

LAW OFFICES OF CURTIS P. PATALANO
CLIENT INFORMATION
[Strictly Confidential]

Legal Name: _____

Other Names used: _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home) _____ (work) _____ (cell) _____

Date of Birth: _____ Social Security No.: _____

Business/Employer: _____

Marital Status: Never married Divorced Widowed Married

If married, name of Spouse: _____

US citizen? Yes No. If no, what nationality: _____

CHILDREN: None

AGE or DOB

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Number of grandchildren: _____ Range of Ages: _____

YES **NO**

• Any deceased children?

If yes, name: _____

If yes, survived by issue?

If yes, name(s): _____

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	<u>YES</u>	<u>NO</u>
• Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have any relatives (other than children) who depend on you for all or part of their support?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you wish to disinherit any of your children, grandchildren or any other close relative?	<input type="checkbox"/>	<input type="checkbox"/>
• If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you expect to inherit substantial assets (\$100,000 +)?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have an existing Will?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever executed a trust (either revocable or irrevocable)?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have an existing General Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you currently hold any assets in Joint Tenancy with another person?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you wish to make anatomical bequests (organ donor)?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you wish to have a "Living Will"?	<input type="checkbox"/>	<input type="checkbox"/>

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- The name of the person(s) that you want to be the decision maker concerning your estate upon your death:

- The name of the person(s) that you want to raise a child that is under 18 (if applicable):

- The name of the person(s) that you want to make any major medical decisions on your behalf:

- In general, state how you want your estate distributed among your beneficiaries?

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

BURIAL WISHES

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

ESTIMATED* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships,	\$ _____

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closely held corporation, etc.)

- **RETIREMENT PLANS:** \$ _____
(IRA, 401k, etc.**)
- **VEHICLES:** \$ _____
(autos, R.V., boat)
- **PERSONAL PROPERTY:** \$ _____
(jewelry, furniture, antiques)

- **TOTAL:** \$ _____

* Use best guess; this can be a "ballpark" estimate.

** Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately.

LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH</u> <u>VALUE</u>	<u>FACE</u> <u>VALUE</u>	<u>BENEFICIARY</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____