



ESTATE PLANNING INFORMATION SHEET

DATE: _____

CLIENT INFORMATION:

___ **New Client Consultation**

___ **Returning Client, No Changes In Information (Please list your name below).**

___ **Returning Client, With Updated Information**

Your Name: _____ DOB: _____

SSN: _____ Are you a veteran? ___ Yes ___ No

Are you retired? ___ Yes ___ No If no, please list employer: _____

Spouse's Name: _____ DOB: _____

SSN: _____ Is spouse a veteran? ___ Yes ___ No

Are you retired? ___ Yes ___ No If no, please list employer: _____

* If married, please list number of years married: _____ Any previous marriages? __ Yes __ No

* If spouse is deceased, please list the date of death: _____

Mailing Address: _____

Home Phone: _____ Cell - H: _____ Cell - W: _____

Email: _____ Email: _____

CHILDREN: Please list all children (first, last and middle initial) including any deceased children

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
DOB: _____	DOB: _____
SSN: _____	SSN: _____
Email: _____	Email: _____

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
DOB: _____	DOB: _____
SSN: _____	SSN: _____
Email: _____	Email: _____

Do all children get along with each other? ____ Yes ____ No

Are any children receiving Social Security Disability or Medicaid? ____ Yes ____ No

GRANDCHILDREN: Optional - Please list all grandchildren (first, last and middle initial)

Name: _____ Address: _____ _____ Phone: _____ DOB: _____ SSN: _____	Name: _____ Address: _____ _____ Phone: _____ DOB: _____ SSN: _____
Name: _____ Address: _____ _____ Phone: _____ DOB: _____ SSN: _____	Name: _____ Address: _____ _____ Phone: _____ DOB: _____ SSN: _____