



DAVID SCHNAID ACCOUNTANCY CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS

ESTATE PLANNING INFORMATION ORGANIZER
CLIENT FAMILY INFORMATION

A. HUSBAND

1. NAME: _____ SOC. SEC. NO. _____
2. OTHER OR FORMER NAMES: _____
3. HOME ADDRESS: _____

4. EMAIL ADDRESS: _____
HOME TELEPHONE: _____ HOME FAX: _____
MOBILE TELEPHONE: _____ CITIZENSHIP: _____
5. BIRTH DATE: _____ BIRTHPLACE: _____
6. OCCUPATION OR POSITION, SALARY, AND EMPLOYER'S NAME AND ADDRESS:

OFFICE TELEPHONE: _____ OFFICE FAX: _____
MOBILE TELEPHONE: _____
7. OFFICE EMAIL ADDRESS:

8. ARE YOU NOW MARRIED? _____ (IF YES, SEE PART B).
IF NO, ARE YOU PLANNING TO MARRY IN THE NEAR FUTURE? _____
9. DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____
10. OCCUPATION , ETC. AT DATE OF MARRIAGE
CLIENT: _____
SPOUSE: _____
11. APPROXIMATE NET WORTH AT MARRIAGE: _____

12. PARENTS, SIBLINGS, GRANDPARENTS (IF LIVING), OTHERS (IF RELEVANT)

NAME	RELATIONSHIP	CITY AND STATE	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. DATE OF PRESENT WILL: _____ RESIDENCE THEN: _____

14. HAVE YOU BEEN MARRIED BEFORE? _____

IF YES, GIVE FOR EACH PRIOR MARRIAGE PRIOR SPOUSE'S NAME: _____

15. HAVE YOU EVER HAD CHILDREN? _____ (IF YES, SEE PART C.)

B. WIFE

1. NAME: _____ SOC. SEC. NO. _____

2. OTHER OR FORMER NAMES: _____

3. BIRTH DATE: _____ BIRTHPLACE: _____

4. CITIZENSHIP: _____

5. OCCUPATION OR POSITION, SALARY, AND EMPLOYER'S NAME AND ADDRESS:

OFFICE TELEPHONE: _____ OFFICE FAX: _____

MOBILE TELEPHONE: _____

EMAIL ADDRESS: _____

6. HAVE YOU EVER HAD CHILDREN: _____ (IF YES, SEE PART C)

7. PARENTS, SIBLINGS, GRANDPARENTS (IF LIVING), OTHERS (IF RELEVANT)

NAME	RELATIONSHIP	CITY AND STATE	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. DATE OF PRESENT WILL: _____ RESIDENCE THEN: _____

9. HAVE YOU BEEN MARRIED BEFORE? _____

IF YES, GIVE FOR EACH PRIOR MARRIAGE PRIOR SPOUSE'S NAME: _____

10. HAVE YOU EVER HAD CHILDREN? _____ (IF YES, SEE PART C.)

11. SEND CORRESPONDENCE TO: _____

C. CHILDREN AND GRANDCHILDREN

1. CHILDREN OF PRESENT MARRIAGE (LIVING AND DECEASED)

NAME	ADDRESS	BIRTH DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CHILDREN (LIVING AND DECEASED) OF HUSBAND'S PRIOR MARRIAGE TO

NAME	ADDRESS	BIRTH DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. CHILDREN (LIVING AND DECEASED) OF WIFE'S PRIOR MARRIAGE TO

NAME	ADDRESS	BIRTH DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. CHILDREN'S SPOUSES

NAME OF CHILD	NAME OF SPOUSE
_____	_____
_____	_____
_____	_____
_____	_____

5. GRANDCHILDREN (LIVING AND DECEASED)

NAME	BIRTH DATE	PARENT'S NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. BANKING AFFILIATION

CLIENT: _____

SPOUSE: _____

E. PRINCIPAL INSURANCE AGENTS OR BROKERS

1. LIFE INSURANCE

CLIENT: _____

SPOUSE: _____

2. OTHER INSURANCE

CLIENT: _____

SPOUSE: _____

F. ACCOUNTANT

CLIENT: _____

SPOUSE: _____

G. INVESTMENT COUNSELOR, SECURITIES BROKER

CLIENT: _____

SPOUSE: _____

H. OTHER AGENTS, ADVISORS OR ATTORNEYS

CLIENT: _____

SPOUSE: _____

ELECTION OF ESTATE ADMINISTRATORS

		Husband	Wife
1. Proposed executor: (The Executor manages your probate estate - a short-term job.)	1st Choice		
	2nd Choice		
	3rd Choice		
2. Proposed trustee: (The Trustee manages property for as long as the trust lasts - a Trustee should be skilled in investing, record keeping and common sense or know how to employ people that have these qualities.)	1st Choice		
	2nd Choice		
	3rd Choice		
3. Proposed guardian (If you have minor children): (A guardian is responsible for the care and upbringing of your children.)	1st Choice		
	2nd Choice		
	3rd Choice		
4. Proposed attorney-in-fact for Durable Power of Attorney for Assets: (Probably the same persons as the Trustee.)	1st Choice		
	2nd Choice		
	3rd Choice		
5. Proposed attorney-in-fact for Durable Power of Attorney for Health Care: (This person makes health care decisions if you are unable to do so.)	1st Choice		
	2nd Choice		
	3rd Choice		

Please provide the address and telephone number of each person named above as an Executor, Trustee, Guardian and Attorney-in-Fact:

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____

Please provide the address and telephone number of each person named above as an Executor, Trustee, Guardian and Attorney-in-Fact:

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____