



Law Offices of Bradley S. Erdosi

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CLIENT INFORMATION [Strictly Confidential]

Husband's Legal Name: _____

Other Names used by Husband: _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home) _____ (work) _____ (cell) _____

Date and Place of Birth: _____ Social Security No.: _____

US citizen? Yes No. If no, what nationality: _____

Business/Employment: _____

Wife's Legal Name: _____

Other Names used by Wife: _____

Date and Place of Birth: _____ Social Security No.: _____

Business/Employment: _____

US citizen? Yes No. If no, what nationality: _____

Date and Place of Current Marriage: _____

Prior Marriages?

Husband: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

Wife: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

Is either Husband or Wife a United States Veteran? Yes No. Who? _____

CHILDREN OF CURRENT MARRIAGE: None

1. Full name and date of birth: _____
Current address: _____
Gender: _____ Name of Spouse: _____
Names and dates of birth of children (*if none, then please indicate*):

Social Security No. _____

2. Full name and date of birth: _____
Current address: _____
Gender: _____ Name of Spouse: _____
Names and dates of birth of children (*if none, then please indicate*):

Social Security No. _____

3. Full name and date of birth: _____
Current address: _____
Gender: _____ Name of Spouse: _____
Names and dates of birth of children (*if none, then please indicate*):

Social Security No. _____

4. Full name and date of birth: _____
Current address: _____
Gender: _____ Name of Spouse: _____
Names and dates of birth of children (*if none, then please indicate*):

Social Security No. _____

[If additional children, please indicate here and complete on reverse]

CHILDREN FROM PRIOR MARRIAGES: None

1. Full name and date of birth: _____
Current address: _____
Gender: _____ Name of Spouse: _____
Child of husband or wife? _____
Was this child ever adopted by current spouse? _____
Social Security No. _____
Names and dates of birth of children (*if none, then please indicate*):

2. Full name and date of birth: _____
Current address: _____
Gender: _____ Name of Spouse: _____
Child of husband or wife? _____
Was this child ever adopted by current spouse? _____
Social Security No. _____
Names and dates of birth of children (*if none, then please indicate*):

3. Full name and date of birth: _____
Current address: _____
Gender: _____ Name of Spouse: _____
Child of husband or wife? _____
Was this child ever adopted by current spouse? _____
Social Security No. _____
Names and dates of birth of children (*if none, then please indicate*):

YES

NO

- Any deceased children?

If yes, name and date of birth: _____

- If yes, survived by lineal descendants?

Please list name, date of birth, and address of each descendant of deceased child (*use reverse of page if necessary*):

- Any adopted children?

If yes, please indicate next to child's name.

- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?
- If so, please specify:

- Do you have any relatives (other than children) who depend on you for all or part of their support?
- If so, please specify:

- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?
- If so, please specify:

- Do you wish to disinherit any of your children, grandchildren or any other close relative?
- If so, please indicate who:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Do you have an existing Marital Property Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do either of you expect to inherit substantial assets (\$100,000 +)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to make anatomical bequests (organ donor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Please specify: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| • Do you wish to have a health care directive (“Living Will”)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing Wills? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing powers of attorney? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have health care directives? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? | <input type="checkbox"/> | <input type="checkbox"/> |
| Please specify: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| • Do you have any pets? | <input type="checkbox"/> | <input type="checkbox"/> |

Please list the name, address and phone number for:

1. Your financial advisor:

Name _____ Address _____

Contact number _____

2. Your accountant.

Name _____ Address _____

Contact number _____

TRUSTEES/EXECUTORS:

In the order of preference, please list the persons that you would like to administer your estate upon your death or incapacity:

Spouse to be first? YES NO

1. Name and relationship: _____
Address: _____
Phone number: () _____
2. Name and relationship: _____
Address: _____
Phone number: () _____
3. Name and relationship: _____
Address: _____
Phone number: () _____

GUARDIANS FOR MINOR CHILDREN:

In order of preference, please list the persons that you would like to act as guardian of any minor children in the event both spouses die:

1. Name and relationship: _____
Address: _____
Phone number: () _____
2. Name and relationship: _____
Address: _____
Phone number: () _____
3. Name and relationship: _____
Address: _____
Phone number: () _____

HEALTH CARE AGENTS FOR HUSBAND:

In the order of preference, please list the persons that you would like to make any major medical decisions on your behalf in the event you are unable to do so:

Spouse to be first? YES NO

1. Name and relationship: _____
Address: _____
Phone number: () _____
2. Name and relationship: _____
Address: _____
Phone number: () _____
3. Name and relationship: _____
Address: _____
Phone number: () _____

POWER OF ATTORNEY AGENTS FOR HUSBAND:

In the order of preference, please list the persons that you would like to act as your agent for financial decisions in the event you are unable to do so:

Spouse to be first? YES NO

1. Name and relationship: _____
Address: _____
Phone number: () _____
2. Name and relationship: _____
Address: _____
Phone number: () _____
3. Name and relationship: _____
Address: _____
Phone number: () _____

HEALTH CARE AGENTS FOR WIFE:

In the order of preference, please list the persons that you would like to make any major medical decisions on your behalf in the event you are unable to do so:

Spouse to be first? YES NO

1. Name and relationship: _____
Address: _____
Phone number: () _____
2. Name and relationship: _____
Address: _____
Phone number: () _____
3. Name and relationship: _____
Address: _____
Phone number: () _____

POWER OF ATTORNEY AGENTS FOR WIFE:

In the order of preference, please list the persons that you would like to act as your agent for financial decisions in the event you are unable to do so:

Spouse to be first? YES NO

1. Name and relationship: _____
Address: _____
Phone number: () _____
2. Name and relationship: _____
Address: _____
Phone number: () _____
3. Name and relationship: _____
Address: _____
Phone number: () _____

DISTRIBUTION OF ESTATE:

- Please indicate how you would like your estate distributed among your beneficiaries after the death of both of you?

- If you specified you have any pets, please indicate if you have a desire that your pet be cared for by a certain individual upon your death or incapacity. Further, please specify any provisions you wish to be made for such pet(s) *[optional]*:

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

ASSETS

Please list all real property owned, Please provide our office with copies of all deeds evidencing ownership of real property:

Address: _____

How is title held? _____

Personal residence? YES NO

Address: _____

How is title held? _____

Personal residence? YES NO

Address: _____

How is title held? _____

Personal residence? YES NO

Please list all bank accounts, brokerage accounts, or similar accounts. Please provide our office with copies of the most recent statement for all accounts listed below:

Bank/Brokerage name: _____ Account #: _____

Approximate amount: _____

Bank/Brokerage name: _____ Account #: _____

Approximate amount: _____

Bank/Brokerage name: _____ Account #: _____

Approximate amount: _____

Bank/Brokerage name: _____ Account #: _____

Approximate amount: _____

BUSINESS INTERESTS

Briefly describe any interest you may have in a Partnership, a Sole Proprietorship, LLC, or Corporation, and indicate present value of interest.

LIFE INSURANCE

(do not include accidental death policies)

Owned by you, on your life, or which names you as beneficiary. Please include life insurance on both husband's and wife's life. List below, indicating (1) insurance company, (2) face amount, (3) owner, (4) insured, (5) beneficiary(ies), and (6) Policy numbers. List additional policies on a separate page if necessary.

RETIREMENT ACCOUNTS

Please list type of account (i.e.: IRA, 401(k), etc.), name of company, name account is held in, current beneficiary, and approximate value.

NOTES AND ACCOUNTS RECEIVABLE

Please include details such as the amount, payor, payee, date, etc. of all items due you over \$100.00. Please provide a copy of the Promissory Note and any Deed of Trust document securing the Note.

ESTIMATED* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>HUSBAND'S SEP. PROP.</u>	<u>WIFE'S SEP. PROP.</u>	<u>COMMUNITY PROPERTY</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on page 12.

How were you referred to our office?

Please be sure to bring copies of the following to our first meeting:

1. COPIES OF PRESENT WILLS OF HUSBAND AND WIFE.
2. PRIOR GIFT TAX RETURNS, IF ANY.
3. COPIES OF ALL **GRANT DEEDS** AND PROPERTY TAX STATEMENTS (A Grant Deed is what you receive when you originally purchase your real property NOT THE DEED OF TRUST).
4. COPIES OF ALL BANK STATEMENTS, BROKERAGE STATEMENTS, STOCK CERTIFICATES and STATEMENTS REFLECTING ALL RETIREMENT ACCOUNTS