

# 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\*\***

=====

**\*\*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: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ |
| 2. | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ |
| 3. | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>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: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ |
| 2. | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ |
| 3. | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>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: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ |
| 2. Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ |
| 3. Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>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: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ |
| 2. Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ |
| 3. Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ | Name: _____<br>Address: _____<br><br>Phone: _____<br>Relationship: _____ |

Where do you plan to keep your original documents? \_\_\_\_\_