

MARRIED PRELIMINARY INFORMATION FOR MUTUAL WILLS

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? _____

	Husband	Wife
OCCUPATION:	_____	_____
PLACE OF EMPLOY:	_____	_____
WORK ADDRESS:	_____	_____
WORK ADDRESS:	_____	_____
CITY, STATE, ZIP:	_____	_____
WORK PHONE:	_____	_____
FAX:	_____	_____
E-MAIL:	_____	_____

		<u># of Grandkids</u>
CHILDREN: (1)	_____ AGE: _____	_____
address:	_____	

phone:	_____	
(2)	_____ AGE: _____	_____
address:	_____	

phone:	_____	
(3)	_____ AGE: _____	_____
address:	_____	

phone:	_____	
(4)	_____ AGE: _____	_____
address:	_____	

phone:	_____	
(5)	_____ AGE: _____	_____
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

ASSET INFORMATION

VALUE

COMMENTS

Life Insurance

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.

TOTAL ESTATE**

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****NOTE:** It is very important that we have accurate information about the total value of your estate. Your "estate" consists of all property that you own or have any interest in, including the face value of all insurance policies on your life. The total value of your estate determines whether you require planning to avoid or minimize estate taxes. If you have a current financial statement ("Net Worth Statement"), you may attach a copy in lieu of completing this portion of the form. **PLEASE CONFIRM THAT THE AMOUNT LISTED ABOVE FOR YOUR "TOTAL ESTATE" IS ACCURATE AND CORRECT BY SIGNING BELOW.**

I certify that the above-stated information, including the amount of my "TOTAL ESTATE", is accurate and correct:

SIGNED _____.

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

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?

**WHO DO YOU WANT TO NAME AS THE EXECUTOR(S) OF YOUR ESTATE?
(Spouses normally name each other first.)**

Husband

Wife

- | | | |
|----|--|--|
| 1. | Name: _____
Address: _____

Phone: _____
Relationship: _____ | Name: _____
Address: _____

Phone: _____
Relationship: _____ |
| 2. | Name: _____
Address: _____

Phone: _____
Relationship: _____ | Name: _____
Address: _____

Phone: _____
Relationship: _____ |
| 3. | Name: _____
Address: _____

Phone: _____
Relationship: _____ | Name: _____
Address: _____

Phone: _____
Relationship: _____ |

**WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?
(Two persons can serve together as long as they are married.)**

Husband

Wife

- | | | |
|----|--|--|
| 1. | Name: _____
Address: _____

Phone: _____
Relationship: _____ | Name: _____
Address: _____

Phone: _____
Relationship: _____ |
| 2. | Name: _____
Address: _____

Phone: _____
Relationship: _____ | Name: _____
Address: _____

Phone: _____
Relationship: _____ |
| 3. | Name: _____
Address: _____

Phone: _____
Relationship: _____ | Name: _____
Address: _____

Phone: _____
Relationship: _____ |

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. | Name: _____
Address: _____
Phone: _____
Relationship: _____ | Name: _____
Address: _____
Phone: _____
Relationship: _____ |
| 2. | Name: _____
Address: _____
Phone: _____
Relationship: _____ | Name: _____
Address: _____
Phone: _____
Relationship: _____ |
| 3. | Name: _____
Address: _____
Phone: _____
Relationship: _____ | Name: _____
Address: _____
Phone: _____
Relationship: _____ |

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

(Spouses normally name each other first.)

Husband

Wife

- | | | |
|----|--|--|
| 1. | Name: _____
Address: _____
Phone: _____
Relationship: _____ | Name: _____
Address: _____
Phone: _____
Relationship: _____ |
| 2. | Name: _____
Address: _____
Phone: _____
Relationship: _____ | Name: _____
Address: _____
Phone: _____
Relationship: _____ |
| 3. | Name: _____
Address: _____
Phone: _____
Relationship: _____ | Name: _____
Address: _____
Phone: _____
Relationship: _____ |

Where do you plan to keep your original documents? _____