

Client Information

(Please Print/Only One Needed for Married Couple)

NAME(S)

Your Full Legal Name:

First Middle Last

Birth Date Age

Signature Name (Printed, the way you sign legal documents)

XXX-XX-
Social Security Last 4 ONLY

Present or Former Occupation: _____

OCCUPATION

Marital Status: Single Married Divorced **If Married:** Number of Years Married: _____
Date of Marriage: _____

STATUS

Spouse's Full Legal Name:

First Middle Last

Birth Date Age

Signature Name (Printed, the way you sign legal documents)

XXX-XX-
Social Security Last 4 ONLY

Present or Former Occupation: _____

CONTACT

Home Address:

Street

City, State & Zip

County

Telephone:

Home

Work

Cell #1

Name

Cell #2

Name

By providing your home and cell phone number you consent to receive calls and periodic text message communications from Rice & Rice Attorneys regarding appointment reminders, special offers, products and services, various Elder Law and Estate Planning topics and personal messages. You can unsubscribe at any time. Message and data rates may apply.

E-mail:

E-mail #1

E-mail #2

By sharing your email address, you are giving Rice & Rice Attorneys permission to include you on our valuable free newsletter and other digital mailings. We will not sell or share your email address.

FAMILY MEMBERS

List the Full Names(s) of all of your Children: (Living and Deceased)

First Middle Last

M/F

Occupation

Birth Date

Marital Status: Single Married Divorced Spouse's First Name: _____ No. of Children: _____

First Middle Last

M/F

Occupation

Birth Date

Marital Status: Single Married Divorced Spouse's First Name: _____ No. of Children: _____

First Middle Last

M/F

Occupation

Birth Date

Marital Status: Single Married Divorced Spouse's First Name: _____ No. of Children: _____

First Middle Last

M/F

Occupation

Birth Date

Marital Status: Single Married Divorced Spouse's First Name: _____ No. of Children: _____

I am a legal resident of the following state:

(check one)

IN MI IL

Are all of your listed family members U.S. Citizens?

YES NO

If no, indicate who is not:

Do any of your children or grandchildren require special attention? Consider their educational, mental, or physical needs.

YES NO

Did you and your spouse ever sign a prenuptial agreement?

YES NO

Are there any persons other than minor children who are dependent upon you?

YES NO

Does any family member receive social security or other benefits?

YES NO

Do you presently have a Living Trust?

YES NO

Do you presently qualify for veteran disability exemptions?

YES NO

Have you ever filed a Federal Gift Tax Return?

YES NO

Military Service? YES NO

If yes, Branch: _____ Years: _____

ASSETS

Real Estate Property Address(es):

| | Client | Spouse (if applicable) | Joint |
|-------|----------|------------------------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Automobile(s) Year and Make:

| | Client | Spouse (if applicable) | Joint |
|-------|----------|------------------------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Savings and Checking Accounts:

| | Client | Spouse (if applicable) | Joint |
|-------|----------|------------------------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Certificates of Deposit:

| | Client | Spouse (if applicable) | Joint |
|-------|----------|------------------------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Qualified Plans: (IRA's; 401(k)'s; 403(b)'s; Roth's)

| | Named Beneficiary | Value |
|-------|-------------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

| Mutual Funds/Money Market Accounts: | Client | Spouse (if applicable) | Joint |
|-------------------------------------|----------|------------------------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

| Stocks and/or Bonds: | Client | Spouse (if applicable) | Joint |
|----------------------|----------|------------------------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

| Other Valuable Personal Property: (Coins/Guns/Tools/Collectables/Jewelry) | Client | Spouse (if applicable) | Joint |
|--|----------|------------------------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

| Insurance Company | Insured Life | Beneficiary | Death Benefit |
|-------------------|--------------|-------------|---------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

| Any Other Assets | Client/Spouse/Joint | Value |
|------------------|---------------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Are either you or your spouse anticipating any inheritance within the next 5-10 years?
 YES NO If yes, please estimate the amount: \$ _____

Organization Name: (Fraternal Clubs, Service, Union, Etc.)

Please indicate your Church or Religious Affiliation:

How active are you in the practice of your Faith?
 VERY ACTIVE SOMEWHAT ACTIVE NOT ACTIVE

Who would you want to handle your **MEDICAL** affairs if you become incapacitated?

First Choice

Second Choice

Who would you want to handle your **FINANCIAL** affairs if incapacitated, or when you die?

First Choice

Second Choice

LIABILITIES

Home Mortgage(s):

Creditor's Name

Amount

_____ \$ _____
_____ \$ _____

Credit Cards:

Creditor's Name

Amount

_____ \$ _____
_____ \$ _____
_____ \$ _____

Other Obligations:

Creditor's Name

Amount

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

KEY ADVISORS

CPA: _____

Banker: _____

Do you have a Financial Advisor?

YES NO

If yes: _____

Insurance Advisor: _____

1. Do you want to make charitable bequests?

YES NO

2. Do you have children under age 18?

YES NO

3. Do you want to leave specific objects or heirlooms to particular loved ones?

YES NO

4. Do you or family members have any disabilities, chronic illnesses or other special needs?

YES NO

5. Are you married but have children from a previous relationship for whom you wish to provide?

YES NO

6. Are you in a contentious relationship with children or other family members?

YES NO

7. Do you want to disinherit anyone?

YES NO

8. Do you have pets you want to ensure are in good hands?

YES NO

9. Do you face decisions about how to pass on a family business?

YES NO

10. Are you, your spouse, children or parents non-us citizens?

YES NO

11. Do you or other family members have devout religious beliefs that may affect estate planning?

YES NO

12. Do you plan to leave different amounts to each child or heir depending on their family or economic situations?

YES NO