

SIMPLE BACKGROUND INFORMATION

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

Client 1 Information

Full Legal Name: _____
(Name most often used to title property and accounts)

Also known as: _____ Prefer to be called: _____
(Other names used to title property and accounts)

Birth date: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Home Telephone: _____ Cell Phone: _____

Employer: _____ Position: _____

E-mail Address: _____ Yes it is okay to communicate with me via my E-mail address.

Marital Status: Never Married Married Widowed Divorced: If yes date _____

US Citizen: Yes No

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Client 2 Information

Full Legal Name: _____
(Name most often used to title property and accounts)

Also known as: _____ Prefer to be called: _____
(Other names used to title property and accounts)

Birth date: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Home Telephone: _____ Cell Phone: _____

Employer: _____ Position: _____

E-mail Address: _____ Yes it is okay to communicate with me via my E-mail address.

Marital Status: Never Married Married Widowed Divorced: If yes date _____

US Citizen: Yes No

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

PEOPLE WHO ADVISE YOU

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant may need to be consulted relative to income tax matters.

	Name	Telephone
Tax Advisor (CPA, EA, etc.)		
Financial Advisor		

POTENTIAL "INDIVIDUAL BENEFICIARIES"

Identify all potential individual beneficiaries of your estate (e.g. children and grandchildren). Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes. (Insert additional sheets, if necessary).

Beneficiary 1	Relationship to Client: _____	Special Needs: <input type="checkbox"/> Medical <input type="checkbox"/> Educational <input type="checkbox"/> Financial
Full Legal Name: _____	DOB: _____	
Home Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single		
Spouse's Name: _____	Date married: _____	
Children (name and age)	_____	

Beneficiary 2	Relationship to Client: _____	Special Needs: <input type="checkbox"/> Medical <input type="checkbox"/> Educational <input type="checkbox"/> Financial
Full Legal Name: _____	DOB: _____	
Home Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single		
Spouse's Name: _____	Date married: _____	
Children (name and age)	_____	

Beneficiary 3	Relationship to Client: _____	Special Needs: <input type="checkbox"/> Medical <input type="checkbox"/> Educational <input type="checkbox"/> Financial
Full Legal Name: _____	DOB: _____	
Home Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single		
Spouse's Name: _____	Date married: _____	
Children (name and age)	_____	

Beneficiary 4	Relationship to Client: _____	Special Needs: <input type="checkbox"/> Medical <input type="checkbox"/> Educational <input type="checkbox"/> Financial
Full Legal Name: _____	DOB: _____	
Home Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single		
Spouse's Name: _____	Date married: _____	
Children (name and age)	_____	

Beneficiary 5	Relationship to Client: _____	Special Needs: <input type="checkbox"/> Medical <input type="checkbox"/> Educational <input type="checkbox"/> Financial
Full Legal Name: _____	DOB: _____	
Home Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single		
Spouse's Name: _____	Date married: _____	
Children (name and age)	_____	