



DATA SHEET (MARRIED COUPLE)

Date: \_\_\_\_\_

Husband: \_\_\_\_\_

Birth Date: \_\_\_\_\_ U.S. Citizen Yes No

Previously Married? Yes No

Social Security No.: \_\_\_\_\_

Wife: \_\_\_\_\_

Birth Date: \_\_\_\_\_ U.S. Citizen Yes No

Previously Married? Yes No

Social Security No.: \_\_\_\_\_

Date Married: \_\_\_\_\_

Do you have a Prenuptial Agreement? Yes No

Do you have existing estate planning documents? Yes No

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Husband's Employer \_\_\_\_\_ Annual Income \_\_\_\_\_

Wife's Employer \_\_\_\_\_ Annual Income \_\_\_\_\_

Home Phone \_\_\_\_\_ Husband's Work \_\_\_\_\_ Wife's Work \_\_\_\_\_

Husband's Cell \_\_\_\_\_ Wife's Cell \_\_\_\_\_

<u>Children's Names:</u>	Sex M/F	Birth Date	This Marriage	Husband's Prior Marriage	Wife's Prior Marriage	Special Needs?
1 _____	_____	_____	_____	_____	_____	_____
Occupation: _____						
Current residence or expected place of residence: _____						
2 _____	_____	_____	_____	_____	_____	_____
Occupation: _____						
Current residence or expected place of residence: _____						
3 _____	_____	_____	_____	_____	_____	_____
Occupation: _____						
Current residence or expected place of residence: _____						
4 _____	_____	_____	_____	_____	_____	_____
Occupation: _____						
Current residence or expected place of residence: _____						
5 _____	_____	_____	_____	_____	_____	_____
Occupation: _____						
Current residence or expected place of residence: _____						
6 _____	_____	_____	_____	_____	_____	_____
Occupation: _____						
Current residence or expected place of residence: _____						

1 \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Current residence or expected place of residence: \_\_\_\_\_

2 \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Current residence or expected place of residence: \_\_\_\_\_

3 \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Current residence or expected place of residence: \_\_\_\_\_

4 \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Current residence or expected place of residence: \_\_\_\_\_

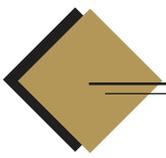
5 \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Current residence or expected place of residence: \_\_\_\_\_

6 \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Current residence or expected place of residence: \_\_\_\_\_

Accountant: \_\_\_\_\_ Referred by: \_\_\_\_\_

ANTICIPATED FAMILY INHERITANCES

Husband:  None Amount \$ \_\_\_\_\_ Wife:  None Amount \$ \_\_\_\_\_



**FINANCIAL INFORMATION**

DESCRIPTION OF ASSETS	JOINT	HUSBAND	WIFE	TOTAL
Residence (net of mortgage)				
Other Real Estate (net of mortgages)				
Stocks, Bonds and Mutual Funds				
Cash in Banks				
Business Interests *				
Notes Receivable				
Vehicles and Boats				
Furniture and Furnishings				
Personal Effects				
Retirement Plans (vested amount)				
Individual Retirement Accounts (IRAs)				
Non-Qualified Annuities				
Limited Partnerships				
Other Assets				
<b>TOTALS</b>				

Do any of your children age 18 or older have valid Powers of Attorney?      Yes      No

Are you currently a beneficiary under any irrevocable trust?      Yes      No

What other states have you lived in while married? \_\_\_\_\_

\* Business Name: \_\_\_\_\_  
 Business FMV: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_  
 Buy-Sell Agreement Exists?      Yes      No

**FORM OF BUSINESS**

LLC  
 C Corporation  
 S Corporation

**BUSINESS STATUS AT DEATH**

Continued by Heirs  
 Sold to Surviving Owners  
 Sold to Key Persons  
 Liquidated

**LIFE INSURANCE**

COMPANY	INSURED	OWNER	BENEFICIARY	FACE AMOUNT	ANNUAL PREMIUM