CLIENT INFORMATION

[Strictly Confidential]

, and the second	
	E Moil:
•	E-Mail:
	(work)(cell)
Date of Birth:	
US citizen? ☐ Yes ☐ No.	If no, what nationality:
Business/Employment:	
Party #2's Legal Name:	
Date of Birth:	Social Security No.:
Business/Employment:	
US citizen? ☐ Yes ☐ No.	If no, what nationality:
Term You Use to Characteriz ☐ "Partner" ☐ "Life Partn	s?
Prior Marriages?	
G	yes, name of prior spouse:
	Death Divorce Date:
	yes, name of prior spouse:
	Death Divorce Date:
	RELATIONSHIP: None AGE or DOB
	Range of Ages:

	Treat all children as if they were the children of both parties	#1	#2	AGE
	The second secon		YES	NO
•	Any deceased children?			
	If yes, name:			
	If yes, survived by issue?			
•	Any adopted children?			
	If yes, name:			
•	Do any of your beneficiaries have a learning disability, special educational, medical or physical new	eeds?		
•	Do you have any relatives (other than children) who depend on you for all or part of their support?			
•	Do you think any of your beneficiaries have special with spouses, drugs, alcohol or handling money?	problems		
•	Do you wish to disinherit any of your children, grandchildren or any other close relative?			
•	Do you have an existing Property Agreement?			
•	Do either of you expect to inherit substantial assets ((\$100,000	+)? 🗆	
•	Do you wish to make anatomical bequests (organ do	onor)?		
•	Do you have existing Wills?			
•	Do you have any existing trusts?			
•	Have you ever filed a Federal Gift Tax Return?			

		<u>YES</u>	<u>NO</u>				
•	Should the surviving party have the power to control the distribution of the entire estate after the first death?						
•	Do you want any assets to pass to any beneficiary before the second party's death?						
•	If a beneficiary dies prior to the second party's death, do you want the assets to go to that beneficiary's issue?						
•	Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?						
•	The name of the person(s) <u>other</u> than the surviving party 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 parties die (if applicable):						
•	The name of the person(s) other than the surviving party 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 ha the distribution of your estate:	ve regardii	ng				

BURIAL WISHES

PARTY #1:

At my	death, I wish to be:		cremated	buried.
	If cremation, I would like my	y ashe	s disposed as follows:	
	If buried, I would like my ren	mains	interred as follows:	
I have	already made arrangements a	t:		
PART	Y #2:			
	death, I wish to be:		cremated	buried.
	If cremation, I would like my	y ashe	s disposed as follows:	
	If buried, I would like my rea	mains	interred as follows:	
I have	already made arrangements a	t:		

ESTIMATED* VALUE OF ESTATE

TYPE OF ASSET:	PARTY #1'S SEP. PROP.	PARTY #2'S SEP. PROP.	JOINT <u>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, partnershi 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)

- "Owner" will be "#1" or "#2" or "J", if jointly owned;
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "#1"; "#2" wife; "C" child, "O" other

INSURED (#1 or #2)	OWNER (#1/#2/J)	FACE VALUE (\$ paid on death)	
		\$ \$	

WAIVER OF POTENTIAL CONFLICT OF INTEREST

We have each read the foregoing material and understand that there are potential conflicts of interest between ourselves 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 party 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.

Party #1's Signature	Party #2's Signature
Dated:	