



DOWLEY LAW P.C

**CLIENT INFORMATION**

This form is helpful as we assist you in meeting your objectives. Please fill out as much as possible using estimated figures where information is not easily attainable, and leaving items blanks for those questions which are inapplicable. If you are completing this on behalf of other(s), please put yourself as the primary contact and put their information under client(s). Please include full and current legal names along with any nicknames/preferred name/preferred pronouns. Please feel free to write in the margins or to add other information that you think might be helpful. Please Print clearly.

Client: \_\_\_\_\_  
Email: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_

Children\* (if any) and otherwise closest familial relatives:

\*\*\*\*\*If naming as heirs to the estate but NOT beneficiaries, please indicate

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Age/DOB: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Age/DOB: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Age/DOB: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Age/DOB: \_\_\_\_\_

\*Please write additional information on the back and please indicate if any children are from other relationships

If you have existing documents that we are reviewing, please provide copies of those documents. If we are creating a new plan or updating your plan, please indicate who would you like to appoint for the following.

Trustee(s):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Successor Trustee(s):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Health Care Proxy:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Power of Attorney/Personal Representative

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Beneficiaries :

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\*\*\*The following section is regarding the funding of the trust, what assets will be funding the trust?

Approximate Net Value of All Assets: \$ \_\_\_\_\_

Please provide rough figures and types of accounts:

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_
5. \_\_\_\_\_ \$ \_\_\_\_\_
6. \_\_\_\_\_ \$ \_\_\_\_\_

For real estate, please provide addresses, estimated value, and estimated outstanding mortgage:

1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Please provide value of life insurance for each client and indicate if it is term or whole life:

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_

Accountant

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Investment Manager

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you expect to inherit significant wealth?

Yes\_\_\_\_ No\_\_\_\_

Are you a US Citizen?

Yes\_\_\_\_ No\_\_\_\_

Do you own a business?

Yes\_\_\_\_ No\_\_\_\_

Is anyone named above disabled or requires special consideration?

Yes\_\_\_\_ No\_\_\_\_

If we are going to be discussing elder law or veteran's benefits, please indicate your gross and net income: \_\_\_\_\_, as well as your veteran's status: \_\_\_\_\_.

Please indicate anything else you would like to ensure we discuss during our meeting:

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