

MCLANE MIDDLETON

WWW.MCLANE.COM

Manchester
900 Elm Street
Manchester, NH 03105-0326
603.625.6464

Concord
11 South Main Street
Concord, NH 03301
603.226.0400

Portsmouth
100 Arboretum Drive
Newington, NH 03801
603.436.2818

Woburn
300 TradeCenter, Suite 7000
Woburn, MA 01801
781.904.2700

Boston
45 School Street, 6th Floor
Boston, MA 02108
617.523.7935

CONFIDENTIAL CLIENT DATA REQUEST

Please complete this form prior to the scheduled conference. We understand and appreciate that everyone's schedule is busy, so please do the best that you can when completing this information. **Please be assured that this information will be maintained in strict confidence in full compliance with our Privacy Policy.**

NOTE: As most clients come to us by referral, we like to acknowledge those sources. Please let us know who referred you to this firm.

Referred by:

DATE:

I. FAMILY AND OCCUPATIONAL DATA: Please complete the following family data as it may be applicable to you:

Client No. 1:	First Name	Middle Initial	Last Name		
Date of Birth:		S.S. #		Citizenship:	
Home Address:	Street				
	City, State Zip Code				
Mailing Address:	Street				
(if different)	City, State Zip Code				
Home Tel. #		Cell #			
E-Mail:		Fax #			
Name of Employer:					
Business Address:					
Occupation:		Work Tel. #			
While married, have you ever lived in a community property state (AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI)?					

McLane Middleton, Professional Association
Manchester, Concord, Portsmouth, NH | Woburn, Boston, MA

McLane.com

Client No. 2:	First Name	Middle Initial	Last Name		
Date of Birth:		S.S. #		Citizenship:	
Home Address:	Street				
	City, State Zip Code				
Mailing Address:	Street				
(if different)	City, State Zip Code				
Home Tel. #		Cell #			
E-Mail:				Fax #	
Name of Employer:					
Business Address:					
Occupation:		Work Tel. #			
While married, have you ever lived in a community property state (AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI)?					
<p><i>NOTE: If you are benefiting individuals <u>other</u> than children (i.e. grandchildren, nieces, nephews, etc.), edit this section as appropriate or add a separate sheet providing similar information for each beneficiary, including the beneficiary's relationship to you:</i></p>					
Children:	(Check here <input type="checkbox"/> if you have attached separate sheets if more space was needed)				
(1)	Legal Name:				
Date of Birth:		S.S. #		Citizenship:	(optional)
Status:	Married / Divorced / Single / Student			Occupation:	
Address:	Street				
	City, State Zip Code				
Home Tel.#		Cell #			
Their children and ages:				Age	
				Age	
Are there any special issues or problems relating to this child?				Y <input type="checkbox"/> /N <input type="checkbox"/>	
(1)	Legal Name:				
Date of Birth:		S.S. #		Citizenship:	(optional)
Status:	Married / Divorced / Single / Student			Occupation:	
Address:	Street				
	City, State Zip Code				

Home Tel.#		Cell #	
Their children and ages:		Age	
		Age	
Are there any special issues or problems relating to this child?		Y <input type="checkbox"/> / N <input type="checkbox"/>	
(2)	Legal Name:		
Date of Birth:		S.S. #	Citizenship: (optional)
Status:	Married / Divorced / Single / Student		Occupation:
Address:	Street		
	City, State Zip Code		
Home Tel.#		Cell #	
Their children and ages:		Age	
		Age	
Are there any special issues or problems relating to this child?		Y <input type="checkbox"/> / N <input type="checkbox"/>	
(3)	Legal Name:		
Date of Birth:		S.S. #	Citizenship: (optional)
Status:	Married / Divorced / Single / Student		Occupation:
Address:	Street		
	City, State Zip Code		
Home Tel.#		Cell #	
Their children and ages:		Age	
		Age	
Are there any special issues or problems relating to this child?		Y <input type="checkbox"/> / N <input type="checkbox"/>	
1.	Do you have any deceased children?		
2.	Did any deceased child leave children or grandchildren now living?		
3.	Are any of your children adopted?		
4.	Were you or your spouse married before?		Husband <input type="checkbox"/> Wife <input type="checkbox"/>
	If so, to whom and when?		
5.	Were any children born of these prior marriages/relationships?		

6.	How were these marriages terminated?	
	If by divorce, please attach a copy of your divorce decree or bring it with you to the initial conference.	
7.	Do you or your estate (or your spouse or his/her estate) have any outstanding obligations benefiting a former spouse or children?	
	If so, please provide details.	
8.	Have you and your spouse entered into a Prenuptial Agreement?	
	If so, please attach a copy or bring it with you to the initial conference.	
9.	Do you have any children by other persons?	
10.	Is anyone else dependent on you for support?	
11.	How would you describe your health? Are there any problems we should be aware of?	
	Client No. 1	
	Client No. 2	

II. FINANCIAL DATA:

1. ADVISORS (Optional)

Some of the people you will need to contact are listed below:			
Other Attorney (if any):		Financial/Insurance Advisor:	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Accountant:		Financial/Insurance Advisor:	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Primary Physician (Client 1):		Primary Physician (Client 2):	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	

2. INSURANCE COVERAGE

A. LIFE INSURANCE

<u>Insurance Carrier</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Policy #</u>	<u>Policy Location</u>

B. LONG-TERM CARE INSURANCE

<u>Insurance Carrier</u>	<u>Benefit Amount</u>	<u>Policy Located At:</u>
	\$	
	\$	

C. DISABILITY INSURANCE

<u>Insurance Carrier</u>	<u>Benefit Amount</u>	<u>Policy Located At:</u>
	\$	
	\$	

D. HEALTH INSURANCE (optional)

Insurance Carrier:		Insurance Carrier:	
Address:		Address:	
Phone:		Phone:	
Type:		Type:	
Insurance #:		Insurance #	

III. REAL ESTATE¹:

	<u>Address</u>	<u>County/State</u>	<u>Approx. Value</u>	<u>Mortgage Amount</u>
1.				
2.				

¹ Please provide us with copies of recent home owner's insurance bills and mortgage statement on each listed property. If available, please also bring your deeds to the conference. If not available, we can obtain your deeds from the registry.

IV. ASSET PROFILE:

Please attach a copy of your personal financial statement or complete the following ASSET PROFILE using approximate amounts, but valuing your assets at their fair market value.

<u>Item</u>	<u>Client No. 1</u>	<u>Client No. 2</u>	<u>Joint</u>	<u>Indebtedness</u>
Checking Accounts	\$	\$	\$	\$
Savings Accounts	\$	\$	\$	\$
Investment Accounts	\$	\$	\$	\$
Home Residence	\$	\$	\$	\$
2nd Home	\$	\$	\$	\$
Land Holdings	\$	\$	\$	\$
Personal Property	\$	\$	\$	\$
IRA/401(k)	\$	\$	\$	\$
Other Retirement	\$	\$	\$	\$
Business	\$	\$	\$	\$
Life Insurance	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$
Further Explanation:				
Current Income	<u>SALARY</u>	<u>INTEREST</u>	<u>DIVIDENDS</u>	<u>OTHER</u>
Client No. 1:	\$	\$	\$	\$
Client No. 2:	\$	\$	\$	\$

V. BUSINESS DATA:

1.	Do you operate a business or have an ownership interest in a business? If so, describe briefly.	
	Client No. 1	
	Client No. 2	
A.	Is this business a sub-chapter S corporation?	
B.	Is there any by-law or stock agreement governing or restricting in any way the sale or transfer of the shares in this business?	

VI. PRESENT ESTATE PLANNING POSITION:

1.	Do you presently have a will (or other estate planning documents)?
----	--

	Client No. 1		Client No. 2	
	Name/Address of attorney:			
	Please attach a copy or bring it with you to the initial conference.			
2.	Have you made taxable gifts and filed gift tax returns in past years?			
	Gift		Year	
	If possible, please provide a copy of your latest gift tax return, if any.			
3.	Have you created or do you presently benefit from any trusts?			
	Please attached a copy of the trust or bring it with you to the initial conference.			
4.	Do you expect to receive any substantial inheritances?			
	If so, please provide some detail (we will discuss this in more detail at our initial conference).			

VII. BURIAL INSTRUCTIONS:

Do you have specific burial instructions that you want to be carried out? Y <input type="checkbox"/> /N <input type="checkbox"/>	
If so, please describe:	

VIII. COMMENTS

--

IX. ISSUES TO CONSIDER PRIOR TO THE FIRST MEETING

During our meeting we will be discussing a number of issues relating to your estate plan. We will most certainly have a thorough and complete discussion, however, if you would like to prepare in advance for this meeting, we suggest that you consider the following issues:	
1.	Who is best suited to deal with your financial issues, if or when you are disabled?
	Primary:
	Contingent:
2.	Who is best suited to deal with your health care issues, if or when you are disabled?
	Primary:
	Contingent:
3.	Who or whom is best suited to serve as the guardian of your children?
	Primary:
	Contingent:

4.	Are there specific issues that you would like to address during our first meeting?

X. ADDITIONAL ITEMS TO BRING TO YOUR FIRST MEETING

At our first meeting, it may be helpful (but not absolutely necessary) to have available to us the following information:	
1.	Copies of deeds to any real estate that you hold.
2.	Recent mortgage statements/bills relating to real estate that you own.
3.	Copies of recent homeowner’s insurance statements/bills relating to real estate that you own.
4.	Copies of previous estate planning documents, if any.