

2. MARITAL INFORMATION:

Date and Place of Marriage:

Has either of you been married previously?

If yes, give each prior spouse's name and address; date of death, or divorce from prior spouse; the title, location, and case number of probate or divorce court: _____

Period of residence in this state while married (give date of beginning residence): _____

(Client1's occupation)

(Client2's occupation)

If resident of state(s) other than _____ (state in which currently residing), after marriage, note prior residence(s), giving approximate dates of residence, and combined net worth upon taking up residence in each state. (Use back of this form, if this is necessary.)

Approximate net worth at Date of Marriage:

\$ _____

(Client1)

\$ _____

(Client2)

3. CHILDREN AND GRANDCHILDREN:

Children of present marriage (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by putting "D" and give date of death next to name.) Please indicate whether any deceased child left any surviving children.

Name

Address

Birthdate

Spouse (if married)

a. CLIENT1: Children of prior marriage to _____:

b. CLIENT2: Children of prior marriage to _____:

c. Any Deceased Children: If yes, please list by name and add date of death (DOD)
CLIENT1: Deceased child and date of death:

CLIENT: Deceased child and date of death:

d. Grandchildren:

<u>Name</u>	<u>Address</u>	<u>Birthdate</u>	<u>Spouse (if married)</u>
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(Use back, if necessary.)

e. Do any beneficiaries require special attention? (Explain; use back of sheet, if necessary.)

Think, for example, about their health and general financial status, including needs and prospects.

f. Please list parents, brothers, sisters, grandparents, and others (if relevant). Please note if any of those listed are dependent on you for support. (Use back if necessary.)

<u>Name</u>	<u>Address</u>	<u>Birthdate</u>	<u>Spouse</u> (if married)
For Client1:			
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For Client2:

4. DISPOSITIVE PLANNING:

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations as beneficiaries (Beni's)

Consider to whom your property should go if your firstchoice beneficiaries do not survive you, or—if your property is left in trust—if they do not survive until complete distribution is made (e.g., charities, other siblings, spouse of child, etc.).

CLIENT1: How many Beneficiaries and who (Beni1-?)

If Beni1 survives you: _____

If Beni1 does not survive you:

If neither Beni1 nor his/her children survive you:

Follow suit with each beneficiary named. Add additional on back or add pages

CLIENT2: How many Beneficiaries and who (Beni1-?)

If Beni1 survives you: _____

If Beni1 does not survive you:

If neither Beni1 nor his/her children survive you:

Follow suit with each beneficiary named. Add additional on back or add pages

CLIENT 1 and/or CLIENT2:

Any specific disposition of your residence?

Any specific gifts of special articles, such as art or jewelry?

Client1: _____

Client2:

Household and personal effects:

Client1: _____

Client2:

5. FIDUCIARIES:

[Please give name, address, phone, and relationship, if any, of your chosen fiduciaries listed below. For each, specify order of preference of alternates by order of priority.]

IF YOU HAVE MINOR CHILDREN: 5

Guardian of the child's person? _____

Alternate? _____

Guardian of the child's estate? _____

Custodian for child's property?

_____ Alternate: _____

Trustee for child's or family pot trust: _____

_____ Alternate: _____

Please list the persons you want to nominate to act as Executor and alternates for your will, and
or as successor or alternate Trustees for revocable or other trusts:

Executor: _____

Alternate(s): _____

Trustee for any trust(s): _____

Successor Trustee(s): _____

6. PROFESSIONAL ADVISORS: Names and Addresses

Other Attorney: _____

Tax Advisor: _____

Insurance Underwriter:

Investment Counselor: _____

Bankers: _____

Securities Broker: _____

**7. ADDITIONAL INFORMATION TO BE BROUGHT TO INTERVIEW OR TO BE
ATTACHED TO THIS FORM:**

(Your attorney may designate which are or are not needed if an initial interview has already taken
place.)

- a. Copies of present Wills of Client1 and Client2
- b. Deeds to all real property; property tax statements (evidence of parcel or other identifying numbers)
- c. Life Insurance policies; annuity agreements
- d. Prior gift tax returns, if any
- e. Copies of trust agreements in which you or your spouse are donor or beneficiary
- f. Pension and/or profitsharing plan(s)
- g. Buy and Sell agreements; other agreements concerning business interests
- h. Divorce decrees, if any
- k. Antenuptial or other marital agreements

ASSETS AND LIABILITIES

8. CASH, CDs AND BANK BALANCES:

A. Safe Deposit Box Number and Location

Who has access? _____

B.

Bank (include Branch)	Account Number	Type of Acct.	How Title Held	Balance
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TOTAL: _____

9. SECURITIES (BONDS, MARKETABLE SECURITIES, ETC.):

Company or Issuer	Type (Comn, Prfrd)	# of Shs. or Face Value	How Held	Cost	Market Value
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10. IRA, KEOGH, &/or OTHER RETIREMENT PLANS:

<u>Where Held</u>	<u>In Whose Name</u>	<u>When Begun</u>	<u>Amount</u>
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11. LIFE, DISABILITY, ACCIDENT INSURANCE & ANNUITIES:

<u>Descript. (Co. & Type of Contract)</u>	<u>Policy Number</u>	<u>Primary and Cntgnt. Benef.</u>	<u>Present Cash Value</u>	<u>Face Amt. of Death Benefit</u>
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12. REAL ESTATE:

<u>Description Location</u>	<u>Title Held</u>	<u>Cost/ Basis</u>	<u>Encum brances</u>	<u>Market Value</u>
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13. TRUST DEEDS AND/OR MORTGAGES:

Amount (original) _____ Amount (current) _____

Maturity and payments _____

14. PROPERTY INCOME:

Gross Income _____ Real Estate Taxes _____

Average annual maintenance _____ Lease costs _____

Annual Net Income _____

15. PERSONAL PROPERTY: (Indicate how ownership is held)

	<u>VALUE</u>	<u>HOW HELD</u>
Home Furnishings:	_____	_____
Automobiles:	_____	_____
Jewels &/or furs:	_____	_____
Other (collections, etc.):	_____	_____

16. BUSINESS INTERESTS:

Please give *name, location, percentage owned by you, names and relationship of coowners, the form* (e.g., sole proprietorship, closely held corporation, partnership, etc.) of business, if there is a *buysell agreement* (BRING A COPY), or any agreements relating to death, disability, or retirement of a partner or shareholder; its *present value*: your estimate; bring copies of last five years of financial statements, and any other information regarding its value. (Use reverse of page if necessary noted as #16)

17. EMPLOYEE BENEFITS: (Vested interest in Profit Sharing or pension plan; Stock Options (Use reverse of page if necessary noted as #17) Name and Address of Employer(s):

<u>Nature of Benefit</u>	<u>Present Value</u>	<u>Retirement Income</u>	<u>Death Benefit Amount</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____

Payment of Death Benefit: Lump Sum Annuity
 To be elected by _____

18. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCE:

(Give name of person who is the source of the interest, as well as the nature and value of the interest.) INCLUDE POWERS OF APPOINTMENT. (Please bring a copy of the instrument which creates the power of appointment, if applicable.)

19. MISCELLANEOUS:

Do you have an interest in any of the following?

- a. Leaseholds? _____
- b. Annuities? _____
- c. Oil/Mineral Rights? _____
- d. Franchises/Licenses? _____
- e. Contracts? _____
- f. Rights as Creditor? _____
- g. Memberships? _____
- h. Other not described herein? _____

Details: _____

20. LIABILITIES: (Debts owed by you or your spouse, contractual and leasehold obligations, pending lawsuits and claims, etc.)

<u>Description</u>	<u>Name of Debtor</u>	<u>Amount</u>	<u>When Due</u>
Home Mortgage	_____		
Other Mortgage	_____		
Secured real property loans	_____		
Notes and accts. payable by you	_____		
Loans on insurance policies	_____		
Unsecured promissory notes	_____		

General obligations _____

Other _____

TOTAL: _____

21. GIFTS YOU HAVE MADE:

Include gifts made between 1932 and 1981 in excess of \$3,000 per year per donee.
Include gifts made since 1981 in excess of \$10,000 per year per donee and since 2004 in excess of \$13,000.

<u>Donor</u>	<u>Donee</u>	<u>Given</u>	<u>Date filed?</u>	<u>Return Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. OTHER:

Include here any other information that you think is important to your legal planning.

WHEN COMPLETE, GIVE ORIGINAL TO YOUR ATTORNEY AND KEEP A COPY.

HEALTH CARE ISSUES CLIENT 1:

1. If you are unable to make your medical decisions know to your doctor or agent, who do you want to act as your agent ? 1 _____, and at least two alternates should something happen to the acting agent.

2 _____ 3 _____

If you are in a medical condition where you cannot give your consent or let your desires be known (example: comatose), and after a period of time your doctor and agent agree that your condition is irreversible, you will not return to your active self, do you want artificial respiration, nutrition or hydration, if its purpose will only prolong your life, but not assist in recovery?

3. Do you wish to name a primary physician? If so, please list name and address:

4. Would you like me to provide your primary physician with a copy of your advance health care directive? If so, please list name and address:

5. At your death would you like to authorize your agent to in turn authorize the giving of all or parts of your body (anatomical gifts, corneas, kidneys hearts, skin grafts etc.) if it would help another living person? Yes No (This is strictly your preference and no right or wrong answer intended)

Do you have specific plans or desires as it pertains to:

a. Memorial service/funeral

what kind and where

b. burial or cremation _____
where, with whom

c. If cremated, where would you like your ashes distributed? _____

d. Other _____

e. As my agent will know my desires at the time.

HEALTH CARE ISSUES: CLIENT2

1. If you are unable to make your medical decisions know to your doctor or agent, who do you want to act as your agent ? 1 _____, and at least two alternates should something happen to the acting agent.

2 _____ 3 _____

If you are in a medical condition where you cannot give your consent or let your desires be known (example: comatose), and after a period of time your doctor and agent agree that your condition is irreversible, you will not return to your active self, do you want artificial respiration, nutrition or hydration, if its purpose will only prolong your life, but not assist in recovery?

3. Do you wish to name a primary physician? If so, please list name and address:

4. Would you like me to provide your primary physician with a copy of your advance health care directive? If so, please list name and address:

5. At your death would you like to authorize your agent to in turn authorize the giving of all or parts of your body (anatomical gifts, corneas, kidneys hearts, skin grafts etc.) if it would help another living person? Yes No (This is strictly your preference and no right or wrong answer intended)

Do you have specific plans or desires as it pertains to:

a. Memorial service/funeral

what kind and where

b. burial or cremation _____
where, with whom

c. If cremated, where would you like your ashes distributed? _____

d. Other _____

e. As my agent will know my desires at the time.