

MARRIED PRELIMINARY INFORMATION

Spouse #1 Full Name: _____ (Jr., Sr., III?)						
Name you prefer to be called:		Title:	Mr.	Mrs.	Ms.	Dr.
Date of Birth:			What type of ID will you provide?			

Spouse #2 Full Name: _____						
Name you prefer to be called:		Title:	Mr.	Mrs.	Ms.	Dr.
Date of Birth:			What type of ID will you provide?			

Home Address: _____			
City: _____		State: _____	Zip: _____
County of Residence: _____		Home Phone: _____	
Spouse #1's Cell Phone: _____		Spouse #2's Cell Phone: _____	
Best place to reach you: _____		Primary Email: _____	
How do you want to receive your drafts for review? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Will Pick Up		Secondary Email: _____	

Date Questionnaire Completed: _____	
How did you hear about us? <input type="checkbox"/> Internet: _____	
<input type="checkbox"/> Referred by: _____	
<input type="checkbox"/> Other _____	

What topics to you want to discuss at your appointment? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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Is this your first marriage? Spouse #1 Yes No

Spouse #2 Yes No

Indicate if the child is that of Spouse #1, Spouse #2 or "Both".

Living Children		Name Grandchildren
Name _____ Address _____ Phone _____	Date of Birth: _____ Gender: _____ Child of: _____	
Name _____ Address _____ Phone _____	Date of Birth: _____ Gender: _____ Child of: _____	
Name _____ Address _____ Phone _____	Date of Birth: _____ Gender: _____ Child of: _____	
Name _____ Address _____ Phone _____	Date of Birth: _____ Gender: _____ Child of: _____	
Name _____ Address _____ Phone _____	Date of Birth: _____ Gender: _____ Child of: _____	

Add pages for additional children if necessary.

Do any of your children have special needs? Describe: _____

Do you have any children who predeceased you? Their names? _____

Who do you want to name as the **Successor Trustees** of your trust? 1st: _____
 2nd: _____ 3rd: _____

Who do you want to name as the **Personal Representative(s)** of your estate?

	Spouse #1's P.R.		Spouse #2's P.R.	
	Name	Relation	Name	Relation
1 st				
2 nd				
3 rd				
4 th				

Who do you want to name as the **Guardian(s)** of your children (if you have children under age 18)?
 (Two persons may serve together as long as they are married.)

1 st Guardian(s)	Name(s): _____	Relation: _____
2 nd Guardian(s)	Name(s): _____	Relation: _____
3 rd Guardian(s)	Name(s): _____	Relation: _____

Who do you want to name as agent(s) on your **Durable Power of Attorney**? A durable power of attorney gives the person(s) named the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property. Indicate if any agents can act jointly.

	Spouse #1's Agents	Spouse #2's Agents
1 st	Name: _____ Relation: _____	Name: _____ Relation: _____
2 nd	Name: _____ Relation: _____	Name: _____ Relation: _____
3 rd	Name: _____ Relation: _____	Name: _____ Relation: _____
4 th	Name: _____ Relation: _____	Name: _____ Relation: _____

Who do you want to name as your **Health Care Surrogate(s)**? Indicate if any surrogates can act jointly.

Spouse #1's Surrogates

Spouse #2's Surrogates

1st

Name: _____
Phone: _____
Address: _____

Name: _____
Phone: _____
Address: _____

2nd

Name: _____
Phone: _____
Address: _____

Name: _____
Phone: _____
Address: _____

3rd

Name: _____
Phone: _____
Address: _____

Name: _____
Phone: _____
Address: _____

4th

Name: _____
Phone: _____
Address: _____

Name: _____
Phone: _____
Address: _____

Additional notes, questions or comments: _____

