

DATA SHEET
(Married Couple)

Husband _____ Birth Date _____ U.S. Citizen Yes No
 Previously Married Yes No Disabled Veteran Yes No
 Wife _____ Birth Date _____ U.S. Citizen Yes No
 Previously Married Yes No Disabled Veteran Yes No
 Do you have a Prenuptial Agreement? Yes No
 Date Married _____
 Home Address _____ City _____ State _____ Zip _____
 Email Address _____
 Husband's Employer _____ Annual Salary _____
 Wife's Employer _____ Annual Salary _____

_____ Home Phone

_____ Husband's Work/Cell

_____ Wife's Work/Cell

Children's Names	Occupation	Sex M/F	Birth Date	This Marriage	Husband's Prior Marriage	Wife's Prior Marriage	Special Needs?
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Those children previously married: _____

Accountant: _____

Referred by: _____

ANTICIPATED FAMILY INHERITANCES

Husband: None

Amount \$ _____

Wife: None

Amount \$ _____

FINANCIAL INFORMATION

DESCRIPTION OF ASSETS	JOINT/SHARED	HUSBAND	WIFE	TOTAL
REAL ESTATE				
Residence (less mortgage)				
Rental Property				
Other (vacation home/ trailer/timeshare)				
PERSONAL PROPERTY				
Vehicles/motorcycles/boats				
Jewelry				
Other (collectibles)				
CASH ACCOUNTS				
Checking Account				
Savings Account and CDs				
Notes Receivable				
INVESTMENTS				
Business Interests*				
Stocks/Bonds/Mutual Funds				
RETIREMENT ACCOUNTS				
Individual Retirement Accounts (IRA's)				
401(k)s				
Other				
NON-QUALIFIED ANNUITIES				
OTHER ASSETS				
<u>TOTALS</u>				

*** BUSINESS INFORMATION**

Name	
Business Net Value (\$)	
Number Of Employees	
Buy-Sell Agreement Exists	<input type="checkbox"/> Yes <input type="checkbox"/> No
Form Of Business	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> Professional Corp.
Business Valuation Method	<input type="checkbox"/> Client Estimate <input type="checkbox"/> Net Book Value <input type="checkbox"/> Buy-Sell Agreement <input type="checkbox"/> Other _____.
Business Status At Death	<input type="checkbox"/> Continued by Heirs <input type="checkbox"/> Sold to Surviving Owners <input type="checkbox"/> Sold to Key Persons <input type="checkbox"/> Liquidated

LIFE INSURANCE

COMPANY	INSURED	OWNER	BENEFICIARY	FACE AMOUNT	ANNUAL PREMIUM

We certify that the financial information provided above is accurate as of _____, and we acknowledge that if it is not, the estate planning advice given to us may be inappropriate.

Husband's Signature

Wife's Signature