



Preliminary Client Information Estate Planning

Please fill in all appropriate sections. If you have any questions please call our office.

_____ Last Name:	_____ First Name:
_____ Middle Name	_____ Sr., Jr.
_____ Name I prefer to be called	_____ Mr., Mrs., Dr., Mr.& Mrs.
_____ Are you known by any other names? (Maiden Name, Alias, Nickname, etc...)	
_____ Date of Birth	_____ Social Security Number
_____ Home Address (include: #, Street, City, State, Zip)	
_____ Home Phone	_____ Cell Phone
_____ County of Residence	_____ Where should we send Mail? Home, Office
_____ Where is the best place to reach you?	_____ What is the best time to reach you?
_____ Occupation	_____ Employer
_____ Work Address (include: #, Street, City, State, Zip)	
_____ Work Phone	_____ Fax
_____ Email Address	_____ Are you a U.S. Citizen (Yes/No), If No what country(s) are you a citizen?

Post Office Box 196577 * Winter Springs * Florida * 32719
Telephone: (407) 678-4LAW * Facsimile: (877) 678-4529

Spouse Information (If Applicable)

Last Name:	First Name:
Middle Name	Sr., Jr.
Name spouse prefers to be called	Mr., Mrs., Dr., Mr. & Mrs.
Is your spouse known by any other names? (Maiden Name, Alias, Nickname, etc...)	
Date of Birth	Social Security Number
Home Address (include: #, Street, City, State, Zip)	
Home Phone	Cell Phone
County of Residence	
Occupation	Employer
Work Address (include: #, Street, City, State, Zip)	
Work Phone	Fax
Email Address	Is your Spouse a U.S. Citizen (Yes/No), If No what country(s) is he/she a citizen?

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Children (if applicable)	Age	# of Grandchildren by this child
Name: _____ Address: _____ _____	_____	_____
Phone: _____		
Name: _____ Address: _____ _____	_____	_____
Phone: _____		
Name: _____ Address: _____ _____	_____	_____
Phone: _____		
Name: _____ Address: _____ _____	_____	_____
Phone: _____		
Name: _____ Address: _____ _____	_____	_____
Phone: _____		
Name: _____ Address: _____ _____	_____	_____
Phone: _____		

* Please use the last page (Additional Information) for additional names

Who do you wish to serve as the Personal Representative(s) or Trustee(s) of your Estate?

Name/Address/Phone

1.

How is this person related to you?

Personal Representative, Trustee or Both

2.

How is this person related to you?

Personal Representative, Trustee or Both

3.

How is this person related to you?

Personal Representative, Trustee or Both

4.

How is this person related to you?

Personal Representative, Trustee or Both

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Who do you wish to serve as the Guardian(s) of your children? (if applicable)
(Note: Two persons can serve together as long as they are married.)

Name(s)/Address/Phone

1.

How is this person related to you?

2.

How is this person related to you?

3.

How is this person related to you?

4.

How is this person related to you?

* Please use the last page (Additional Information) for additional names

Who do you wish to serve as Agent for your Power of Attorney?

Name(s)/Address/Phone

1.

How is this person related to you?

2.

How is this person related to you?

3.

How is this person related to you?

4.

How is this person related to you?

* Please use the last page (Additional Information) for additional names

Who do you wish to serve as Agent for your Health Care Surrogate?

Name(s)/Address/Phone

1.

How is this person related to you?

2.

How is this person related to you?

3.

How is this person related to you?

4.

How is this person related to you?

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Are afterborn children to be included in the will? (If there is a possibility you could have or adopt more children and would like any such children to share in his estate to the same extent as your current children,)

Husband: Yes ___ No ___ N/A ___

Wife: Yes ___ No ___ N/A ___

Unmarried Individual: Yes ___ No ___ N/A ___

If married, is this your first marriage? Yes ___ No ___ N/A ___

To whom do you want your property to be distributed if all of your descendants are not living?

Do you wish that someone receive nothing or a limited amount from your will?

Do you wish to make specific bequests in your Will? Yes ___ No ___ N/A ___

If so please state below. Continue on the reverse side of this page you require more space.

* Please use the last page (Additional Information), if necessary

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Do you have any special instructions to place in your Living Will?

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 VALUE		_____

Submitted By: _____

Signature:

Additional Information

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