

**CLIENT INFORMATION SHEET
ESTATE PLANNING**

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

Any name(s) also known as: _____

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____

DATE OF BIRTH: _____

US CITIZEN: _____ YES _____ NO

HOME ADDRESS: _____

COUNTY : _____

Telephone No.: _____

BUSINESS ADDRESS: _____

Telephone No.: _____

Fax No.: _____

E-Mail Address: _____

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. _____
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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. _____
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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 named in the documents:

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

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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, please describe: _____

CPA:

Name: _____

Address _____

Telephone No. _____

Investment Advisor:

Name: _____

Address _____

Telephone No. _____