

***B. Faith Martzin, PC***  
**CONFIDENTIAL CLIENT INFORMATION**

**DATE:** \_\_\_\_\_

I do understand the confidential nature of the material requested in these forms.  
I appreciate your assistance in providing this information to help me better serve your Life and Estate Planning needs.

**PERSONAL INFORMATION**

**1. Husband's Name or single male** (as it appears on legal documents):

(Dr./Mr.) \_\_\_\_\_

Nickname \_\_\_\_\_ Email address: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

His Occupation (If retired, former occupation): \_\_\_\_\_

His Employer: \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**2. Wife's Name or single female** (as it appears on legal documents):

(Dr./ Mrs./Miss) \_\_\_\_\_

Nickname \_\_\_\_\_ Email address: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Her Occupation (If retired, former occupation): \_\_\_\_\_

Her Employer: \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**3. Wedding Anniversary** Date and Year: \_\_\_\_\_

**4. Home Address:** Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**7. Have you or your spouse ever been widowed?** Yes ☐ No ☐

**8. Have you or your spouse ever been divorced?** Yes ☐ No ☐

If yes, are you making payments pursuant to a divorce or property settlement agreement? (If yes, please furnish a copy). Yes ☐ No ☐

**9. Did you or your spouse sign a pre/post-marriage contract?** Yes ☐ No ☐

**10. Do you presently have a Will or Living Trust?** Yes ☐ No ☐

If yes, please indicate the year in which it was executed, and the attorney and firm drafting the documents:

**11. Have either of you ever filed a federal Gift Tax Return?** Yes ☐ No ☐

**12. Have you and your spouse ever lived as a married couple in any of the following states:**  
AZ, CA, TX, ID, LA, NM, NY, WA, or WI? Not Applicable ☐ Yes ☐ No ☐

**13. Have you or your spouse served in the United States Armed Services?** Yes ☐ No ☐

**14. His Hobbies or Volunteer Activities:** \_\_\_\_\_

**15. Her Hobbies or Volunteer Activities:** \_\_\_\_\_

**16. Charitable organizations you have supported or wish to support:** \_\_\_\_\_

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**CHILDREN, DEPENDENTS & FAMILY MEMBERS**

	Full Name of ALL CHILDREN, dependents, or parents, living or deceased, or beneficiaries to be named. Include Address and Phone number	Whose Relative & Relationship Son/Dau/parent/etc	Birthdate & Age	Marital Status & Spouse's Name (if applicable)	# of Children/ Ages
1.	_____ _____ _____ (     ) _____ - _____	Husband Wife / Joint		Married/Single/ Divorced/Widow	
2.	_____ _____ _____ (     ) _____ - _____	Husband Wife / Joint		Married/Single/ Divorced/Widow	
3.	_____ _____ _____ (     ) _____ - _____	Husband Wife / Joint		Married/Single/ Divorced/Widow	
4.	_____ _____ _____ (     ) _____ - _____	Husband Wife / Joint		Married/Single/ Divorced/Widow	
5.	_____ _____ _____ (     ) _____ - _____	Husband Wife / Joint		Married/Single/ Divorced/Widow	
6.	_____ _____ _____ (     ) _____ - _____	Husband Wife / Joint		Married/Single/ Divorced/Widow	
	Please use additional pages for any other				

- Are any of the above persons **NOT** U.S. Citizens? Yes ☐ No ☐
- Are there any circumstances affecting you or any of those you might name as beneficiaries or fiduciaries under your plan such as addictions, physical or educational needs? Yes ☐ No ☐
- Are there any persons other than minor children who are dependent upon you? Yes ☐ No ☐  
If yes, please list: \_\_\_\_\_
- Does any family member receive Social Security Insurance or other needs-based benefits Yes ☐ No ☐  
If yes, please list: \_\_\_\_\_

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**ASSET INFORMATION**

**CASH EQUIVALENCIES**

ACCOUNT	OWNERSHIP			BANK/CO-OWNER/NOTES/TRUST
	HIS	HERS	JOINT	
CHECKING	\$	\$	\$	
CHECKING	\$	\$	\$	
SAVINGS	\$	\$	\$	
SAVINGS	\$	\$	\$	
CDs	\$	\$	\$	
OTHER CASH ACCOUNT	\$	\$	\$	

**MUTUAL FUNDS or MONEY MARKET ACCOUNTS**

ACCOUNT	OWNERSHIP			NOTES/INSTITUTION
	HIS	HERS	JOINT	
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	

**RETIREMENT PLANS**

OWNER	VALUE	PLAN TYPE (IRA, 401k, ROTH, Pension)	CUSTODIAN	BENEFICIARIES
	\$			
	\$			
	\$			
	\$			
	\$			

**LIFE INSURANCE**

POLICY/COMPANY	CASH VALUE	DEATH BENEFIT	BENEFICIARY	Term/Whole
HIS LIFE	\$	\$		
	\$	\$		
HER LIFE	\$	\$		
	\$	\$		

**STOCKS/BONDS**

	OWNERSHIP			INSTITUTION	NOTES – TOD, Etc.
	HIS	HERS	JOINT		
STOCKS AND BONDS	\$	\$	\$		
STOCKS AND BONDS	\$	\$	\$		

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**ASSET INFORMATION, CONTINUED**

**REAL ESTATE**

REAL ESTATE/ TIMESHARES	OWNERSHIP			NOTES: Please include original price and address/TIC OR JTROS.
	HIS	HERS	JOINT	
1. PRIMARY RESIDENCE	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
4.	\$	\$	\$	
5.	\$	\$	\$	

**OTHER ASSETS**

Automobiles, collectibles RVs, significant guns, jewelry, mobile homes, etc.	OWNERSHIP			NOTES: If vehicle is joint, is it “or” or “and”? Any specific gift of listed asset?
	HIS	HERS	JOINT	
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
4.	\$	\$	\$	
5.	\$	\$	\$	

MISCELLANEOUS	OWNERSHIP			DESCRIPTION
	HIS	HERS	JOINT	
Anticipated inheritance, gift, lawsuit judgment	\$	\$	\$	
Money owed to you	\$	\$	\$	
Business Interests	\$	\$	\$	
Other	\$	\$	\$	
529 or Education Savings	\$	\$	\$	Beneficiary(ies):
Other	\$	\$	\$	
Check if you hold a power of appointment under a Will or Trust <input type="checkbox"/> Husband <input type="checkbox"/> Wife				

**LIABILITY INFORMATION**

LIABILITIES	HIS	HERS	JOINT	BALANCE	MONTHLY PAYMENT
1.	\$	\$	\$		
2.	\$	\$	\$		
3.	\$	\$	\$		
4.	\$	\$	\$		

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**LONG-TERM CARE INSURANCE**

If you have **Long-Term Care** (nursing home) insurance, please list the following:

Insurance Company Name: \_\_\_\_\_

Coverage for: ☐ Husband ☐ Wife ☐ Both

Terms of coverage: \_\_\_\_\_

**INCOME**

Please describe income sources. (Note: Planning for Elder Law issues will require more detailed information.)

INCOME SOURCE	HIS	HERS	JOINT	NOTES
Employment	\$	\$	\$	
Social Security	\$	\$	\$	
Disability	\$	\$	\$	
Annuity	\$	\$	\$	
Rental	\$	\$	\$	
Investment	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>Totals</b>	\$	\$	\$	

**TRUST ASSETS**

If you have a revocable or irrevocable trust, please describe what steps you have taken to put your assets into a trust:

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**KEY ADVISORS**

**1. Accountant/Tax Advisor**

Advisor's Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Banker**

Banker's Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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**3. Financial Advisor**

Advisor's Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Insurance Agent**

Agent's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**5. Other Advisor**

**Title:** \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**6. Family Physician**

Name: \_\_\_\_\_ Office Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**7. Religious Affiliation**

Clergy: \_\_\_\_\_ Denomination \_\_\_\_\_  
Church name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**8. Referral Source**

How did you learn about this firm? \_\_\_\_\_  
Are there any other services besides estate planning that you are interested in? \_\_\_\_\_  
\_\_\_\_\_

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**TRUSTED RELATIONSHIPS (Personal, not professional)**

If you have *minor children or other dependents*, list in order of preference the persons you would desire to be their guardians:

Whom would you call upon to help if you needed assistance with managing your *finances or asset management* during a period of incapacity? (Please list at least two—and you cannot use your professional financial advisor.)

His choices for help with financial decisions	Her choices for help with financial decisions

Whom would you call upon to help if you needed assistance making *medical decisions*?

His choices for medical decision makers	Her choices for medical decision makers

**Contact Information for any persons named above whose information is not listed elsewhere in this form**

(     ) \_\_\_\_\_ - \_\_\_\_\_

(     ) \_\_\_\_\_ - \_\_\_\_\_

(     ) \_\_\_\_\_ - \_\_\_\_\_

(     ) \_\_\_\_\_ - \_\_\_\_\_

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**LEGACY PARTICULARS (OPTIONAL)**

What life values or desire for legacy do you wish to reflect in your estate planning? \_\_\_\_\_

Is a family meeting desirable to help your beneficiaries understand your wishes for them or to prevent any unpleasant surprises after your passing? Yes ☐ No ☐

If yes, are you considering asking me, as your attorney, or a counselor or clergy to participate? Yes ☐ No ☐

Do you wish for your Will to include a statement of your spiritual faith? Yes ☐ No ☐

Do you have pets that you wish to designate a caretaker for? Yes ☐ No ☐

**HEALTH CARE POWERS CUSTOMIZATION**

Do you wish to give your health care agent specific directions for your care in the event you are diagnosed with dementia? (Ask for a worksheet) Yes ☐ No ☐

Do you wish to give personalized guidance to your agent for end-of-life decision making? Yes ☐ No ☐

**ADDITIONAL DOCUMENTATION**

**General Document Request.** In some instances, it is necessary to review other documents before I can make planning recommendations. If possible, please bring with you to the Initial Interview the following documents:

- ☐ Copies of existing planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.
- ☐ Copies of all deeds to real estate owned by you.
- ☐ Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
- ☐ Prenuptial Agreement (if applicable).
- ☐ Long-term care policies (if any).
- ☐ Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.
- ☐ Any other documents that concern you, including applications for benefits or notices regarding benefits.