MARRIED PRELIMINARY INFORMATION

Spouse #1 Full Name:							(Jr., Sr., II	I?)
Name you prefer to be called:			Т	Title:	Mr.	Mrs.	Ms.	Dr.
Date of Birth:			What type of I	D will yo	ou provide?			
Spouse #2 Full Name:								
Name you prefer to be called:			Т	Title:	Mr.	Mrs.	Ms.	Dr.
Date of Birth:			What type of I					
Home Address:								
City: Sta	ate:				Zip:			
County of Residence:]	Home Phone:					
Spouse #1's Cell Phone:			Spouse #2's Cell	Phone:				
Best place to reach you:		imary	Email:					
How do you want to receive your drafts for revie ☐ Email ☐ Mail ☐ Will Pick Up	ew?	econda	ıry Email:					
Date Form Completed:								
Notes:								

Is this your first marriage? Spouse #1 \square Yes \square No Spouse #2 \square Yes \square No Indicate if the child is that of Spouse #1, Spouse #2 or "Both".

Living Children		Name Grandchildren
ame	Date of Birth:	
		_
ddress	Gender:	_
none	Child of:	
	D. G. of Disk.	_
ame	Date of Birth:	
ddress	Gender:	_
	Child of:	
none		
	Date of Birth:	
ame		
ddress	Gender:	_
	Child of:	
none		
ame	Date of Birth:	
ddress		_
none	Child of:	
ame	Date of Birth:	
ddress		_
	Child of:	_
none		
		I
Add page	s for additional children if necessary.	
any of your children have special needs? Describe:		
you have any children who predeceased you? Their nan	nes?	

Describe how you want your estate to be distributed upon your death.
Do you have any specific bequests?
Who are the beneficiaries of the remainder of your estate?
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How old do you want your beneficiaries to be before they receive their share?
If a beneficiary does not survive you, do you want their share to go to the other named beneficiaries ("per capita") or do you want the deceased beneficiary's share to go to their own children ("per stirpes")?
Is there anyone you would like to specifically disinherit?

1	Who do yo	ou want to name as the Perso Spouse #1's P.R.	onal Representative(s) of your estate?	Spouse #2's P.R.	
1	Name	Spouse #1 51.K.	Relation	Name	5ροuse π2 51 .R.	Relation
i						
_						
V		ou want to name as the Guar persons may serve together a			dren under age 18)?	
	(= 5]	Name(s):				
1 st (Guardian(s)	5.5			Relation:	
nd (Guardian(s)	Name(s):			TOMOS M	
2 "(Juaiuiaii(8)				Relation:	
3 rd G	Guardian(s)	Name(s): Address:			Relation:	
p	ower to si	ant to name as agent(s) on y gn your name if you are not Indicate if any agents can ac Spouse #1's Agent	able to do so. For ins ct jointly.	f Attorney? A dura tance, it can be used	able power of attorney gives	rn, or to make gifts
e p	property.	gn your name if you are not Indicate if any agents can ad	able to do so. For inset jointly.	tance, it can be used Name:	able power of attorney gives to sign a deed or a tax return Spouse #2's Agents	rn, or to make gifts
e p	Name: _ Relation: _	gn your name if you are not Indicate if any agents can ad Spouse #1's Agent	able to do so. For inset jointly.	tance, it can be used Name:	able power of attorney gives to sign a deed or a tax return Spouse #2's Agents	rn, or to make gifts
e p	Name: _ Relation: _	gn your name if you are not Indicate if any agents can ad Spouse #1's Agent	able to do so. For inset jointly.	tance, it can be used Name:	able power of attorney gives to sign a deed or a tax return Spouse #2's Agents	rn, or to make gifts
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e pour	Name: _ Relation: _ Name: _ Relation: _ Name: _ Relation: _	gn your name if you are not Indicate if any agents can ad Spouse #1's Agent "and/or" or In Success "and/or" or In Success	sionsion	Name: Name: Relation: Name: Relation:	Spouse #2's Agents	s

	Spouse #1's Surrogates	Spouse #2's S	ırrogates
Name:		Name	
		Tunic.	
		1 Hone.	
		Address:	
	"and/or" or In Succession		
Phone:		Phone:	
Address:		Address:	
	"and/or" or In Succession		
Name:		Name:	
Phone:		Phone:	
Address:		Address:	
	"and/or" or In Succession		
Name:			
Phone:		Phone:	
Address:		Address:	
Address:			
Address:			
Address:			