

# MARRIED PRELIMINARY INFORMATION

LAST NAME: \_\_\_\_\_ SPOUSE LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SPOUSE FIRST NAME: \_\_\_\_\_

MIDDLE: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

JR., SR. II, III, IV? \_\_\_\_\_ JR., SR. II, III, IV? \_\_\_\_\_

Name I prefer to be called: \_\_\_\_\_ Name I prefer to be called: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME CITY: \_\_\_\_\_ HOME STATE: \_\_\_\_\_ HOME ZIP: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HUSBAND'S CELL PHONE: \_\_\_\_\_ WIFE'S CELL PHONE: \_\_\_\_\_

Send Mail Where? Home \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_

How do you prefer for mail to be addressed? (i.e., "Mr. and Mrs.") \_\_\_\_\_

Where is the best place to reach each of you? \_\_\_\_\_

Wife

Husband

OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOY: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Number of Children: 1 2 3 4 5 6 (Please circle)

CHILDREN: (1) \_\_\_\_\_ AGE: \_\_\_\_\_ # of Grandkids \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

(2) \_\_\_\_\_ AGE: \_\_\_\_\_ # of Grandkids \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

(3) \_\_\_\_\_ AGE: \_\_\_\_\_ # of Grandkids \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

(4) \_\_\_\_\_ AGE: \_\_\_\_\_ # of Grandkids \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

(5) \_\_\_\_\_ AGE: \_\_\_\_\_ # of Grandkids \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

Is it possible for the Husband and Wife to have or adopt more children? \_\_\_Yes \_\_\_No

Is this the Husband and Wife's first marriage? \_\_\_Yes \_\_\_No (If not, indicate who is the parent of each child)

Are the Husband and Wife both US citizens? Husband: \_\_\_Yes \_\_\_No Wife: \_\_\_Yes \_\_\_No

(If spouse is deceased) Name and date of marriage, date of death, and location of pertinent legal papers and documents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If divorced or separated) Names and dates of previous marriages, whether the marriage ended by divorce or legal separation, and location of pertinent legal papers and documents:

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ASSET INFORMATION	VALUE	COMMENTS
Life Insurance on Husband	_____	_____
Life Insurance on Wife	_____	_____
Husband's IRAs, 401(k)'s, Profit Sharing, etc.	_____	_____
Wife's IRAs, 401(k)'s, Profit Sharing, etc.	_____	_____
Residence	_____	_____
Other Real Estate	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____
Cash, CD's Savings, Checking	_____	_____
Notes Where People Owe You Money	_____	_____
Business Interests	_____	_____
Cars, Jewelry, Furniture, etc.	_____	_____
<b>TOTAL ESTATE</b>	=====	

Do you currently have: a Will, Trust, Powers of Attorney and Living Wills (please circle all that apply)

Please provide us with copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Living Wills, if any.

Did anyone refer you to us? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, whom may we thank? \_\_\_\_\_

Would you like for this referral source to be copied on correspondence? Yes \_\_\_ No \_\_\_

What topics would you like to discuss at your appointment?

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**WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?**

(Spouses normally name each other first.)

**Husband**

**Wife**

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

**WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?**

(Two persons can serve together as long as they are married.)

**Name(s)**

**Relationship**

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

**WHO DO YOU WANT TO NAME AS AGENT ON YOUR BUSINESS POWER OF ATTORNEY?**

(Spouses normally name each other first. This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

**Husband**

**Wife**

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

**WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY?**

(Spouses normally name each other first.)

**Husband**

**Wife**

1. \_\_\_\_\_

1. \_\_\_\_\_

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

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

Phone: _____	Phone: _____
2. _____	2. _____
Address: _____	Address: _____
Phone: _____	Phone: _____
3. _____	3. _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Where do you plan to keep your original documents? \_\_\_\_\_

**For Attorney:**

Specific Bequests:

1. To \_\_\_\_\_, I give \_\_\_\_\_
2. To \_\_\_\_\_, I give \_\_\_\_\_
3. To \_\_\_\_\_, I give \_\_\_\_\_
4. To \_\_\_\_\_, I give \_\_\_\_\_
5. To \_\_\_\_\_, I give \_\_\_\_\_

Memorandum for personal property gifts: Y / N

General Bequest:

Primary: \_\_\_\_\_

Contingent: \_\_\_\_\_

Alternate: \_\_\_\_\_

Trust Type(s): \_\_\_\_\_

Trustees: \_\_\_\_\_

For Attorney:

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Current Trust | <input type="checkbox"/> Family LP                    |
| <input type="checkbox"/> No contest  | <input type="checkbox"/> S-Corp        | <input type="checkbox"/> Address Q-Plan beneficiaries |

Special Needs: Y / N

Distribution

Trustees: Co or Indiv

Executor comp? Y / N

Address non-contractual? Y / N