



**Arlyn J. Bossenbrook**

*Attorney at Law*

Our goal is your peace of mind.

## **Estate Planning Client Information Worksheet**

We are dedicated to providing comprehensive, highly personalized estate planning counsel to individuals, couples, families, and businesses. Our goal is to assist you with an estate plan that achieves your objectives with regard to maintaining control, passing your estate to your loved ones in the manner you desire and minimizing estate and inheritance taxes, as well as other costs.

The purpose of this worksheet is to help you prepare for our upcoming estate planning conference and to provide us with the important personal and family information related to your estate. This information will enable us to properly advise you as to the estate tax and related issues that will affect your family.

Arlyn J. Bossenbrook  
Attorney at Law

# Personal Information

## CLIENT/HUSBAND

Full Legal Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Married Date \_\_\_\_\_

Divorced Date \_\_\_\_\_

Widowed Date \_\_\_\_\_

Single

U.S. Citizen

Have you served in the military?  Yes  No

If yes, list the branch and dates served \_\_\_\_\_

NOTES: \_\_\_\_\_

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# Personal Information

## WIFE

Full Legal Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Married Date \_\_\_\_\_

Divorced Date \_\_\_\_\_

Widowed Date \_\_\_\_\_

Single

U.S. Citizen

Have you served in the military?  Yes  No

If yes, list the branch and dates served \_\_\_\_\_

NOTES: \_\_\_\_\_

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# Children's Information

## CHILD #1

Full Legal Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Child of  Husband  Wife  Joint

Tax Dependent?  Yes  No

Special Needs?  Medical  Educational  Financial

Married Spouse's Name \_\_\_\_\_

Divorced  Widowed  Single

Grandchild's Name	Parent(s)	Age	Special Needs?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

NOTES: \_\_\_\_\_

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# Children's Information

## CHILD #2

Full Legal Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Child of  Husband  Wife  Joint

Tax Dependent?  Yes  No

Special Needs?  Medical  Educational  Financial

Married Spouse's Name \_\_\_\_\_

Divorced  Widowed  Single

Grandchild's Name	Parent(s)	Age	Special Needs?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

NOTES: \_\_\_\_\_

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# Children's Information

## CHILD #3

Full Legal Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Child of  Husband  Wife  Joint

Tax Dependent?  Yes  No

Special Needs?  Medical  Educational  Financial

Married Spouse's Name \_\_\_\_\_

Divorced  Widowed  Single

Grandchild's Name	Parent(s)	Age	Special Needs?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

NOTES: \_\_\_\_\_

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# Children's Information

## CHILD #4

Full Legal Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Child of  Husband  Wife  Joint

Tax Dependent?  Yes  No

Special Needs?  Medical  Educational  Financial

Married Spouse's Name \_\_\_\_\_

Divorced  Widowed  Single

Grandchild's Name	Parent(s)	Age	Special Needs?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

NOTES: \_\_\_\_\_

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# Professional Advisors

Name of tax preparer or Accountant \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Name of Financial Advisor \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Name of Life Insurance Agent \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_