

**CLIENT INFORMATION SHEET
ESTATE PLANNING**

HUSBAND'S LEGAL NAME (on Driver's License or Gov't Issued ID Card): : _____
DOB _____

Any name(s) also known as: _____

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____

US CITIZEN: _____ YES _____ NO

WIFE'S LEGAL NAME (on Driver's License or Gov't Issued ID Card): : _____

DOB _____

Any name(s) also known as: _____

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____

US CITIZEN: _____ YES _____ NO

HOME ADDRESS: _____

COUNTY : _____

Telephone No.: _____

BUSINESS ADDRESS: _____

(Husband) _____

Telephone No.: _____

Fax No.: _____

E-Mail Address: _____

BUSINESS ADDRESS: _____

(Wife) _____

Telephone No. : _____

Fax No.: _____

E-Mail Address: _____

Children born of this marriage:

1. Name: _____ Date of Birth: _____

Male _____ Female _____

Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____

Address: _____

Telephone Number: _____

2. Name: _____ Date of Birth: _____

Male _____ Female _____

Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____

Address: _____

Telephone Number: _____

3. Name: _____ Date of Birth: _____

Male _____ Female _____

Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____

Address: _____

Telephone Number: _____

4. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
5. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
-

HUSBAND'S PREVIOUS SPOUSES:

- 1) **Name of Previous Spouse** _____
Marriage Ended by Reason of: death/marital dissolution (circle one)
date : _____

Children born of this marriage:

1. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
2. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
3. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
4. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
5. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____

2) **Name of Previous Spouse** _____
Marriage Ended by Reason of: death/marital dissolution (circle one)
date : _____

Children born of this marriage:

1. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
 2. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
 3. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
 4. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
 5. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
-
-

WIFE'S PREVIOUS SPOUSES:

1) **Name of Previous Spouse** _____
Marriage Ended by Reason of: death/marital dissolution (circle one)
date : _____

Children born of this marriage:

1. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____
2. Name: _____ Date of Birth: _____
Male _____ Female _____
Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
Address: _____
Telephone Number: _____

3. Name: _____ Date of Birth: _____
 Male _____ Female _____
 Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
 Address: _____
 Telephone Number: _____
4. Name: _____ Date of Birth: _____
 Male _____ Female _____
 Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
 Address: _____
 Telephone Number: _____
5. Name: _____ Date of Birth: _____
 Male _____ Female _____
 Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
 Address: _____
 Telephone Number: _____

2) **Name of Previous Spouse** _____
 Marriage Ended by Reason of: death/marital dissolution (circle one)
 date : _____

Children born of this marriage:

1. Name: _____ Date of Birth: _____
 Male _____ Female _____
 Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
 Address: _____
 Telephone Number: _____
2. Name: _____ Date of Birth: _____
 Male _____ Female _____
 Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
 Address: _____
 Telephone Number: _____
3. Name: _____ Date of Birth: _____
 Male _____ Female _____
 Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
 Address: _____
 Telephone Number: _____
4. Name: _____ Date of Birth: _____
 Male _____ Female _____
 Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
 Address: _____
 Telephone Number: _____
5. Name: _____ Date of Birth: _____
 Male _____ Female _____
 Adopted? Yes/No (circle one) If Yes, Date of Adoption: _____
 Address: _____
 Telephone Number: _____

GUARDIANS OF ESTATE OF MINOR CHILDREN – Who do you want taking care of your minor children’s finances on their behalf upon your death?

1. Name: _____
Address _____
Telephone No. _____
2. Name: _____
Address _____
Telephone No. _____
3. Name: _____
Address _____
Telephone No. _____

GUARDIANS OF PERSON OF MINOR CHILDREN– Who do you want taking physical care of your minor children upon your death?

1. Name: _____
Address _____
Telephone No. _____
 2. Name: _____
Address _____
Telephone No. _____
 3. Name: _____
Address _____
Telephone No. _____
-
-

Husband:

Who do you want to make financial decisions on your behalf should you become incapacitated?

1. Name: _____
Address _____
Telephone No. _____
2. Name: _____
Address _____
Telephone No. _____
3. Name: _____
Address _____
Telephone No. _____

Husband:

Who do you want to make health care decisions on your behalf should you become incapacitated?

1. Name: _____
Address _____
Telephone No. _____
 2. Name: _____
Address _____
Telephone No. _____
 3. Name: _____
Address _____
Telephone No. _____
-
-

Wife:

Who do you want to make financial decisions on your behalf should you become incapacitated?

1. Name: _____
Address _____
Telephone No. _____
 2. Name: _____
Address _____
Telephone No. _____
 3. Name: _____
Address _____
Telephone No. _____
-
-

Wife:

Who do you want to make health care decisions on your behalf should you become incapacitated?

1. Name: _____
Address _____
Telephone No. _____
2. Name: _____
Address _____
Telephone No. _____
3. Name: _____
Address _____
Telephone No. _____

Name, Address and Phone Number of all beneficiaries to be named in the documents:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

-
-
1. Are all beneficiaries born of a lawful marriage? Yes/No (circle one)
 2. Are all of your issue born of a lawful marriage (children, grandchildren, great-grandchildren?) Yes/No (circle one)
 3. Do you have any specific burial instructions? Yes/No (circle one)

If Yes (Husband): _____

If Yes (Wife): _____

CPA:

Name: _____

Address _____

Telephone No. _____

Investment Advisor:

Name: _____

Address _____

Telephone No. _____

