

# CLIENT ORGANIZER



Gudorf Law Group, LLC  
board certified in estate planning

CLIENT NAME \_\_\_\_\_



THE  
FAMILY  
ESTATE & LEGACY  
PROGRAM®

## Information Sheet - PLEASE PRINT

DATE: \_\_\_\_\_ **Please email to [admin@GudorfLaw.com](mailto:admin@GudorfLaw.com) at least 3 days prior to your free initial consultation.**

Client #1 Legal Name: \_\_\_\_\_  
Full Legal Name (inc. Middle Name) Birth Date Age

Client #1 Signature: \_\_\_\_\_  
(The way you sign documents) Last 4 Digits of Social Security Number

Client #1 Occupation: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Client #2 Legal Name: \_\_\_\_\_  
Full Legal Name (inc. Middle Name) Birth Date Age

Client #2 Signature: \_\_\_\_\_  
(The way you sign documents) Last 4 Digits of Social Security Number

Client #2 Occupation: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

\_\_\_\_\_ Date of Marriage Number of Years

Home Address: \_\_\_\_\_

\_\_\_\_\_ Zip County

Client #1 Telephone: \_\_\_\_\_  
Home Work Cell

Client #2 Telephone: \_\_\_\_\_  
Home Work Cell

Client #1 Email: \_\_\_\_\_

Client #2 Email: \_\_\_\_\_

### Children

Full Name and Complete Address and Phone	Birth Date & Age	Marital Status	Number of Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are all the above listed persons U.S. Citizens (check one)?

☐ Yes☐ No

Do you have pets?

☐ Yes☐ No

Do you want to plan for your pets?

☐ Yes☐ No

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

Did you and your spouse sign a pre or post marriage contract?

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

Does any family member receive social security or other benefits?

Do you presently qualify for veteran disability exemption?

Do you presently have a Living Trust?

Have you ever filed a Federal Gift Tax Return?

**ASSETS - ESTIMATES ONLY**  
(Attach additional sheets if necessary.)

Real Property Address:	Joint	Client #1	Client #2
	\$	\$	\$
	\$	\$	\$
Automobiles Year and Make:			
	\$	\$	\$
	\$	\$	\$
Savings and Checking Accounts:			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Certificates of Deposit/Annuities:			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$



### ASSETS – ESTIMATES ONLY

	Joint	Client #1	Client #2	
<b>Mutual Funds/Money Market Accounts:</b>				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
<b>IRA/401(k)/403(b)/Profit Sharing:</b>				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
<b>Valuable Personal Property:</b>				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
<b>Insurance Company</b>	<b>Insured</b>	<b>Policy Owner</b>	<b>Beneficiary</b>	<b>Death Benefit</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## ASSETS – ESTIMATES ONLY

Stocks and/or Bonds:	Beneficiary	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

  

Other Assets:	Beneficiary	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are either you or your spouse anticipating any inheritance within the next 5 - 10 years?

If yes, please estimate the amount. \_\_\_\_\_

## INCOME

	Client #1	Client #2
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Other	\$ _____	\$ _____

## LIABILITIES

	Amount/Balance
Home Mortgage	\$ _____
Notes	\$ _____
Other Obligations	\$ _____

## KEY ADVISORS

	Name	Address	Phone/Fax numbers
CPA:	_____	_____	_____
Banker:	_____	_____	_____
Financial Advisor:	_____	_____	_____
Insurance Agent:	_____	_____	_____