

Date: _____

Please email to admin@GudorfLaw.com at least 3 days prior to your free initial consultation.

Information Sheet - PLEASE PRINT

Client #1 Legal Name:

Full Legal Name (inc. Middle Name) Birth Date Age

Client #1 Signature:

(The way you sign documents) 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) Social Security Number

Client #2 Occupation:

Driver's License #: _____

Date of Marriage Number of Years

Home Address:

Zip County

Telephone:

Client #1 Client #1
Client #2 Client #2
Home Work Cell

Email:

Client #1
Client #2

Children

Full Name And Complete Address And Phone

Birth Date & Age

Marital Status

No. of Children

Are all the above listed persons U.S. Citizens (circle 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

Real Property Address:	Joint	Client #1	Client #2
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Automobiles Year and Make:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Savings and Checking Accounts:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Certificates of Deposit/Annuities:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Mutual Funds/Money Market Accounts

ESTIMATES ONLY

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

IRA/401(k)/403(b)/Profit Sharing

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Valuable Personal Property:

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Insurance Company	Insured	Policy Owner	Beneficiary	Death Benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Joint

Value

Home Mortgage	_____	_____
Notes	_____	_____
Other Obligations	_____	_____

KEY ADVISORS

Name

Address

Phone/Fax Numbers

CPA:	_____	_____	_____
BANKER:	_____	_____	_____
FINANCIAL ADVISOR:	_____	_____	_____
INSURANCE AGENT:	_____	_____	_____