

# EidelmanLawFirm.com



# CLIENT INFORMATION & MARITAL STATUS

Household Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## HUSBAND

Legal Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Other Name(s) used by HUSBAND: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

US citizen? Yes No If no, what nationality: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred form of communication: Call Text Email

Marital Status (please check all applicable):

Currently Married

Never Married

Divorced

Widowed

## WIFE

Legal Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Other Name(s) used by WIFE: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

US citizen? Yes No If no, what nationality: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred form of communication: Call Text Email

Marital Status (please check all applicable):

Currently Married

Never Married

Divorced

Widowed

## CHILDREN OF CURRENT MARRIAGE

Name:	Gender (M/F):	Date of Birth:
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____

## CHILDREN OF PREVIOUS MARRIAGE(S)

Name:	Child of wife or husband?	Gender (M/F):	Date of Birth:
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____

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

Number of grandchildren: \_\_\_\_\_ Range of ages: \_\_\_\_\_

## ESTATE INFORMATION

Any deceased children? Yes No

If yes, name: \_\_\_\_\_

If yes, survived by issue? Yes No

If yes, name(s): \_\_\_\_\_  
\_\_\_\_\_

Do any of your beneficiaries have a learning disability, special educational, medical and/or physical need? Yes No

**YES**

**NO**

Do you have any disabled beneficiaries (child, grandchild, etc)?

Do you think any of your beneficiaries have issues or problems with spouses, drugs, alcohol or handling money?

Do you wish to disinherit any of your children? Grandchildren or any other close relative?

If yes, who?: \_\_\_\_\_

If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue (children)?

Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

How old or what age?: \_\_\_\_\_

Do you expect to inherit substantial assets (\$100,000 +)?

Do you have an existing Will?

Have you ever executed a trust (either revocable Or irrevocable)?

Do you have an existing General Power of Attorney?

Do you wish to leave a percentage of your assets to charity?

**Do not include your spouse in your response to the following questions, your spouse will be listed as your primary agent unless you tell us otherwise.**

The name of the person(s) you want to be the decision maker executor concerning your estate upon your death (**other than your spouse**):

FIRST \_\_\_\_\_

SECOND \_\_\_\_\_

The name of the person(s) that you want to raise a child that is under 18:

FIRST \_\_\_\_\_

SECOND \_\_\_\_\_

The name of the person(s) that you want to make the power of attorney for finances (**other than your spouse**):

FIRST \_\_\_\_\_

SECOND \_\_\_\_\_

The name of the person(s) that you want to make the power of attorney for health (**other than your spouse**):

FIRST \_\_\_\_\_

SECOND \_\_\_\_\_

The name of the person(s) you want to manage your trust (**other than your spouse**):

FIRST \_\_\_\_\_

SECOND \_\_\_\_\_

State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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## **HOW DO YOU WANT TO DISPOSE OF YOUR ESTATE?**

Person(s)

% or Amount

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# ESTIMATED VALUE OF ESTATE

1. Please list all of the estimated values of your estate. Use best guesses; this can be a "ballpark" estimate. Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

<b><u>TYPE OF ASSET:</u></b>	<b><u>ESTIMATED VALUE</u></b>
REAL ESTATE: (Fair market value, <u>minus</u> mortgages)	\$ _____
RENTAL PROPERTIES: (Fair market value, <u>less</u> loans)	\$ _____
SECURITIES: (stocks, bonds, mutual funds)	\$ _____
CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
BUSINESS INTERESTS: (LLC, Inc, etc.)	\$ _____
RETIREMENT PLANS: (IRA, 401k, etc.)	\$ _____
VEHICLES: (autos, R. V., boat)	\$ _____
PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____

2. If married:

<b><u>TYPE OF ASSET:</u></b>	<b><u>HUSBAND</u></b>	<b><u>WIFE</u></b>
RETIREMENT PLANS: (IRA, 401k, etc.)	\$ _____	\$ _____

3. Do you have a Long-Term Care policy? If yes, please list the duration/benefit of the coverage.

HUSBAND	Yes	No	_____
WIFE	Yes	No	_____

# 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.

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HUSBAND Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

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WIFE Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date