Marilee Miller Clarke, Esq. CLARKE LAW FIRM, PLC

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CONFIDENTIAL PRENUPTIAL INFORMATION

	CLIENT:		FIANCEE:
Names:			
Birth Dates:			
Soc. Sec. #s:			
Citizenship:			
Address:			
Home Telephone:			
Employer:			
Work Telephone:			
Date Prepared:			
Referred by:			
Date and place of Marriag	e:		
	and complete to the best of my/our knowled		
Date:	Sign	ed:	

All information provided shall be held in the strictest confidence by the attorney.

Name	DOB	City of Residence
		
TANCEE'S CHILDREN (Please	✓ box to left of	name if deceased)
Name	DOB	City of Residence
<u> </u>		
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Client Yes No		e Yes No
ClientYes No		Yes No
STATE PLANNING DOCUME Oo you have a current Will?	NTS: Jo;	Dated: Located at:
STATE PLANNING DOCUME Oo you have a current Will?	NTS: Jo;	Dated: Located at:
STATE PLANNING DOCUME Oo you have a current Will?	NTS: No;	Dated:
Oo you have a current Will? Oo you have a current Trust? Oo you have a current Living Will/I	NTS: No; Yes – No; Yes – Medical Directive No; Yes –	Dated:
Oo you have a current Will? Oo you have a current Trust? Oo you have a current Living Will/	NTS: No; Yes – No; Yes – Medical Directive No; Yes – er of Attorney?	Dated:
Oo you have a current Will? Oo you have a current Trust? Oo you have a current Living Will/N Oo you have a current Medical Pow	NTS: No; Yes – No; Yes – Medical Directive No; Yes – er of Attorney? No; Yes –	Dated: Located at: Dated: Located at: e? Located at: Dated: Located at: Dated: Located at:
Oo you have a current Will? Oo you have a current Trust? Oo you have a current Living Will/I Oo you have a current Medical Pow	NTS: No; Yes – Medical Directive No; Yes – er of Attorney? No; Yes – Medical Directive	Dated: Located at: Dated: Located at: e? Located at: Dated: Located at: Dated: Located at:
Oo you have a current Will? Oo you have a current Trust? Oo you have a current Living Will/I Oo you have a current Medical Pow	NTS: No; Yes – Medical Directive No; Yes – er of Attorney? No; Yes – Medical Directive	Dated: Located at: Dated: Located at: e? Located at: Dated: Located at: Dated: Located at:
Oo you have a current Will? Oo you have a current Trust? Oo you have a current Living Will/N Oo you have a current Medical Pow	NTS: No; Yes – Medical Directive No; Yes – er of Attorney? No; Yes – Medical Directive No; Yes –	Dated: Located at: Dated: Located at: e? Located at: Dated: Located at: Dated: Located at:
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SOURCE	YOURS	FIANCEE	/ ()	TO BE KEPT SEPARATE	TO BE COMMUNITY
Salary					
Interest/dividends					
Social Security					
Retirement Benefits					
Other					
Total					
	Communi	tySepai	rate		
LIENT'S ASSETS/P	ROPERTY/INVE	STMENTS:			
BANK ACCOUNTS, MON		STMENTS: CIFICATES OF DEPOSITE Current Balance	Separate	Joint	Other
BANK ACCOUNTS, MON	EY MARKET & CERT	TIFICATES OF DEPOSIT:	Ι	Joint	Other
BANK ACCOUNTS, MON	EY MARKET & CERT	TIFICATES OF DEPOSIT:	Ι	Joint	Other
BANK ACCOUNTS, MON Name of Institution	EY MARKET & CERT Account No.	TIFICATES OF DEPOSIT:	Ι	Joint	Other
Name of Institution MONIES OWED TO YOU	Account No.	Current Balance	Separate		
BANK ACCOUNTS, MON Name of Institution	EY MARKET & CERT Account No.	TIFICATES OF DEPOSIT:	Ι	Joint Joint	Other Other
BANK ACCOUNTS, MON Name of Institution MONIES OWED TO YOU	Account No.	Current Balance	Separate		

r: Fund, Stock, Bond	Current Value Current Value	Separate	Name o	Community Prop.
		Separate		
SS	Current Value	Separate	Spouse	Community Prop.
SS	Current Value	Separate	Spouse	Community Prop.
SS	Current Value	Separate	Spouse	Community Prop.
		RT, ANTIQUES		N
Locuiton	Current value		Owner	s rume
ES:				
Term/Whole Life	Current Value	Person I	Insured	Beneficiary
	01K			
Type of Plan	Current Value		Benef	iciary
SETS:				
3	Location ES: Term/Whole Life BENEFITS/PENSION/4	ES: Term/Whole Life	Location Current Value ES: Term/Whole Life Current Value Person I SENEFITS/PENSION/401K Type of Plan Current Value	ES: Term/Whole Life

Type of Loan	Amount	Due to:
TOTAL DEBT TO OTHERS:		
ORTH: (ASSETS – DEBTS)		
RTY TO BE SHARED AFTER M	IARRIAGE:	