

Estate Planning Client Information Form

Date: _____

PERSONAL AND FAMILY INFORMATION

CLIENT NAME: _____

FULL NAME (IF OTHER THAN NORMALLY USED): _____

BIRTH DATE: _____ BIRTHPLACE: _____

SOCIAL SECURITY NUMBER: _____

CITIZENSHIP: _____

TELEPHONE NUMBERS: HOME: _____

CELL: _____

OFFICE: _____

E-MAIL ADDRESS: _____

RESIDENCE ADDRESS: _____

PERIOD OF RESIDENCE IN NEW JERSEY: _____

OCCUPATION: _____

EMPLOYER: _____

WORK ADDRESS: _____

DATE OF TERMINATION OF PREVIOUS MARRIAGE (IF ANY): _____

NAME OF FORMER SPOUSE: _____

SPOUSE

NAME _____

TELEPHONE NUMBERS:

HOME: _____

CELL: _____

OFFICE: _____

E-MAIL ADDRESS: _____

RESIDENCE ADDRESS: _____

PERIOD OF RESIDENCE IN NEW JERSEY: _____

OCCUPATION: _____

EMPLOYER: _____

WORK ADDRESS: _____

DATE OF TERMINATION OF PREVIOUS MARRIAGE (IF ANY): _____

NAME OF FORMER SPOUSE: _____

CHILDREN

NAME

BIRTH DATE

1. _____

2. _____

3. _____

4. _____

5. _____

Which, if any, are legally adopted?

List all non-biological children treated as your children:

Dependents other than children (include relationship):

1. _____
2. _____
3. _____
4. _____

Do you anticipate receiving an inheritance in the near future?

Amount: _____

Source: _____

Do you have a legal obligation to provide for someone (e.g. spouse, child)?

Yes ___ No ___

If so please provide copy of document

ASSET INFORMATION

Please provide a description of the asset the fair market value of the asset, any liability owed, the net value of the asset, how title to the asset is held, and any other pertinent information regarding the asset. Additionally, please provide copies of the documents listed.

REAL PROPERTY:

Address, a copy of the grant deed or title policy, copy of the latest real property tax bill.

VALUE: _____

VALUE: _____

VALUE: _____

VALUE: _____

NOTES & DEEDS OF TRUST:

Copy of the note, names and addresses of debtors and if secured copy of the Deed of Trust and assignments.

VALUE: _____

VALUE: _____

VALUE: _____

VALUE: _____

BANK ACCOUNTS:

_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____

INVESTMENT ACCOUNTS:

_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____

STOCKS& BONDS:

Account number(s), if in account, copies of certificates, name and address of transfer agent.

_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____

BUSINESS INTERESTS:

Copies of partnership agreement, stock certificates for closely held corporations, stockholder agreement, etc.

_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____

RETIREMENT ASSETS:

Documents showing how title is vested, the beneficiary and contingent beneficiary of the plan, and plan administration documents if available.

_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____

LIFE INSURANCE:

Documents showing how title is vested, the beneficiary and contingent beneficiary of the plan, copy of the policy or annuity.

_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____

OTHER ASSETS:

_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____
_____	VALUE: _____