

MARRIED PRELIMINARY INFORMATION

LAST NAME: _____ SPOUSE LAST NAME: _____

FIRST NAME: _____ SPOUSE FIRST NAME: _____

MIDDLE: _____ MIDDLE: _____

JR., SR. II, III, IV? _____ JR., SR. II, III, IV? _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

SSN: _____ SSN: _____

HOME ADDRESS _____

HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

Send Mail Where? Home _____ Office _____ Other _____

Husband

Wife

OCCUPATION: _____

PLACE OF EMPLOY: _____

WORK ADDRESS: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE: _____

FAX: _____

EMAIL: _____

of Grandkids

CHILDREN: (1) _____ **AGE:** _____

address: _____

phone: _____

(2) _____

address: _____

phone: _____

(3) _____

address: _____

phone: _____

(4) _____

address: _____

phone: _____

(5) _____

address: _____

phone: _____

(6) _____

address: _____

phone: _____

(7) _____

address: _____

phone: _____

Is it possible for the Husband and Wife to have or adopt more children? **Yes** **No**

Is this the Husband and Wife=s first marriage? **Yes** **No** (If not, indicate who is the parent of each child)

Are the Husband and Wife both US citizens? **Husband:** **Yes** **No** **Wife:** **Yes** **No**

ASSET INFORMATION	VALUE	COMMENTS
Life Insurance on Husband	_____	_____
Life Insurance on Wife	_____	_____
Husband=s IRAs, 401(k)=s, Profit Sharing, etc.	_____	_____
Wife=s IRAs, 401(k)=s, Profit Sharing, etc.	_____	_____
Residence	_____	_____
Other Real Estate	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____
Cash, CD=s Savings, Checking	_____	_____
Notes Where People Owe You Money	_____	_____
Business Interests	_____	_____
Cars, Jewelry, Furniture, etc.	_____	_____
TOTAL ESTATE	=====	

Please provide us with copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Living Wills.

Did anyone refer you to us? Yes ___ No___ If yes, whom may we thank? _____

What topics would you like to discuss at your appointment?

WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?
(Spouses normally name each other first.)

Husband	Wife
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?
(Two persons can serve together as long as they are married.)

Name(s)	Relationship
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR BUSINESS POWER OF ATTORNEY?
(Spouses normally name each other first. This power of attorney gives the person or persons you name 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.)

Husband	Wife
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY?
(Spouses normally name each other first.)

Husband	Wife
1. _____ Address: _____ Phone: _____	1. _____ Address: _____ Phone: _____
2. _____ Address: _____ Phone: _____	2. _____ Address: _____ Phone: _____
3. _____ Address: _____ Phone: _____	3. _____ Address: _____ Phone: _____