

ACQUISITION OF PERSONAL DATA

Date:

Full Name:

SSN:

Customary signature on legal documents:

Any other names or forms of names used on legal documents

County of Residence:

Home Address:

Home Phone:

WorkAddress:

Work Phone:

Occupation:

Prefer to be called:

At Home At Office

Prefer correspondence sent:

To Home To Office

Place of Birth (City/State):

Date of Birth:

Married:

Yes No

Health status:

Insurable?

Yes No

If married, complete the following for spouse:

Full Name:

SSN:

Customary signature on legal documents:

Work Address:

Work Phone:

Occupation:

Place of Birth:

Date of Birth:

Health status:

Insurable?

Yes No

If presently married, indicate whether
premarital agreement Y N
postmarital agreement Y N

If presently not married, indicate whether:
never married previously married

If married previously, indicate whether:
prior marriage ended in divorce
prior marriage ended with death of spouse

If spouse was previously married, indicate whether spouse's prior marriage ended by:
death divorce

If there are children of the current marriage, complete the following for each child:

Full Name
Date of Birth
SSN:
Address, if not living at home:

Full Name
Date of Birth
SSN:
Address, if not living at home:

Full Name
Date of Birth
SSN:
Address, if not living at home:

Full Name
Date of Birth
SSN:
Address, if not living at home:

Are you, your spouse and children citizens of the U.S.A.? Yes No

If no, who is not?

Do you or your spouse have any children born prior to marriage or by a previous marriage?
Yes No

If Yes:
Child Name Parent

Have any of these children been adopted by the current spouse?
Yes No

If Yes:
Child Name Date Adopted

Does spouse or any child have any physical, mental, or emotional disability?
Yes No

If Yes, please describe:

During your marriage, have you and your spouse ever lived in:

| | |
|-----------|------------|
| Arizona | California |
| Idaho | Louisiana |
| Nevada | New Mexico |
| Texas | Washington |
| Wisconsin | |

PERSONAL REPRESENTATIVE

Name:

Address:

Phone:

PERSONAL REPRESENTATIVE

(ALTERNATE):

Name:

Address:

Phone:

GUARDIAN:

Name:

Address:

Phone:

GUARDIAN (ALTERNATE):

Name:

Address:

Phone:

TRUSTEE:

Name:

Address:

Phone:

TRUSTEE (ALTERNATE):

Name:

Address:

Phone:

TRUST DISTRIBUTION AGES:

18 – Amount:

21 – Amount:

25 – Amount:

30 – Amount:

35 – Amount:

Youngest Child is currently age:

REAL ESTATE OWNED:

Property 1:

Address:

Year Purchased:

Amount Paid:

Owned by:

JTWRS

Other Owners:

Property 4:

Address:

Year Purchased:

Amount Paid:

Owned by:

JTWRS

Other Owners:

Property 2:

Address:

Year Purchased:

Amount Paid:

Owned by:

JTWRS

Other Owners:

Property 5:

Address:

Year Purchased:

Amount Paid:

Owned by:

JTWRS

Other Owners:

Property 3:

Address:

Year Purchased:

Amount Paid:

Owned by:

JTWRS

Other Owners:

Property 6:

Address:

Year Purchased:

Amount Paid:

Owned by:

JTWRS

Other Owners:

SPECIFIC BEQUESTS:

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OTHER DOCUMENTS TO BE DRAFTED:

Durable Power of Attorney

Durable Healthcare Power of Attorney

“Living Will”

Disposition of Last Remains

OTHER INSTRUCTIONS/CONDITIONS: