

# COHEN & OALICAN, LLP CLIENT INFORMATION FORM

Today's Date: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

\_\_\_\_\_

County of Residence: \_\_\_\_\_

U.S. Citizen: Yes\_\_\_ No\_\_\_ If no, citizen of \_\_\_\_\_

Employer: \_\_\_\_\_

Retirement Date: \_\_\_\_\_ Veteran: Yes\_\_\_ No\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Citizen: Yes\_\_\_ No\_\_\_ If no, citizen of \_\_\_\_\_

Employer: \_\_\_\_\_

Retirement Date: \_\_\_\_\_ Veteran: Yes\_\_\_ No\_\_\_

If spouse is deceased, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

## FAMILY

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Children:

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First Name	MI	Last Name	Age	Address (include street, town, state and zip code)	Telephone
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Spouse's Name	Names and Ages of Grandchildren				
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First Name	MI	Last Name	Age	Address (include street, town, state and zip code)	Telephone
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Spouse's Name	Names and Ages of Grandchildren				
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First Name	MI	Last Name	Age	Address (include street, town, state and zip code)	Telephone
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Spouse's Name	Names and Ages of Grandchildren				
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First Name	MI	Last Name	Age	Address (include street, town, state and zip code)	Telephone
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Spouse's Name	Names and Ages of Grandchildren				
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Have you or your spouse been married before? yes \_\_\_\_\_, no \_\_\_\_\_

If yes, do you or your spouse have any children from this previous marriage? yes \_\_\_\_\_, no \_\_\_\_\_

Do you or your spouse have children who have died leaving children? yes \_\_\_\_\_, no \_\_\_\_\_

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? yes \_\_\_\_\_, no \_\_\_\_\_

Do you and your spouse have a pre-nuptial or post-nuptial agreement? yes \_\_\_\_\_, no \_\_\_\_\_

**MEDICAL/DISABILITY**

Is anyone in your family disabled? yes \_\_\_\_\_, no \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is anyone at risk for becoming seriously ill or disabled because of a medical condition or family history? yes \_\_\_\_\_, no \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Doctor: \_\_\_\_\_ Spouse's Doctor: \_\_\_\_\_  
*Name Address Name Address*

Has anyone in your family recently entered a hospital or skilled nursing facility? yes \_\_\_\_\_, no \_\_\_\_\_

Name of facility \_\_\_\_\_ Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_ Diagnosis \_\_\_\_\_

**HEALTH INSURANCE**

Medicare \_\_\_\_\_  
Number Number

Insurance from Employer \_\_\_\_\_

Medicare Supplement \_\_\_\_\_

Long-Term Care Insurance \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL**

**Income Producing Assets:**

Bank accounts, Brokerage Accounts, Stocks, Corporate or U.S. Bonds, other

Description & Location of Property	Value	Account No.	In Whose Name?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL:			_____

Have you or your spouse made any transfers or gifts of \$10,000 or more during the past three years?  
yes \_\_\_\_\_, no \_\_\_\_\_

**Real Estate:**

Description of Property	Purchase Date	Purchase Price	Value	In Whose Name?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of the above properties not connected to a sewer line?  
yes \_\_\_\_\_, no \_\_\_\_\_

Do you or your spouse have an interest in any business?  
yes \_\_\_\_\_, no \_\_\_\_\_

**Monthly Income:**

	You	Your Spouse	Joint
Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension from _____	_____	_____	_____
IRAs, Annuities, etc. _____	_____	_____	_____
Rents _____	_____	_____	_____
Business Interest _____	_____	_____	_____
Other _____	_____	_____	_____
TOTALS:	_____	_____	_____

Which sources of income have a benefit for a surviving spouse?  
\_\_\_\_\_

**Life Insurance:**

Whose Life?	Company	Face Value	Cash Value	Policy No.	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**LEGAL**

	Date Made	Location of Original
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Living Trust	_____	_____

I am the legally appointed guardian of: \_\_\_\_\_

I am serving as a power of attorney for: \_\_\_\_\_

I am serving as executor or administrator of an estate: \_\_\_\_\_

I am involved in a lawsuit: \_\_\_\_\_

I have lived in a community property state (Arizona, Calif., Idaho, Louisiana, Nevada, New Mexico, Texas, Washington)  
\_\_\_\_\_

Other legal concerns: \_\_\_\_\_  
\_\_\_\_\_

**Please bring copies of the following documents with you to your meeting with the attorney:**

1. Will, Codicil, Trust Agreements
2. Real Estate Deeds, Appraisals
3. Admission Agreements to hospitals and health facilities
4. Divorce Decrees, Prenuptial Agreements, Adoption Papers
5. Guardianship documents
6. Living Will, Health Care Declaration or Power of Attorney, Durable Powers of Attorney
7. A list of full names, addresses, telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers, and advisors
8. Retirement plans, including any forms designating beneficiaries