

CLIENT INFORMATION SHEET

Estate Planning Intake — Married

DATE:

DOCUMENTS REQUESTED:

Will Power of Attorney HC Proxy
HC Directive

(For Internal Use Only)		
FILE NO.:		
Date Opened:		
Date Closed:		
Referred by:		
Type of Case: Estate Planning	NJ	NY

HUSBAND'S NAME:

HUSBAND'S DOB:

WIFE'S NAME:

WIFE'S DOB:

ADDRESS:

HOME PHONE:

CELL — HUSB:

CELL — WIFE:

EMAIL — HUSB:

EMAIL — WIFE:

BENEFICIARIES — CHILDREN

Name	Date of Birth	Address (if other than above)
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HUSBAND'S SIBLINGS

Name(s)	Address & Telephone
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WIFE'S SIBLINGS

Name(s)	Address & Telephone
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PARENTS

Husband's: Address & Tel:

Wife's: Address & Tel:

EXECUTOR — FOR WIFE

Executor: Address & Tel:

Alternate: Address & Tel:

EXECUTOR — FOR HUSBAND

Executor: Address & Tel:

Alternate: Address & Tel:

POWER OF ATTORNEY — FOR WIFE

Agent: Address & Tel:

Alternate: Address & Tel:

POWER OF ATTORNEY — FOR HUSBAND

Agent: Address & Tel:

Alternate: Address & Tel:

HEALTH CARE PROXY / LIVING WILL — FOR WIFE

Proxy: Address & Tel:

Alternate: Address & Tel:

HEALTH CARE PROXY / LIVING WILL — FOR HUSBAND

Proxy: Address & Tel:

Alternate: Address & Tel:

GUARDIAN FOR MINOR CHILDREN

Guardian:

Address & Tel:

TRUSTEE(S)

Trustee(s):

Address & Tel:

ASSETS

Assets WITH beneficiary designations:

Assets WITHOUT beneficiary designations:

All Real Property (Real Estate) inside and outside of New Jersey:

IF THIS IS A SECOND MARRIAGE

Date of Divorce or Death:

CHILDREN FROM PRIOR SPOUSE OR PERSON

List names and addresses of children:

SPECIAL INSTRUCTIONS — How would you like your Estate to be divided?