

BusinessLegal, PC

Client Information – Estate Planning

(Please Print)

Name: _____
(First Name) (Middle Initial) (Last Name)

Spouse (or significant other's) Name: _____
(First Name) (Middle Initial) (Last Name)

Address: _____
(Street) (City) (State) (Zip)

County: _____ Your SS#: _____ Spouse's SS#: _____

Telephone Numbers: _____
(Home Phone) (Business Phone) (Cell Phone)

How would you prefer to be contacted regarding this matter? ___ Home ___ Business ___ Cell ___ E-mail

E-mail address: _____

If you have children, please complete the following:

Name of Child 1: _____ Age: _____
(First Name) (Middle Initial) (Last Name)

Name of Child 2: _____ Age: _____
(First Name) (Middle Initial) (Last Name)

Name of Child 3: _____ Age: _____
(First Name) (Middle Initial) (Last Name)

Name of Child 4: _____ Age: _____
(First Name) (Middle Initial) (Last Name)

Do you, or your spouse/significant other, own an interest in a business? _____ yes _____ no.

If so, please describe the ownership interest: _____

Is there a Buy/Sell, Shareholder's Agreement, or other document that controls how the ownership interest in the business is to be transferred? _____ yes _____ no.

Have you been previously married? _____ yes _____ no.

Has your spouse been previously married? _____ yes _____ no.

Do you have any additional planning concerns? If so, please describe: _____

How did you hear about BusinessLegal, PC? _____

What is the reason for your visit today? _____