

## MARRIED PRELIMINARY INFORMATION

Husband's Full Name:	
Name you prefer to be called:	Citizen of US? <input type="checkbox"/> Yes <input type="checkbox"/> No, where?
Date of birth:	Social Security Number:

Wife's Full Name:	
Name you prefer to be called:	Citizen of US? <input type="checkbox"/> Yes <input type="checkbox"/> No, where?
Date of birth:	Social Security Number:

Home Address:		
City:	State:	Zip:
County of Residence:		Home Phone:
Husband's Cell Phone:		Wife's Cell Phone:
Best place to reach you:		Preference on mail (i.e., "Mr. and Mrs."):
Send mail where? <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other:		

Husband's Place of Employment:		
Work Address:		
City:	State:	Zip:
Work phone:		Work fax:
Email address:		

Wife's Place of Employment:		
Work Address:		
City:	State:	Zip:
Work phone:		Work fax:
Email address:		

Did anyone refer you to us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom may we thank?
Do you want the referral source to be copied on correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you want to include future children in your estate plan?  Yes  No

Is this your first marriage?  Yes  No (If not, indicate who is parent of each child listed below)

Children	Age of Child	Gender	Grandchildren?
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			

Assets	Joint	Husband	Wife	Comments
Husband's life insurance				
Wife's life insurance				
Husband's retirement plans				
Wife's retirement plans				
Residence				
Other real estate: Property #1				
Property #2				
Property #3				
Checking				
Savings				
CDs				
Brokerage: Account #1				
Account #2				
Account #3				
Notes (loans to others)				
Businesses Business #1				
Business #2				
Business #3				
Vehicles				
Personal effects				
Potential inheritance (husband)				
Potential inheritance (wife)				
Other				
Total				
<b>Liabilities</b>				
Mortgages				
Life insurance loans				
Other debts				
Total				
<b>NET ASSETS</b>				

Describe topics you want to discuss and how you want your estate to be distributed upon your death:

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Who do you want to name as the Personal Representative(s) of your estate?

	Husband's Personal Representatives		Wife's Personal Representatives (if different)	
	Name	Relation	Name	Relation
1 <sup>st</sup> PR				
2 <sup>nd</sup> PR				
3 <sup>rd</sup> PR				
4 <sup>th</sup> PR				

Who do you want to name as the Guardian(s) of your children (if you have children under age 18)?  
(Two persons may serve together as long as they are married.)

1 <sup>st</sup> Guardian(s)	Name(s):	Relation:
2 <sup>nd</sup> Guardian(s)	Name(s):	Relation:
3 <sup>rd</sup> Guardian(s)	Name(s):	Relation:

Who do you want to name as agent(s) on your durable power of attorney?  
(A durable power of attorney gives the person(s) named 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's Agent(s)

1 <sup>st</sup> Agent	Name: _____ Relation: _____	Address: _____ _____
2 <sup>nd</sup> Agent	Name: _____ Relation: _____	Address: _____ _____
3 <sup>rd</sup> Agent	Name: _____ Relation: _____	Address: _____ _____

Wife's Agent(s)

1 <sup>st</sup> Agent	Name: _____ Relation: _____	Address: _____ _____
2 <sup>nd</sup> Agent	Name: _____ Relation: _____	Address: _____ _____
3 <sup>rd</sup> Agent	Name: _____ Relation: _____	Address: _____ _____

Who do you want to name as your Health Care Surrogate(s)?

Husband's Surrogate(s)

1 <sup>st</sup> Surrogate	Name: _____ Phone: _____	Address: _____ _____
2 <sup>nd</sup> Surrogate	Name: _____ Phone: _____	Address: _____ _____
3 <sup>rd</sup> Surrogate	Name: _____ Phone: _____	Address: _____ _____

Wife's Surrogate(s)

1 <sup>st</sup> Surrogate	Name: _____ Phone: _____	Address: _____ _____
2 <sup>nd</sup> Surrogate	Name: _____ Phone: _____	Address: _____ _____
3 <sup>rd</sup> Surrogate	Name: _____ Phone: _____	Address: _____ _____