CLIENT INFORMATION SHEET ESTATE PLANNING

HUS	•	Oriver's License or Gov't Issued ID Card): : DOB
An	v name(s) also known as:	DOB
Soc	CIAL SECURITY NO.:	
DRI	VER'S LICENSE NO.:	
US (CITIZEN: YES	NO
	E'S LEGAL NAME (on Driver	's License or Gov't Issued ID Card): :
An	y name(s) also known as:	
SOC	CIAL SECURITY NO.:	
DKI	VER'S LICENSE NO.:	
US (CITIZEN: YES	NO
HON	ME ADDRESS:	
Tele	phone No.:	
BUS	SINESS ADDRESS:	
rax	No.:	
⊏-IVI	ail Address:	
BUS (Wif	<u></u>	
•		
Fax	NI	
	ail Address:	
C	Children born of this marriage	9:
1.		Date of Birth:
	Male Female	
	•	ne) If Yes, Date of Adoption:
	Telephone Number:	
2.	Name:	Date of Birth:
	Male Female	Date of Birth: e
	Adopted? Yes/No (circle on	ne) If Yes, Date of Adoption:
	Telephone Number:	
3.	Name:	Date of Birth:
	MaleFemale	Date of Birth: e
	Adopted? Yes/No (circle on	ne) If Yes, Date of Adoption:
	Telephone Number:	

4.	Name:	Date of Birth:
	Male Female	
		Yes, Date of Adoption:
	Telephone Number:	
	•	
5.	Name:	Date of Birth:
	Male Female	Date of Birth:
	Adopted? Yes/No (circle one) If	Yes, Date of Adoption:
	Telephone Number:	
HUS	BBAND'S PREVIOUS SPOUSES:	
1)	Name of Previous Spouse	
-	Marriage Ended by Reason of: de	eath/marital dissolution (circle one)
	date :	
Ch	hildren born of this marriage:	
1.	Name:	Date of Birth:
١.	Male Female	Date of Bitti
		Yes, Date of Adoption:
		Too, Date of Adoption.
	Telephone Number:	
2.	Name:	Date of Birth:
	Male Female	Date of Birth:
		Yes, Date of Adoption:
	Address:	
	Telephone Number:	
2	Name	Data of Dinth.
3.	Name: Male Female	Date of Birth:
		Yes, Date of Adoption:
		•
	Telephone Number:	
	relephene riamben	
4.	Name:	Date of Birth:
	Male Female	
		Yes, Date of Adoption:
	Address:	
	Telephone Number:	
_	Name	Data of Dieth
5.	Name:	Date of Birth:
	` ` `	Yes, Date of Adoption:
	. 0.001.0.10 140111001	

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:
3.	Telephone Number: Name: 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:
	FE'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:

	Name:	Date of Birth:
	Male Female _	 _
	Adopted? Yes/No (circle one)	If Yes, Date of Adoption:
	Address:	
	Telephone Number:	
	Name:	Date of Birth:
	MaleFemale	Date of Birth:
	Adopted? Yes/No (circle one)	If Yes, Date of Adoption:
	Telephone Number:	
	Name:	Date of Birth:
	Male Female	Date of Birth:
	Adopted? Yes/No (circle one)	If Yes, Date of Adoption:
	Telephone Number:	
	· · · · · · · · · · · · · · · · · · ·	f: death/marital dissolution (circle one)
	date :	_
)	nildren born of this marriage:	
	Name:	Date of Birth:
	Male Female _	Date of Birth:
	Adopted? Yes/No (circle one)	If Yes, Date of Adoption:
	Address:	
	Telephone Number:	
	Name:	Date of Birth:
	Male Female	Date of Birth:
	Adopted? Yes/No (circle one)	If Yes, Date of Adoption:
	Address:	•
	Telephone Number:	
	Name:	Date of Birth:
	Male Female _	
		If Yes, Date of Adoption:
	Address:	
	Telephone Number:	
	Name:	Date of Birth:
	Mala	
	iviale Female _	
	Adopted? Yes/No (circle one)	If Yes, Date of Adoption:
	Adopted? Yes/No (circle one) Address:	If Yes, Date of Adoption:
	Adopted? Yes/No (circle one)	If Yes, Date of Adoption:
	Adopted? Yes/No (circle one) Address: Telephone Number:	If Yes, Date of Adoption:
	Adopted? Yes/No (circle one) Address: Telephone Number:	If Yes, Date of Adoption:
	Adopted? Yes/No (circle one) Address: Telephone Number: Name: Male Female _ Adopted? Yes/No (circle one)	If Yes, Date of Adoption: Date of Birth: If Yes, Date of Adoption:
	Adopted? Yes/No (circle one) Address: Telephone Number: Name: Male Female _ Adopted? Yes/No (circle one)	If Yes, Date of Adoption: Date of Birth: If Yes, Date of Adoption:

	ARDIANS OF <u>ESTATE</u> OF MINOR CHILDREN – Who do you want taking ca or children's finances on their behalf upon your death?	are of your
1.	Name: Address Telephone No	-
2.	Name: Address Telephone No	-
3.	Name: Address Telephone No	_
	ARDIANS OF <u>PERSON</u> OF MINOR CHILDREN– Who do you want taking plour minor children upon your death?	hysical care
1.	Name: Address Telephone No	-
2.	Name: Address Telephone No	-
3.	Name: Address Telephone No	-
Husl	band:	
	odo you want to make financial decisions on your behalf should you bec pacitated?	ome
1.	Name: Address Telephone No	-
2.	Name: Address Telephone No	-
3.	Name:	

Address_______
Telephone No. ______

Husba	and:	
incapa	lo you want to make health care decisions on your behalf should you be acitated?	come
1.	Name:	
	Address	
	Telephone No	
2.	Nome	
۷.	Name:	
	Address	
	Telephone No	
3.	Name:	
0.	Address	
	Address Telephone No	
	relephone ive.	
Wife:		
Who c	lo you want to make financial decisions on your behalf should you beco	me
incapa	acitated?	
1.	Name:	
	Address	
	Telephone No	
2.	Name:	
	Address	
	Telephone No	
2	Nama	
3.	Name:	
	Address	
	Telephone No	
Wife:		
Who c	lo you want to make health care decisions on your behalf should you be	come
incapa	acitated?	
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.		
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)	
0.		
	If Yes (Husband):	
	If Yes (Wife):	
CPA:		
Name:	 ss	
Teleph	none No	
l '	and Adding a	
<u>ınvestr</u>	ment Advisor:	
Teleph	ss none No	
Siopi		