you:	

Client #2's Place of Employment:		
Work Address:		
City:	State:	Zip:
Work phone:		Work fax:
Email address:		

Did anyone refer you to us? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, whom may we thank?
Do you want the referral source to be copied on correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No

Children of Client #1:

Do you want to include future children in your estate plan?  Yes  No

Children	Age of Child	Gender	Grandchildren?
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			

Children of Client #2:

Do you want to include future children in your estate plan?  Yes  No

Children	Age of Child	Gender	Grandchildren?
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			

**Assets of Client #1**

Assets	Full Value	[Less Debt]	Net Value	Comments
Life insurance				
Retirement plans				
Residence				
Other real estate	Property #1			
	Property #2			
	Property #3			
Checking				
Savings				
CDs				
Brokerage	Account #1			
	Account #2			
	Account #3			
Notes (loans to others)				
Businesses	Business #1			
	Business #2			
	Business #3			
Vehicles				
Personal effects				
Potential inheritance				
Other				
Total				

**Assets of Client #2**

Assets	Full Value	[Less Debt]	Net Value	Comments
Life insurance				
Retirement plans				
Residence				
Other real estate	Property #1			
	Property #2			
	Property #3			
Checking				
Savings				
CDs				
Brokerage	Account #1			
	Account #2			
	Account #3			
Notes (loans to others)				
Businesses	Business #1			
	Business #2			
	Business #3			
Vehicles				
Personal effects				
Potential inheritance				
Other				
Total				

Who do you want to name as the Personal Representative(s) of your estate?

	Client #1's Personal Representatives		Client #2's Personal Representatives	
	Name	Relation	Name	Relation
1 <sup>st</sup> PR				
2 <sup>nd</sup> PR				
3 <sup>rd</sup> PR				
4 <sup>th</sup> PR				

Who do you want to name as the Guardian(s) of your children (if you have children under age 18)?  
(Two persons may serve together as long as they are married.)

	Client #1's Guardians	
1 <sup>st</sup> Guardian(s)	Name(s):	Relation:
2 <sup>nd</sup> Guardian(s)	Name(s):	Relation:
3 <sup>rd</sup> Guardian(s)	Name(s):	Relation:

	Client #2's Guardians	
1 <sup>st</sup> Guardian(s)	Name(s):	Relation:
2 <sup>nd</sup> Guardian(s)	Name(s):	Relation:
3 <sup>rd</sup> Guardian(s)	Name(s):	Relation:

Who do you want to name as agent(s) on your durable power of attorney?  
(A durable power of attorney gives the person(s) named the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

	Client #1's Agent(s)	
1 <sup>st</sup> Agent	Name: _____ Relation: _____	Address: _____ _____
2 <sup>nd</sup> Agent	Name: _____ Phone: _____	Address: _____ _____
3 <sup>rd</sup> Agent	Name: _____ Phone: _____	Address: _____ _____

Client #2's Agent(s)

1<sup>st</sup> Agent

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_

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

2<sup>nd</sup> Agent

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

3<sup>rd</sup> Agent

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

Who do you want to name as your Health Care Surrogate(s)?

Client #1's Surrogate(s)

1<sup>st</sup> Surrogate

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

2<sup>nd</sup> Surrogate

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

3<sup>rd</sup> Surrogate

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

Client #2's Surrogate(s)

1<sup>st</sup> Surrogate

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

2<sup>nd</sup> Surrogate

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

3<sup>rd</sup> Surrogate

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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