

SHELBOURNE LAW FIRM
ESTATE PLANNING INFORMATION

PERSONAL INFORMATION

CLIENT:

First _____ Middle _____ Last _____

Name used to sign legal documents (please print) _____

Birth Date _____ Age _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

County of Residence _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-Mail Address _____

Employer _____ Position _____

Work Telephone (_____) _____

Marital Status: Married Single

Are you a U.S. Citizen? Yes No

SPOUSE

First _____ Middle _____ Last _____

Name used to sign legal documents (please print) _____

Birth Date _____ Age _____ Social Security Number _____

E-Mail Address _____

Work Phone (_____) _____ Cell Phone (_____) _____

Employer _____ Position _____

Are you a U.S. Citizen? Yes No

CHILDREN

Child No. 1 **Child of:** Husband & Wife Husband Wife
First _____ Middle _____ Last _____
Birth Date _____ Age _____ Gender Male Female
Address _____
City _____ State _____ Zip _____
E-Mail Address _____
Telephone _____

Marital Status:

Married Divorced Widowed Single

Spouse's Name:

First _____ Middle _____ Last _____
Birth Date _____ Age _____ Gender Male Female
E-Mail Address _____
Telephone _____

Child No. 2 **Child of:** Husband & Wife Husband Wife
First _____ Middle _____ Last _____
Birth Date _____ Age _____ Gender Male Female
Address _____
City _____ State _____ Zip _____
E-Mail Address _____
Telephone _____

Marital Status:

Married Divorced Widowed Single

Spouse's Name:

First _____ Middle _____ Last _____
Birth Date _____ Age _____ Gender Male Female
E-Mail Address _____
Telephone _____

Child No. 3 **Child of:** Husband & Wife Husband Wife
First _____ Middle _____ Last _____
Birth Date _____ Age _____ Gender Male Female
Address _____
City _____ State _____ Zip _____
E-Mail Address _____
Telephone _____

Marital Status:

Married Divorced Widowed Single

Spouse's Name:

First _____ Middle _____ Last _____
Birth Date _____ Age _____ Gender Male Female
E-Mail Address _____
Telephone _____

Child No. 4 **Child of:** Husband & Wife Husband Wife
First _____ Middle _____ Last _____
Birth Date _____ Age _____ Gender Male Female
Address _____
City _____ State _____ Zip _____
E-Mail Address _____
Telephone _____

Marital Status:

Married Divorced Widowed Single

Spouse's Name:

First _____ Middle _____ Last _____
Birth Date _____ Age _____ Gender Male Female
E-Mail Address _____
Telephone _____

Your Nominations for Estate Planning Documents

Agents - If you were incapacitated, who would you choose to handle your finances?

Client:

1st Choice _____

2nd Choice _____

3rd Choice _____

Spouse:

1st Choice _____

2nd Choice _____

3rd Choice _____

Health Care Agents - Who would you choose to make health care decisions on your behalf?
(Provide address and phone number)

Client:

1st Choice _____

2nd Choice _____

3rd Choice _____

Spouse:

1st Choice _____

2nd Choice _____

3rd Choice _____

Guardians for Minors - Who would care for your children if you and your spouse passed away?
(Provide address and phone number)

Client:

1st Choice _____

2nd Choice _____

Spouse:

1st Choice _____

2nd Choice _____

3rd Choice _____