OLPC No.:_____

A. Personal Information

	Client A	Client B
1. Full legal name:	_____	_____
2. Other name(s) used: (include maiden name)	_____ _____	_____ _____
3. Mailing Address:	_____ _____ _____	_____ _____ _____
4. Telephone:		
a. Cell:	(____) _____	(____) _____
b. Home:	(____) _____	(____) _____
c. Other	(____) _____	(____) _____
5. Citizenship:	_____	_____
6. Date of birth:	_____	_____
7. Birthplace:	_____	_____
8. Your residency and length of residency:	_____	_____
9. Marriage:		
a. Date:	_____	_____
b. Place:	_____	_____

B. Children, Grandchildren, and Dependents

Please list the names of each of your children. If child is adopted, or if the child was born to only one of you, please indicate that fact. Please feel free to use separate pages as necessary.

1. Living children:

	Child 1	**Child 2**
Name:	_____	_____
Date of birth:	_____	_____
Social Security No.:	_____	_____
Spouse's name:	_____	_____
Children:	☐ Yes ☐ No	☐ Yes ☐ No
Mailing address:	_____	_____
	_____	_____
	_____	_____
Phone number:	(____)_____	(____)_____
Cell:	(____)_____	(____)_____

	Child 3	**Child 4**
Name:	_____	_____
Date of birth:	_____	_____
Social Security No.:	_____	_____
Spouse's name:	_____	_____
Children	☐ Yes ☐ No	☐ Yes ☐ No
Mailing address:	_____	_____
	_____	_____
	_____	_____
Phone number:	(____)_____	(____)_____
Cell:	(____)_____	(____)_____

2. If you have any deceased children who have children of their own surviving, please list the deceased child's name and the names of that child's children either below or on a separate page:

_____
_____
_____

3. Please let us know if there are any other persons who are partially or wholly dependent upon you or that could possibly be so in the future:

Client A	**Client B**
_____	_____
_____	_____
_____	_____

4. Do any of your children or dependents have any physical or mental health problems which are severe enough that they are either receiving public assistance now or may need to do so in the future? ☐ Yes ☐ No

5. Do any of your children or dependents have any other types of issues that create some concern on your part about their ability to responsibly manage any inheritance you may leave for them? ☐ Yes ☐ No

C. Existing Estate Planning Documents

1. Have you previously executed any estate planning documents? Client A: ☐ Yes ☐ No
   Client B: ☐ Yes ☐ No

   - If yes, please bring a copy of each document.

2. Have you ever signed a pre- or post-nuptial agreement? Client A: ☐ Yes ☐ No
   Client B: ☐ Yes ☐ No

   - If yes, please bring a copy of each document.

3. Have you executed any other agreements which could affect or otherwise control the disposition of your property at death Client A: ☐ Yes ☑ No
   Client B: ☐ Yes ☑ No

   (i.e. a marital separation agreement or property settlement agreement, or a business agreement entered into with co-owners)?

   - If yes, please bring a copy of each document.

D. Prior Marriage(s)

If you have previously been married please bring a copy of all divorce decrees and related separation agreements and/or custody agreements to our initial meeting.

7. Child support or alimony:

	Client A	**Client B**
1. Former spouse(s):	_____	_____
2. Marriage date:	_____	_____
3. Termination by:	☐ Death ☐ Divorce ☐ Separation	☐ Death ☐ Divorce ☐ Separation
4. Termination date:	_____	_____
5. Children:	☐ Yes ☐ No	☐ Yes ☐ No
6. Children's name(s):	_____	_____
	_____	_____
	_____	_____

E. Personal Representatives

What is a personal representative?

A personal representative (sometimes called an "executor") is the person appointed in an individual's last will and testament who is responsible guiding the estate through the probate process. The personal representative ensures that the decedent's lawful debts are paid, including income and estate tax liabilities, and the remaining assets are distributed according to the decedent's estate planning documents or local law, if the decedent had no estate planning documents.

Client A's Personal Representatives

Initial Personal Representative Client B?
☐ Yes ☐ No

If not Client B:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

1st Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

2nd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

3rd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

Client B's Personal Representatives

Same as Client A? ☐ Yes ☐ No (if yes, skip)
Initial Personal Representative Client A?
☐ Yes ☐ No

If not Client A:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

1st Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

2nd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

3rd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

F. Guardians of Minor Children

What is a guardian?

A guardian is a person designated to care for your then-minor children should both of the child's parents die. One of the main purposes of appointing a guardian in your estate planning documents is to avoid the process (and the associated costs) of petitioning the court to designate a guardian. However, please note that the law in most, if not all, states provides that, if one parent is still living, the surviving parent will be the child's guardian regardless of any appointment made in a deceased parent's estate planning documents.

Guardians of Client A's Children

Initial Guardian Client B? ☐ Yes ☐ No

If not Client B:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

1st Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

2nd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

3rd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

Guardians of Client B's Children

Same as Client A? ☐ Yes ☐ No (if yes, skip)
Initial Guardian Client A? ☐ Yes ☐ No

If not Client A:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

1st Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

2nd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

3rd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

G. Durable Powers of Attorney

What is a Durable Power of Attorney?

A Durable Power of Attorney ("DPOA") grants an individual (referred to as the "agent") the authority to make legal and financial decisions on your behalf. The DPOA allows the agent to manage your affairs and gives the agent access to your financial accounts. Should you become incapable of managing your own affairs, the DPOA allows your agent to carry on your business and financial affairs.

DPOA for Client A

Initial DPOA Client B? ☐ Yes ☐ No

If not Client B:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

1st Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

2nd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

3rd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

DPOA for Client B

Same as Client A? ☐ Yes ☐ No (if yes, skip)
Initial DPOA Client A? ☐ Yes ☐ No

If not Client A:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

1st Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

2nd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

3rd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

H. Durable Powers of Attorney for Health Care

What is a Durable Power of Attorney for Health Care?

A Durable Power of Attorney for Health Care ("DPAHC") (sometimes referred to as an "Advance Medical Directive" or "AMD") grants an appointed agent the authority to make health care decisions on your behalf in should you become incapacitated. AMD's also provide you with the ability to make decisions regarding how your life should end in the event you have a terminal illness ("living will provisions") and to also provide guidance to your agent regarding specific health care decisions.

DPAHC for Client A

Initial DPAHC Client B? ☐ Yes ☐ No

If not Client B:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

1st Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

2nd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

3rd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

DPAHC for Client B

Same as Client A? ☐ Yes ☐ No (if yes, skip)
Initial DPAHC Client A? ☐ Yes ☐ No

If not Client A:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

1st Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

2nd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

3rd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

I. Trustees of Revocable Trusts

What is a trustee?

A trustee is responsible for administering the assets of your revocable trust in the event you become incapacitated or after your death. Typically, each client is appointed to be the initial trustee of that client's own revocable trust.

Trustees of Client A's Revocable Trust

First Successor Trustee Client B? ☐ Yes ☐ No

If not Client B:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

2nd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

3rd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

Trustees of Client B's Revocable Trust

Same as Client A? ☐ Yes ☐ No (if yes, skip)
First Successor Trustee Client A? ☐ Yes ☐ No

If not Client A:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

2nd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

3rd Successor:
Name: _____
Address: _____
_____
Relationship: _____
Phone Number: (____) ____-_____

J. Gifts and Inheritance

1. Have either of you or your family members received or expect to receive any gifts or inheritance?
   Client A: ☐ Yes ☐ No
   Client B: ☐ Yes ☐ No

2. Do either of you possess a power to direct the distribution of another person's property at your death (power of appointment)?
   Client A: ☐ Yes ☐ No
   Client B: ☐ Yes ☐ No

   - If yes, please bring a copy of these documents.

3. Have either of you ever made gifts worth more than $10,000-$17,000 or filed an IRS Form 709 (gift tax return)?
   Client A: ☐ Yes ☐ No
   Client B: ☐ Yes ☐ No

   - If yes, please bring a copy of the Form(s) 709.

K. Assets and Liabilities

1. ASSETS

Type of Asset	Value	Owner
Bank Accounts/Cash		
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
Investment Accounts		
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
Stocks and Bonds		
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
Retirement Accounts		
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

Type of Asset	**Value**	**Owner**
Real Estate (less mortgage)		
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
Business Interests		
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
Life Insurance		
_____	$_____	_____
_____	$_____	_____
Safe Deposit Box		
_____	$_____	_____
_____	$_____	_____
Tangible Personal Property		
☐ Furniture and Furnishings	$_____	_____
☐ Jewelry	$_____	_____
☐ Artwork	$_____	_____
☐ Vehicles	$_____	_____
☐ Other: _____	$_____	_____
☐ Other: _____	$_____	_____
Inheritance		
_____	$_____	_____
_____	$_____	_____

2. LIABILITIES

Type of Liability	Amount	Debtor
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____