

Michael Stratton, P.A.

Attorney at Law

Preliminary Client Information Estate Planning

Please fill in all appropriate sections. If you have any questions please call our office.

Last Name:

First Name:

Middle Name

Sr., Jr.

Name I prefer to be called

Mr., Mrs., Dr., Mr. & Mrs.

Are you known by any other names? (Maiden Name, Alias, Nickname, etc...)

Date of Birth

Social Security Number

Home Address (include: #, Street, City, State, Zip)

Home Phone

Cell Phone

County of Residence

Where should we send Mail? Home, Office

Where is the best place to reach you?

What is the best time to reach you?

Occupation

Employer

Work Address (include: #, Street, City, State, Zip)

Work Phone

Fax

Email Address

Are you a U.S. Citizen (Yes/No), If No what country(s) are you a citizen?

Post Office Box 196577 * Winter Springs * Florida * 32719
Telephone: (407) 678-4LAW (4529) * Facsimile: (877) 678-4529

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Spouse Information (If Applicable)

Last Name:

First Name:

Middle Name

Sr., Jr.

Name spouse prefers to be called

Mr., Mrs., Dr., Mr. & Mrs.

Is your spouse known by any other names? (Maiden Name, Alias, Nickname, etc...)

Date of Birth

Social Security Number

Home Address (include: #, Street, City, State, Zip)

Home Phone

Cell Phone

County of Residence

Occupation

Employer

Work Address (include: #, Street, City, State, Zip)

Work Phone

Fax

Email Address

Is your Spouse a U.S. Citizen (Yes/No), If No
what country(s) is he/she a citizen?

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	Age	# of Grandchildren by this child
Name: _____	_____	_____
Address: _____		

Phone: _____		

Name: _____	_____	_____
Address: _____		

Phone: _____		

Name: _____	_____	_____
Address: _____		

Phone: _____		

Name: _____	_____	_____
Address: _____		

Phone: _____		

Name: _____	_____	_____
Address: _____		

Phone: _____		

* Please use reverse side for more names, if necessary

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Who do you wish to serve as the Personal Representative(s) or Trustee(s) of your Estate?

Name/Address/Phone

1.

How is this person related to you?

Personal Representative, Trustee or Both

2.

How is this person related to you?

Personal Representative, Trustee or Both

3.

How is this person related to you?

Personal Representative, Trustee or Both

4.

How is this person related to you?

Personal Representative, Trustee or Both

* Please use reverse side for more names, if necessary

Who do you wish to serve as the Guardian(s) of your children? (if applicable)

(Note: Two persons can serve together as long as they are married.)

Name(s)/Address/Phone

1.

How is this person related to you?

2.

How is this person related to you?

3.

How is this person related to you?

4.

How is this person related to you?

* Please use reverse side for more names, if necessary

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Who do you wish to serve as Agent for your Power of Attorney?

Name(s)/Address/Phone

1.

How is this person related to you?

2.

How is this person related to you?

3.

How is this person related to you?

4.

How is this person related to you?

* Please use reverse side for more names, if necessary

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Who do you wish to serve as Agent for your Health Care Surrogate?

Name(s)/Address/Phone

1.

How is this person related to you?

2.

How is this person related to you?

3.

How is this person related to you?

4.

How is this person related to you?

* Please use reverse side for more names, if necessary

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Do you have any special instructions to place in your Living Will?

ASSET INFORMATION	VALUE	COMMENTS
Life Insurance	_____	_____
IRAs, 401(k)'s, Profit Sharing, etc.	_____	_____
Residence	_____	_____
Other Real Estate	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____
Cash, CD's Savings, Checking	_____	_____
Notes Where People Owe You Money	_____	_____
Business Interests	_____	_____
Cars, Jewelry, Furniture, etc.	_____	_____

TOTAL ESTATE =====