

DATE: \_\_\_\_\_

## PART I GENERAL INFORMATION FOR HUSBAND

Formal Name \_\_\_\_\_  
First Middle Last

Alias(s) \_\_\_\_\_

Preferred Name to be Called \_\_\_\_\_  
Place of Birth (State or Country, if not U.S.) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell No. \_\_\_\_\_

Preferred No. to Contact \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City, State, Zip  
County \_\_\_\_\_ Citizenship (Country) \_\_\_\_\_  
Current State of Domicile \_\_\_\_\_ How Long (Number of Years) \_\_\_\_\_

Billing Address \_\_\_\_\_

Seasonal Address from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Prior Residences (states) During Marriage \_\_\_\_\_  
\_\_\_\_\_

## GENERAL INFORMATION FOR WIFE

Formal Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Alias(s) \_\_\_\_\_

Preferred Name to be Called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (State or Country, if not U.S.) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell No. \_\_\_\_\_

Preferred No. to Contact \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_ Citizenship (Country) \_\_\_\_\_  
Current State of Domicile \_\_\_\_\_ How Long (Number of Years) \_\_\_\_\_

Billing Address \_\_\_\_\_

Seasonal Address from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Prior Residences (states) During Marriage \_\_\_\_\_  
\_\_\_\_\_

# CHILDREN

1.

2.

Name  
(First, M.I., Last)

\_\_\_\_\_

\_\_\_\_\_

Gender

\_\_\_\_\_ Male    \_\_\_\_\_ Female

\_\_\_\_\_ Male    \_\_\_\_\_ Female

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

Place of Birth

\_\_\_\_\_

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

\_\_\_\_\_

Home Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

\_\_\_\_\_

Occupation

\_\_\_\_\_

\_\_\_\_\_

Name of Spouse

\_\_\_\_\_

\_\_\_\_\_

Names and Ages of Children

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs of this Child

\_\_\_\_\_

\_\_\_\_\_

Note if Adopted, Divorced  
or Separated

\_\_\_\_\_

\_\_\_\_\_

**CHILDREN (continued)**

**3.**

**4.**

Name  
(First, M.I., Last)

---

---

Gender

\_\_\_\_\_ Male    \_\_\_\_\_ Female

\_\_\_\_\_ Male    \_\_\_\_\_ Female

Date of Birth

---

---

Place of Birth

---

---

Social Security Number

---

---

Home Address

---

---

---

---

Phone Number

---

---

Occupation

---

---

Name of Spouse

---

---

Names and Ages of Children

---

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Special Needs of this Child

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---

Note if Adopted, Divorced  
or Separated

---

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**CHILDREN (continued)**

5.

6.

Name  
(First, M.I., Last)

\_\_\_\_\_

\_\_\_\_\_

Gender

\_\_\_\_\_ Male    \_\_\_\_\_ Female

\_\_\_\_\_ Male    \_\_\_\_\_ Female

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

Place of Birth

\_\_\_\_\_

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

\_\_\_\_\_

Home Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

\_\_\_\_\_

Occupation

\_\_\_\_\_

\_\_\_\_\_

Name of Spouse

\_\_\_\_\_

\_\_\_\_\_

Names and Ages of Children

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs of this Child

\_\_\_\_\_

\_\_\_\_\_

Note if Adopted, Divorced  
or Separated

\_\_\_\_\_

\_\_\_\_\_

**CHILDREN (continued)**

7.

8.

Name  
(First, M.I., Last)

---

---

Gender

Male  Female

Male  Female

Date of Birth

---

---

Place of Birth

---

---

Social Security Number

---

---

Home Address

---

---

---

---

Phone Number

---

---

Occupation

---

---

Name of Spouse

---

---

Names and Ages of Children

---

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---

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---

---

Special Needs of this Child

---

---

Note if Adopted, Divorced  
or Separated

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## PARENTS

### HUSBAND

### WIFE

Name(s)	Mother _____	Mother _____
	Father _____	Father _____
Address(es)	_____	_____
	_____	_____
Phone Number(s)	_____	_____
Health (Excellent, Average, Poor)	M_____ F_____	M_____ F_____
Age (if Deceased, Please Indicate Date of Death)	M_____ F_____	M_____ F_____
Estimated Size of Estate	M_____ F_____	M_____ F_____

## BROTHERS AND SISTERS

### HUSBAND

### WIFE

1.

1.

Name (First, M.I., Last)	_____	_____
Gender	____ Male ____ Female	____ Male ____ Female
Age or Date of Death	_____	_____
Name of Spouse	_____	_____
Address	_____	_____
City, ST, Zip	_____	_____
Phone Number	_____	_____

**BROTHERS AND SISTERS (continued)**

**HUSBAND**

**WIFE**

**2.**

**2.**

Name (First, M.I., Last)

---

---

Gender

\_\_\_\_ Male    \_\_\_\_ Female

\_\_\_\_ Male    \_\_\_\_ Female

Age or Date of Death

---

---

Name of Spouse

---

---

Address

---

---

City, ST, Zip

---

---

Phone Number

---

---

**3.**

**3.**

Name (First, M.I., Last)

---

---

Gender

\_\_\_\_ Male    \_\_\_\_ Female

\_\_\_\_ Male    \_\_\_\_ Female

Age or Date of Death

---

---

Name of Spouse

---

---

Address

---

---

City, ST, Zip

---

---

Phone Number

---

---

**4.**

**4.**

Name (First, M.I., Last)

---

---

Gender

\_\_\_\_ Male    \_\_\_\_ Female

\_\_\_\_ Male    \_\_\_\_ Female

Age or Date of Death

---

---

Name of Spouse

---

---

Address

---

---

City, ST, Zip

---

---

Phone Number

---

---



**BROTHERS AND SISTERS (continued)**

**HUSBAND**

**WIFE**

**5.**

**5.**

Name (First, M.I., Last)

---

---

Gender

\_\_\_\_ Male    \_\_\_\_ Female

\_\_\_\_ Male    \_\_\_\_ Female

Age or Date of Death

---

---

Name of Spouse

---

---

Address

---

---

City, ST, Zip

---

---

Phone Number

---

---

**6.**

**6.**

Name (First, M.I., Last)

---

---

Gender

\_\_\_\_ Male    \_\_\_\_ Female

\_\_\_\_ Male    \_\_\_\_ Female

Age or Date of Death

---

---

Name of Spouse

---

---

Address

---

---

City, ST, Zip

---

---

Phone Number

---

---

**7.**

**7.**

Name (First, M.I., Last)

---

---

Gender

\_\_\_\_ Male    \_\_\_\_ Female

\_\_\_\_ Male    \_\_\_\_ Female

Age or Date of Death

---

---

Name of Spouse

---

---

Address

---

---

City, ST, Zip

---

---

Phone Number

---

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## HUSBAND

Are any persons other than minor children dependent on you? If so, describe relationship and degree of dependency.

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## WIFE

Are any persons other than minor children dependent on you? If so, describe relationship and degree of dependency.

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## FORMER SPOUSES (IF ANY)

### HUSBAND

1. Name of Former Spouse(s) \_\_\_\_\_
2. If the marriage(s) ended by divorce or dissolution, please provide the date(s) of divorce or dissolution.  
\_\_\_\_\_
3. If marriage(s) ended because of death, please provide the date(s) of death.  
\_\_\_\_\_

### WIFE

1. Name of Former Spouse(s) \_\_\_\_\_
2. If the marriage(s) ended by divorce or dissolution, please provide the date(s) of divorce or dissolution.  
\_\_\_\_\_
3. If marriage(s) ended because of death, please provide the date(s) of death.  
\_\_\_\_\_

## PART II GIFTS AND INHERITANCES

1. Describe the date and amount of any large gifts that have been made to you or your spouse (in excess of \$10,000).

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2. Describe any inheritance that you or your spouse has received from any person.

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3. Describe any gifts or inheritances that you or your spouse anticipates receiving from any person.

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4. Describe any large gifts that you or your spouse has made to any person in any one year (in excess of \$10,000).

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5. Describe any large gifts that you or your spouse expects to make to any person in any one year (in excess of \$15,000).

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## ESTIMATED ASSETS & LIABILITIES

### ASSETS

	Husband's Name (or Husband's Trust)	Wife's Name (or Wife's Trust)	Joint Names (or Joint Trust)
Residences:	\$ _____	\$ _____	\$ _____
Other Real Estate:			
Ohio	_____	_____	_____
Non-Ohio	_____	_____	_____
Cash & Equivalents:			
Checking Account(s)	_____	_____	_____
Savings Account(s)	_____	_____	_____
CDs & Money Market	_____	_____	_____
Marketable Securities:			
Stocks/Mutual Funds	_____	_____	_____
Taxable Bonds	_____	_____	_____
Tax-Exempt Bonds	_____	_____	_____
Life Insurance (Page 14):	_____	_____	_____
Business Interests (Page 16):	_____	_____	_____
Retirement Plans:			
Corporate Plans (401(k), 403(b), etc.)	_____	_____	_____
IRA's:	_____	_____	_____
Qualified Annuities (Page 15):	_____	_____	_____
Non-Qualified Annuities (Page 15):	_____	_____	_____
Personal Property:			
Collections of Value	_____	_____	_____
Other: (Describe)			
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL ASSETS:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**LIABILITIES**

**Husband's Name**

**Wife's Name**

**Joint Names**

Residences:

Primary Mortgage

\$ \_\_\_\_\_

Second Mortgage

\_\_\_\_\_

Other Real Estate Mortgages:

\_\_\_\_\_

Personal Loans:

\_\_\_\_\_

Income Taxes:

\_\_\_\_\_

Other Debts:

\_\_\_\_\_

**TOTAL LIABILITIES:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**NET WORTH:**

(Assets Minus Liabilities)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

## LIFE INSURANCE INFORMATION

1. \_\_\_\_\_ \$ \_\_\_\_\_ \$  
**Company**                      **Type**                      **Face Value**                      **Cash Value**

\_\_\_\_\_                      \_\_\_\_\_  
**Insured**                      **Owner**                      **Beneficiary**

2. \_\_\_\_\_ \$ \_\_\_\_\_ \$  
**Company**                      **Type**                      **Face Value**                      **Cash Value**

\_\_\_\_\_                      \_\_\_\_\_  
**Insured**                      **Owner**                      **Beneficiary**

3. \_\_\_\_\_ \$ \_\_\_\_\_ \$  
**Company**                      **Type**                      **Face Value**                      **Cash Value**

\_\_\_\_\_                      \_\_\_\_\_  
**Insured**                      **Owner**                      **Beneficiary**

4. \_\_\_\_\_ \$ \_\_\_\_\_ \$  
**Company**                      **Type**                      **Face Value**                      **Cash Value**

\_\_\_\_\_                      \_\_\_\_\_  
**Insured**                      **Owner**                      **Beneficiary**

5. \_\_\_\_\_ \$ \_\_\_\_\_ \$  
**Company**                      **Type**                      **Face Value**                      **Cash Value**

\_\_\_\_\_                      \_\_\_\_\_  
**Insured**                      **Owner**                      **Beneficiary**

Does Husband have long-term care insurance in place?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

Does Wife have long-term care insurance in place?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

Does Husband have long-term disability insurance in place?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

Does Wife have long-term disability insurance in place?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

# ANNUITIES

## QUALIFIED ANNUITIES

1.

Issuing Company	Contract No.	First Payment Date
Schedule of Payments and Amounts	Payee	Beneficiary (in case of Payee's Death)

2.

Issuing Company	Contract No.	First Payment Date
Schedule of Payments and Amounts	Payee	Beneficiary (in case of Payee's Death)

3.

Issuing Company	Contract No.	First Payment Date
Schedule of Payments and Amounts	Payee	Beneficiary (in case of Payee's Death)

## NON-QUALIFIED ANNUITIES

1.

Issuing Company	Contract No.	First Payment Date
Schedule of Payments and Amounts	Payee	Beneficiary (in case of Payee's Death)

2.

Issuing Company	Contract No.	First Payment Date
Schedule of Payments and Amounts	Payee	Beneficiary (in case of Payee's Death)

3.

Issuing Company	Contract No.	First Payment Date
Schedule of Payments and Amounts	Payee	Beneficiary (in case of Payee's Death)

## BUSINESS INTERESTS

Name of Business #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Kind of Entity:  
(Check One)

\_\_\_\_\_ Sole Proprietorship    \_\_\_\_\_ Partnership    \_\_\_\_\_ Limited Liability Company

\_\_\_\_\_ Corporation    \_\_\_\_\_ \*S Corporation

\_\_\_\_\_ Other (Explain): \_\_\_\_\_

\*It is important for us to know if your business is an S Corporation because only special types of trusts can be shareholders of S corporation stock.

Percentage of interest owned by husband: \_\_\_\_\_%    By wife: \_\_\_\_\_%

Children involved in business: \_\_\_\_\_

Percentage owned by child (each): \_\_\_\_\_

Tax basis or book value: \_\_\_\_\_

Your estimate of present value of entire business: \_\_\_\_\_



**BUSINESS INTERESTS (continued)**

Name of Business #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_

Kind of Entity:  
(Check One) \_\_\_\_\_ Sole Proprietorship    \_\_\_\_\_ Partnership    \_\_\_\_\_ Limited Liability Company  
\_\_\_\_\_ Corporation                      \_\_\_\_\_ \*S Corporation  
\_\_\_\_\_ Other (Explain): \_\_\_\_\_

\*It is important for us to know if your business is an S Corporation because only special types of trusts can be shareholders of S corporation stock.

Percentage of interest owned by husband: \_\_\_\_\_%                      By wife: \_\_\_\_\_%

Children involved in business: \_\_\_\_\_

Percentage owned by child (each): \_\_\_\_\_  
\_\_\_\_\_

Tax basis or book value: \_\_\_\_\_

Your estimate of present value of entire business: \_\_\_\_\_

## PART III DISPOSITIVE OBJECTIVES

1. Please list as completely as possible, any specific property you wish to give to a particular person at your death:

Item	Beneficiary
a.	_____
b.	_____
c.	_____
d.	_____

2. Are there any members of your family with special needs and/or problems?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are there any special charitable provisions you wish to make?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Whom do you wish to name as Guardian of your minor children?

**First Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Fourth Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

5. Whom do you wish to name to administer your Estate after your death (as Executor, Trustee, etc.)?

**Husband's First Choice**

**Wife's First Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Husband's Second Choice**

**Wife's Second Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Husband's Third Choice**

**Wife's Third Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Husband's Fourth Choice**

**Wife's Fourth Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

6. Whom do you wish to name to handle financial matters for you while you are living but need assistance?

**Husband's First Choice**

**Wife's First Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Husband's Second Choice**

**Wife's Second Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Husband's Third Choice**

**Wife's Third Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Husband's Fourth Choice**

**Wife's Fourth Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

7. Whom do you wish to name to make health care decisions for you when you cannot make them for yourself?

**Husband's First Choice**

**Wife's First Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Husband's Second Choice**

**Wife's Second Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Husband's Third Choice**

**Wife's Third Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Husband's Fourth Choice**

**Wife's Fourth Choice**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

# ADVISORS

Please list the names, addresses, and phone numbers of other persons who serve as advisors to either of you.

**Husband**

**Wife**

Other Lawyers

---

---

Law Firm

---

---

Address

---

---

---

---

Phone

---

---

Investment Advisor

---

---

Company

---

---

Address

---

---

---

---

Phone

---

---

Life Insurance Agent

---

---

Company

---

---

Address

---

---

---

---

Phone

---

---

Accountant

---

---

Company

---

---

Address

---

---

---

---

Phone

---

---

**Husband**

**Wife**

Real Estate Advisors

---

---

Company

---

---

Address

---

---

---

---

Phone

---

---

Physician

---

---

Address

---

---

---

---

Phone

---

---

Dentist

---

---

Address

---

---

---

---

Phone

---

---

Preferred Hospital

---

---

Minister, priest, rabbi, or  
other religious counselor

---

---

Address

---

---

---

---

Phone

---

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Please attach copies of the following documents, if applicable:

1. Current Wills, Codicils, Powers of Attorney for Health Care, Powers of Attorney for financial matters, or Living Wills.
2. Current Trust Agreements and Amendments (if applicable).
3. Any Powers of Attorney under which someone has granted you authority to act as his or her agent
4. Pre/Post Nuptial Agreements (to the extent they remain applicable).
5. Divorce Decrees, Settlement Agreements, or Custody Agreements (if obligation/terms remain outstanding).
6. Copies of any gift tax returns filed.
7. Buy/Sell Agreements, corporate regulations/bylaws, Operating Agreements, or Close Corporation Agreements.
8. Copies of deeds or recent property tax invoices to real estate.

Any additional comments, thoughts or questions?

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## CONSENT TO JOINT REPRESENTATION

**EACH OF YOU HAS THE RIGHT TO OBTAIN INDEPENDENT LEGAL COUNSEL TO REPRESENT YOUR INDIVIDUAL INTERESTS IN YOUR RESPECTIVE ESTATE PLANNING MATTERS.** When attorneys engage in a "joint representation" of a married couple, there is no confidentiality between the retained attorney and either spouse. This means that any conversation regarding your estate planning that either one of you has with me or any member of my law firm will not be deemed confidential with regard to the other spouse. As to all other persons, your conversations with me or any member of my law firm will remain confidential unless you authorize the release of such conversation. In the event that a dispute should arise between the two of you, one of the consequences of "joint representation" is that neither my law firm nor I will be able to represent either one of you in the resolution of that dispute unless you both agreed to some other result. At the time of the execution of this letter, I am aware of no actual dispute between the two of you which would make it impossible to "jointly represent" both of you in the estate planning process. Your signature on this questionnaire evidences the fact that you understand that you will be advised jointly and not individually regarding your estate planning.

We understand and anticipate that in making recommendations to us and drafting documents for us, you will be relying on the information in this Confidential Client Questionnaire. We have completed the Questionnaire ourselves or have provided the information for this purpose.

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_