

CLIENT INFORMATION

[Strictly Confidential]

Address: _____

County: _____ Home Phone : _____

Husband's Legal Name: _____

Other Names used by Husband: _____

Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Social Security No.: _____

US citizen? ☐ Yes ☐ No. If no, what nationality: _____

Employment: _____ Work #: _____

Wife's Legal Name: _____

Other Names used by Wife: _____

Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Social Security No.: _____

US citizen? ☐ Yes ☐ No. If no, what nationality: _____

Employment: _____ Work #: _____

Prior Marriages?

Husband: ☐ Yes ☐ No. If yes, name of prior spouse: _____

How Terminated? ☐ Death ☐ Divorce Date: _____

Wife: ☐ Yes ☐ No. If yes, name of prior spouse: _____

How Terminated? ☐ Death ☐ Divorce Date: _____

CHILDREN OF THIS MARRIAGE: ☐ None

AGE or DOB

_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: _____ Range of Ages: _____

CHILDREN FROM PRIOR MARRIAGE:

	WIFE	HUSBAND	AGE
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage? ☐ No ☐ Yes

	<u>YES</u>	<u>NO</u>
• Any deceased children?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name: _____		
If yes, survived by issue?	<input type="checkbox"/>	<input type="checkbox"/>
• Any adopted children?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name: _____		
• Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have any relatives (other than children) who depend on you for all or part of their support?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you wish to disinherit any of your children, grandchildren or any other close relative?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have an existing Marital Property Agreement?	<input type="checkbox"/>	<input type="checkbox"/>
• Do either of you expect to inherit substantial assets (\$100,000 +)?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have existing Wills?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have any existing trusts?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>

	<u>YES</u>	<u>NO</u>
• Should the surviving spouse have the power to control the distribution of the entire estate after the first death?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you want any assets to pass to your children before the second spouse's death?	<input type="checkbox"/>	<input type="checkbox"/>
• If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?	<input type="checkbox"/>	<input type="checkbox"/>
• The name of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death:		
• The name of the person(s) that you want to raise a child that is under 18, if both spouses die (if applicable):		
• The name of the person(s) other than the surviving spouse that you want to make any major medical decisions on your behalf:		
• In general, state how you want your estate distributed among your beneficiaries after the death of both of you?		
• State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:		

END-OF-LIFE DECISIONS

Initial the statement which best states your desires:

HUSBAND:

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

YES NO

____ ____ Should your health care agent have the authority to make a disposition of a part or parts of your body (i.e., make any anatomical gifts)?

____ ____ Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law?

____ ____ Do you wish to designate a primary physician?

WIFE:

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

YES NO

____ ____ Should your health care agent have the authority to make a disposition of a part or parts of your body (i.e., make any anatomical gifts)?

____ ____ Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law?

____ ____ Do you wish to designate a primary physician?

BURIAL WISHES

HUSBAND:

At my death, I wish to be: ☐ cremated ☐ buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

WIFE:

At my death, I wish to be: ☐ cremated ☐ buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

ESTIMATED^{*} VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>HUSBAND'S SEP. PROP.</u>	<u>WIFE'S SEP. PROP.</u>	<u>COMMUNITY PROPERTY</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc. [†])	\$ _____	\$ _____	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

* Use best guess; this can be a “ballpark” estimate.

[†] Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "H" husband; "W" wife; or "S" survivor
- "Owner" will be "C" community property; "H" husband or "W" wife
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "H" husband; "W" wife; "C" child, "O" other

INSURED (H/W/S)	OWNER (H/W/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (H/W/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

WAIVER OF POTENTIAL CONFLICT OF INTEREST

We have each read the foregoing material and understand that there are potential conflicts of interest between myself and my spouse in the matters about which we are consulting you. If either of us desire to have separate counsel or desire you not to be involved at all, that spouse shall notify you. We each hereby consent to having you represent both of us in the drafting of our estate planning documents and we each hereby waive any potential or actual conflicts of interest. We understand that since you will be representing both of us on the same matter, as between ourselves and you, there are no confidential communications.

Dated: _____

Husband's Signature

Wife's Signature