

Date: _____

PERSONAL FAMILY INFO	SOCIAL SECURITY #	DATE OF BIRTH/DEATH	EXISTING WILL OR TRUST?	U.S. CITIZEN?
HIS full name:				
HER full name:				
Date of Marriage:		Is this the first marriage for both of you?		
Children/Beneficiaries (FULL NAMES, addresses and SSNs)		Date of Birth (and Death)	Special Concerns	
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Name: _____ <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers Address: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____				
Address (Street, City, State, Zip Code)				
Home		County		
His Business		County		
Her Business		County		
Occupation	His	Hers		
Telephone	(Hm) ()	(His Bus.) ()	(Her Bus.) ()	
Cell Phone	(His) ()	(Hers) ()	Please circle best number/method to use to contact you during business hours	
Fax	(Hm) ()	(His Bus.) ()	(Her Bus.) ()	
E-mail	(His)	(Hers)		
Accountant	Address/Phone			
Investment Advisor	Address/Phone			
Insurance Agent	Address/Phone			
Total Gifts made in past (over \$13,000 per individual per year) \$				

ASSETS (Value as of this date)In **HIS**
name only - \$In **HER**
name only- \$**JOINTLY** owned
by both of you - \$

Home [year acquired]			
Other Real Estate [year acquired]			
Checking and Savings Accounts			
Certificates of Deposit			
Bonds			
Stocks and Mutual Funds			
Notes and Land Contracts			
Pension, Profit Sharing, §401(k) Accounts			
IRAs			
Life Insurance Death Benefits (Term)			
Life Insurance Death Benefits (Permanent)			
Annuities			
Partnership Interests			
Closely-Held Corporations			
Sole Proprietorships			
Farm Machinery & Equipment			
Grain & Hay			
Livestock			
Personal Effects: Household, cars, jewelry, furs, china, antiques, art works, etc.			
Miscellaneous			
TOTAL ASSETS			

LIABILITIES

Real Estate Mortgages			
Other Loans, Notes, Accounts			
Loans on Life Insurance			
TOTAL LIABILITIES			
NET WORTH			
Possible Future Inheritance			