

INFORMATION SHEET
 (Please Print/Only One Needed for Married Couple)

Your Full Legal Name: _____
 Full Legal Name (inc. Middle Name) Birth Date Age

Signature Name:* _____
 *(Printed, the way you sign legal documents) XXX-XX-_____
 Social Security Last 4 ONLY

Present or Former Occupation: _____

Marital Status: Single Married Divorced

If Married,
 Spouse's Full Legal Name: _____
 Full Legal Name (inc. Middle Name) Birth Date Age

Signature Name:* _____
 *(Printed, the way you sign legal documents) XXX-XX-_____
 Social Security Last 4 ONLY

Present or Former Occupation: _____

_____ Date of Marriage (if applicable) _____ Number of Years Married

Home Address: _____

_____ City, State & Zip Code _____ County

Telephone: _____
 Home Work

_____ Cell #1 _____ Name

_____ Cell #2 _____ Name

By providing your home and cell phone number you consent to receive calls and periodic text message communications from Rice & Rice Attorneys regarding appointment reminders, special offers, products and services, various Elder Law and Estate Planning topics and personal messages. You can unsubscribe at any time. Message and data rates may apply.

E-mail: _____

E-mail: _____

By sharing your email address, you are giving Rice & Rice Attorneys permission to include you on our valuable free newsletter and other digital mailings. We will not sell or share your email address.

List the Full Names(s) of all of your Children:

Children (Living and Deceased)	M/F	Occupation	Birth Date	Marital	Spouse's	No. of Children
				Status M/S/D	First Name	

I am a legal resident of the following state: IN MI IL (Circle One)

Are all of the above persons U.S. Citizens? If no, indicate who is not: _____

Do any of your children or grandchildren require special attention? Consider their educational, mental, or physical needs. _____

Did you and your spouse ever sign a prenuptial agreement? _____

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 exemptions? _____

Do you presently have a Living Trust? _____

Have you ever filed a Federal Gift Tax Return? _____

Military Service? Yes Branch#: _____ Years: _____ No

ASSETS

	Client	Spouse (if applicable)	Joint
Real Property Address:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Automobiles Year and Make:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Savings and Checking Accounts:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Certificates of Deposit:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Qualified Plans:
(IRA's; 401(k)'s; 403(b)'s; Roth's)**

Named Beneficiary

Value

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

Mutual Funds/Money Market Accounts:

Client

Spouse

Joint

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

Stocks and/or Bonds:

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

**Other Valuable Personal Property; such as Coins/
Guns/Tools/Collectables/Jewelry**

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

Insurance Company

Insured Life

Beneficiary

Death Benefit

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

Any Other Assets	Client/Spouse/Joint	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Are either you or your spouse anticipating any inheritance within the next 5-10 years?

If yes, please estimate the amount.

\$ _____

MEMBERSHIPS (FRATERNAL CLUBS, SERVICE, UNION, ECT.)

PLEASE INDICATE YOUR CHURCH OR RELIGIOUS AFFILIATION: _____

HOW ACTIVE ARE YOU IN THE PRACTICE OF YOUR FAITH?

Very Active

Somewhat Active

Not Active

Who would you want to handle your **MEDICAL** affairs if you become incapacitated?

1st Choice: _____ Alternate: _____

Who would you want to handle your **FINANCIAL** affairs if incapacitated, or when you die?

1st Choice: _____ Otherwise: _____

LIABILITIES

Creditor's Name

Amount

Home Mortgage _____ \$ _____

Credit Cards _____ \$ _____

Other Obligations _____ \$ _____

KEY ADVISORS

CPA: _____

BANKER: _____

FINANCIAL ADVISOR:
(If you do not have a
Financial Advisor, please
Indicate) _____

INSURANCE ADVISOR: _____

	YES	NO
1. DO YOU WANT TO MAKE CHARITABLE BEQUESTS?	<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU HAVE CHILDREN UNDER AGE 18?	<input type="checkbox"/>	<input type="checkbox"/>
3. DO YOU WANT TO LEAVE SPECIFIC OBJECTS OR HEIRLOOMS TO PARTICULAR LOVED ONES?	<input type="checkbox"/>	<input type="checkbox"/>
4. DO YOU OR FAMILY MEMBERS HAVE ANY DISABILITIES, CHRONIC ILLNESSES OR OTHER SPECIAL NEEDS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ARE YOU MARRIED BUT HAVE CHILDREN FROM A PREVIOUS RELATIONSHIP FOR WHOM YOU WISH TO PROVIDE?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE YOU IN A CONTENTIOUS RELATIONSHIP WITH CHILDREN OR OTHER FAMILY MEMBERS?	<input type="checkbox"/>	<input type="checkbox"/>
7. DO YOU WANT TO DISINHERIT ANYONE?	<input type="checkbox"/>	<input type="checkbox"/>
8. DO YOU HAVE PETS YOU WANT TO ENSURE ARE IN GOOD HANDS?	<input type="checkbox"/>	<input type="checkbox"/>
9. DO YOU FACE DECISIONS ABOUT HOW TO PASS ON A FAMILY BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>
10. ARE YOU, YOUR SPOUSE, CHILDREN OR PARENTS NON-US CITIZENS?	<input type="checkbox"/>	<input type="checkbox"/>
11. DO YOU OR OTHER FAMILY MEMBERS HAVE DEVOUT RELIGIOUS BELIEFS THAT MAY AFFECT ESTATE PLANNING?	<input type="checkbox"/>	<input type="checkbox"/>
12. DO YOU PLAN TO LEAVE DIFFERENT AMOUNTS TO EACH CHILD OR HEIR DEPENDING ON THEIR FAMILY OR ECONOMIC SITUATIONS?	<input type="checkbox"/>	<input type="checkbox"/>