



## FAMILY PRELIMINARY INFORMATION

Husband Full Name:

“Also Known as” Other Names:

Birth Date:  US Citizen:  Yes  No Where?:

Phone #:  Email:

Wife Full Name:

“Also Known as” Other Names:

Birth Date:  US Citizen:  Yes  No Where?:

Phone #:  Email:

Home Address:

City, State, Zip:

Employer Name:

How did you hear about us?:

What would you like to discuss at today’s meeting?:

The undersigned hereby represents to OC Estate & Elder Law (“the Firm”) that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by OC Estate & Elder Law (“the Firm”) may not be appropriate.

Client Signature:  Date:



## BENEFICIARY INFORMATION

Describe how you would like your estate to be distributed upon your death:

Beneficiary Name	Date of Birth	Percentage	Relationship to You

Include after-born children:  Yes  No

List names of all your children, including from prior relationships:

Who shall you designate as Guardians of your minor children? (if applicable):

Burial or Cremation Request to be added to your Last Will & Testament (if desired):



## TRUSTEE/PERSONAL REPRESENTATIVE INFORMATION

Who do you want to name as Successor Trustee or Personal Representative upon your death?:

1st Person	Name		Relationship	
2nd Person	Name		Relationship	
3rd Person	Name		Relationship	

## ASSETS

Assets	Approx. Value	Comments: (how are accounts titled / any beneficiaries listed?)	
Bank Accounts			
Life Insurance			
Retirement Plans			
Other Real Estate Property 1			
Other Real Estate Property 2		Address	
Other Real Estate Property 3		Address	
Vehicles/Boats			
Businesses			
Other			

### Attorneys Notes

Co-sole TTEE age:



# HUSBAND

## POWER OF ATTORNEY & HEALTH CARE SURROGATE

### Who do you want to name as agents on your Durable Power of Attorney?

(The person who will handle your financial and legal matters in case of your incapacity.):

1st Person	Name		Relationship	
	Address			
	Phone			
2nd Person	Name		Relationship	
	Address			
	Phone			
3rd Person	Name		Relationship	
	Address			
	Phone			

### Who do you want to name as your Health Care Surrogate?

(The person who will make your medical decisions in case of your incapacity.):

1st Person	Name		Relationship	
	Address			
	Phone			
2nd Person	Name		Relationship	
	Address			
	Phone			
3rd Person	Name		Relationship	
	Address			
	Phone			



**WIFE**

**POWER OF ATTORNEY & HEALTH CARE SURROGATE**

**Who do you want to name as agents on your Durable Power of Attorney?**

(The person who will handle your financial and legal matters in case of your incapacity.):

1st Person	Name		Relationship	
	Address			
	Phone			
2nd Person	Name		Relationship	
	Address			
	Phone			
3rd Person	Name		Relationship	
	Address			
	Phone			

**Who do you want to name as your Health Care Surrogate?**

(The person who will make your medical decisions in case of your incapacity.):

1st Person	Name		Relationship	
	Address			
	Phone			
2nd Person	Name		Relationship	
	Address			
	Phone			
3rd Person	Name		Relationship	
	Address			
	Phone			