

Client Full Le	egal Name:		
Prior names	/or AKA:		
Mailing Add	ress:		
Email addres	SS:		
Home Phone	e: C	ell:	
Birth Date:	S	SN:	
Currently M	arried?: Yes No		
Spouse Nam	ne:		
Spouse Birth	ndate:	SSN:	
Child #1	Name:		
	Address:		
	Telephone:		
	Birthdate:	Son	Daughter
	Is this a Joint child with current spouse?	Yes	No
Child #2	Name:		
	Address:		
	Telephone:		
	Birthdate:	Son	Daughter
	Is this a Joint child with current spouse?	Yes	No

Child #3	Name:						
	Address:						
	Telephone:	Telephone:					
	Birthdate:		Son	Daughter			
	Is this a Joint c	hild with current spouse?	Yes	No			
Child #4	Name:	Name:					
	Address:						
	Telephone:	· · · · · · · · · · · · · · · · · · ·					
	Birthdate:	Birthdate: Son Daughter					
	Is this a Joint c	hild with current spouse?	Yes	No			
Prior Spouse	oreviously married Name: ildren you had wit						
Real estate of	owned #1						
		Estimated value:					
What kind o	f property is this?:						
Who else ov	vns this with you?						
Real estate of	owned #2	Address:					
		Estimated value:					
What kind o	f property is this?:						

Who else owns this with you?			
Real estate owned #3	Address:		
	Estimated value:		
What kind of property is this?:			
Who else owns this with you?			
Automobiles #1	Make:	Model:	
	Est. Value:	Vin:	
	Name(s) on title?		
Automobiles #2	Make:	Model:	
	Est. Value:	Vin:	
	Name(s) on title?		
Automobiles #3	Make:	Model:	
	Est. Value:		
	· · · · · · · · · · · · · · · · · · ·		
Automobiles #4	Make:	Model:	
	Est. Value:	Vin:	
	Name(s) on title?		
Boats / RV's / ATV	1)		
	2)		

	3)
	4)
	5)
Bank Accounts 1	Type of account:
	What institution/bank:
	Who's name(s) on act?
	Estimated Value:
Bank Accounts 2	Type of account:
	What institution/bank:
	Who's name(s) on act?
	Estimated Value:
Bank Accounts 3	Type of account:
Or Retirement Act.	What institution/bank:
	Who's name(s) on act?
	Estimated Value:
Bank Accounts 4	Type of account:
Or Retirement Act.	What institution/bank:
	Who's name(s) on act?
	Estimated Value:
Bank Accounts 5 Or Retirement Act.	Type of account:
Of Retirement Act.	What institution/bank:
	Who's name(s) on act?

Life Insurance:	Company:			
	Covering who?:			
	Value of Insurance:			
	Payable to who?			
Life Insurance:	Company:			
	Covering who?:			
	Value of Insurance:			
	Payable to who?			
Business Ownership:	Company: Value of ownership interest:			
Other Assets	1)			
	Approximate value: 2) Approximate value:			
	3)			
	Approximate value:			
	4)			
	Approximate value:			
	5)			

Estimated Value:

	Approx	imate value:	
Income Sources:	Source	1:	
	Amoun	t:	What frequency?
	Source	2:	
	Amoun	t:	What frequency?
	Source	3:	
	Amoun	t:	What frequency?
		Power of Att	orney
If you were unable to ma decision for you regardin			pacitated), who would you want to make a ssets?
Name of person to make			
•	Address:		
Relations	ship to you:		
Name of person to make	decisions #2		
A	Address:		
Relations	ship to you:		
		Death conside	rations
Do you want to cremated	l?		
Do you wish to be buried	?		
Where to be buri	ed?		

	Specific Gi	Requests	
	Specific Item or manay amount	Dorson to receive	o this itam as man
1)	Specific Item or money amount		e this item or mone
_, 2)			
•			
4)			
, 5)			
, 6)			
, 7)			
8)			
9)			
any	thoughts you have regarding who shoul	get what in general when	n you pass away:
any	thoughts you have regarding who shoul	get what in general when	า you pass away