



The Christine Thea Rubinstein Law Firm

1-800-200-1LAW

Confidential Family *Life Plan Organizer*[®]

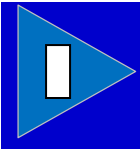
Personal, Financial & Business Information

Prepared for the _____ Family

Date Prepared: _____

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Don't Wait until it is too late to Plan Your Estate[®]



PERSONAL INFORMATION

(Please Print)



The Christine Thea Rubinstein Law Firm
1-800-200-1LAW

Client #1

Full Legal Name _____

What other names have you also been known as? _____

What name do you use to SIGN legal documents? _____

By what name would you like to be addressed by our staff? _____

E-Mail _____

County of Residence _____ Date of Birth _____ Soc. Sec. Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone (____) _____ Cell (____) _____ Fax (____) _____

Employer _____ Position _____ Business Telephone (____) _____

Business Address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

Client #2

Full Legal Name _____

What other names have you also been known as? _____

What name do you use to SIGN legal documents? _____

By what name would you like to be addressed by our staff? _____

E-Mail _____

County of Residence _____ Date of Birth _____ Soc. Sec. Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone (____) _____ Cell (____) _____ Fax (____) _____

Employer _____ Position _____ Business Telephone (____) _____

Business Address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

What do you do for fun? _____

Who referred you to us? _____

Initials

initials

CHILDREN'S INFORMATION

You **MUST** list **ALL** children - of either of you

(Please Print)



Child #1 Parent: Husband Wife Joint Special Needs: Medical Educational Financial

Full Legal Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____ email _____

Married Divorced Widowed Single Spouse Name _____

Children (name and age) _____

Child #2 Parent: Husband Wife Joint Special Needs: Medical Educational Financial

Full Legal Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____ email _____

Married Divorced Widowed Single Spouse Name _____

Children (name and age) _____

Child #2 Parent: Husband Wife Joint Special Needs: Medical Educational Financial

Full Legal Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____ email _____

Married Divorced Widowed Single Spouse Name _____

Children (name and age) _____

Child #4 Parent: Husband Wife Joint Special Needs: Medical Educational Financial

Full Legal Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____ email _____

Married Divorced Widowed Single Spouse Name _____

Children (name and age) _____

Do you have any frozen sperm or cryopreserved embryos? _____ YES _____ NO

For Married Couples: Have either of you been the step-parent of the other? _____ YES _____ NO

Do you have any Class 3 Firearms (Fully automatic weapons, silencers, etc) OR Hold a CHL? _____ YES _____ NO

Do you have an Umbrella Insurance Policy? _____ YES _____ NO

Do you have Long Term Care Insurance? _____ YES _____ NO

If Yes, Insurance Career: _____



OTHER DEPENDANTS

Friends or relatives who are dependents or *potential* dependents. (Use Full Legal Name)

Name _____

Relationship _____

Special Needs



GUARDIANS FOR MINOR CHILDREN

Please list the names of the people that you would want to care for your minor children if you cannot:

Name of Guardian(s) (Primary & Secondary)

Relationship

1. _____

2. _____



NAMES OF FINANCIAL ADVISORS

Name of CPA _____ Company _____

Phone # () _____ Address _____

Financial Advisor _____ Company _____

Phone # () _____ Address _____



OTHER INFORMATION

Please list the **Charities, Educational and Religious Organizations** you have supported financially or with your time in the past 2 years:

Please list the **professional associations and social clubs** to which you currently belong:

Have you or any of your family members ever been a **Plaintiff** in any lawsuit or legal complaint (other than a divorce)? **Yes** or **No**. If Yes, please specify. _____



BUSINESS INTERESTS

Business Name _____ Business Address _____

Partners _____ Partners _____ Partners _____ Partners _____

Ownership % _____ Ownership % _____ Ownership % _____ Ownership % _____

Business Assets: _____

Business Liabilities: _____

Business Value: _____

Do You Have a Buy Sell Agreement?

Yes No

Who gets Your Share of the Business _____

Initials

initials

The Christine Thea Rubinstein Law Firm

1-800-200-1LAW





IMPORTANT FAMILY QUESTIONS

CHRISTINE THEA RUBINSTEIN LAW FIRM 1-800-200-1529

Please Check “Yes” or “No” for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children or close relatives receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children or other close relatives have special education, medical, or physical needs?		
Are any of your children or close relatives institutionalized?		
Are you or your spouse receiving social security, disability, or other benefits, public or private?		
Do you provide primary or other major financial support to adult children or any other adult?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)		
Have you and your spouse ever signed a pre or post marriage contract? (Please furnish a copy)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed please furnish a copy)		
Have you or your spouse ever filed a Federal estate or State gift tax return? (Please furnish a copy)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish a copy)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies of these documents)		
Are you and your spouse United States citizens?		
Are either you or your spouse the beneficiary of any trust now?		





Estimate of Estate Values Today

<u>Assets</u>	<u>Dollar Amounts</u>		
	<u>Client #1</u>	<u>Client #2</u>	<u>Jointly Owned</u>
Real Estate – Residence	_____	_____	_____
Real Estate – Other	_____	_____	_____
Real Estate – Commercial	_____	_____	_____
Personal Effects (Jewelry, etc.)	_____	_____	_____
Business Assets	_____	_____	_____
Investment Account (Brokerage)	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Money Market/Checking/Savings	_____	_____	_____
CD's/Treasury	_____	_____	_____
Retirement Accounts (IRA, 401k)	_____	_____	_____
Annuities	_____	_____	_____
	Life Insurance – Company	_____	_____
			Life Insurance – Other
			Other Assets (Boat, cars, farm)
	TOTAL ASSETS	_____	_____
<u>Liabilities</u>			
Mortgage – Residence	_____	_____	_____
Loans – Other	_____	_____	_____
Credit Cards	_____	_____	_____
Other Liabilities	_____	_____	_____
	TOTAL LIABILITIES	_____	_____
<u>NET ESTATE</u>	_____	_____	_____

Affirmation: The undersigned hereby states and affirms that the information contained in this Family Confidential Estate Planning Questionnaire is an accurate and complete record of all assets, liabilities and account information, and that The Christine Thea Rubinstein Law Firm (the "Firm") will be relying on this information in its preparation and counseling regarding estate planning if the undersigned becomes a Client of the Firm. If the undersigned becomes a Client of the Firm, any information that would render this information inaccurate or incomplete will be provided to the Firm in writing within ten (10) days of the date the undersigned becomes aware of the inaccuracy or incompleteness of it.

Date: _____ Date: _____

Client 1

Client 2



