

***Confidential***  
Personal Data

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

Date Completed: \_\_\_\_\_

**IMPORTANT:** Please complete these forms prior to your first appointment. They are available online as well. Just ask us to email you a copy.



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# Personal Data

## **Confidential**

**Client One:** Let's start by getting some general contact information about you. If you are married, the information about your spouse should be provided in the section marked Client Two. It does not matter which spouse completes this section.

Full Legal Name: \_\_\_\_\_

Preferred Name for Signature: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

Occupation: \_\_\_\_\_ Retired:   
*(If retired, indicate what you did before retirement)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Number of Children: \_\_\_\_\_ Last 4 Digits of SS#: \_\_\_\_\_

**Client Two:** Now, if you are married or completing this planning with another individual, tell us about that person.

Full Legal Name: \_\_\_\_\_

Preferred Name for Signature: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

Occupation: \_\_\_\_\_ Retired:

*(If retired, indicate what you did before retirement)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Number of Children: \_\_\_\_\_ Last 4 Digits of SS#: \_\_\_\_\_

### **Special Concerns**

Please tell us about any special concerns or specific reasons that you are deciding to do an estate plan at this time, such as new marriage, minor children, retirement or health issues:

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# Children or Beneficiaries

## Child One:

Full Legal Name: \_\_\_\_\_

Preferred Name for Documents: \_\_\_\_\_

Which Spouse is the Child the Biological Child of:  *Both*  *Wife*  *Husband*

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

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

How Many Children: \_\_\_\_\_ Step Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Needs of Concerns Regarding this Child: \_\_\_\_\_

## Child Two:

Full Legal Name: \_\_\_\_\_

Preferred Name for Documents: \_\_\_\_\_

Which Spouse is the Child the Biological Child of:  *Both*  *Wife*  *Husband*

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

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

How Many Children: \_\_\_\_\_ Step Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Needs of Concerns Regarding this Child: \_\_\_\_\_

**Child Three:**

Full Legal Name: \_\_\_\_\_

Preferred Name for Documents: \_\_\_\_\_

Which Spouse is the Child the Biological Child of:  *Both*  *Wife*  *Husband*

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

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

How Many Children: \_\_\_\_\_ Step Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Needs of Concerns Regarding this Child: \_\_\_\_\_

**Child Four:**

Full Legal Name: \_\_\_\_\_

Preferred Name for Documents: \_\_\_\_\_

Which Spouse is the Child the Biological Child of:  *Both*  *Wife*  *Husband*

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

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

How Many Children: \_\_\_\_\_ Step Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Needs of Concerns Regarding this Child: \_\_\_\_\_

**Child Five:**

Full Legal Name: \_\_\_\_\_

Preferred Name for Documents: \_\_\_\_\_

Which Spouse is the Child the Biological Child of:  Both  Wife  Husband

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

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

How Many Children: \_\_\_\_\_ Step Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Needs of Concerns Regarding this Child: \_\_\_\_\_

**Child Six:**

Full Legal Name: \_\_\_\_\_

Preferred Name for Documents: \_\_\_\_\_

Which Spouse is the Child the Biological Child of:  Both  Wife  Husband

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

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

How Many Children: \_\_\_\_\_ Step Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Needs of Concerns Regarding this Child: \_\_\_\_\_

**Note: If you have additional children or beneficiaries, just added extra pages, and answer the same questions for each.**

# Estate Planning Decisions

**Financial Agent:** This is who steps in upon the death or disability of you (and your spouse) and manages your financial affairs, and eventually distributes your estate. This is the most important selection you will make.

Choice 1: Name: \_\_\_\_\_

Choice 2: Name: \_\_\_\_\_

Choice 3: Name: \_\_\_\_\_

**Medical Agent:** This is who you would have make major medical decisions for you if you could not do so yourself. If you are married, then it is assumed that your respective spouse would be the first choice.

*Husband:*

*Wife:*

Choice 1: \_\_\_\_\_

Choice 2: \_\_\_\_\_

**Guardians for Minors:** This is who you would like to care for your minor children. The same person does not necessarily control money for the children. Only complete this section if you have, or will have in the future, minor children.

Choice 1: Name: \_\_\_\_\_

Choice 2: Name: \_\_\_\_\_

# Beneficiaries

Please describe how you would like your estate to be distributed after the death of both spouses:

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If you would like to make a specific gift to an organization (such as a church) or an individual, please list them here:


Do you wish to place any limitations on inheritance, such as an age requirement?

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Do you have any dependents who require special care?

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Are you disinheriting anyone? If so, describe:

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Do you have any assets that you wish to have limitations placed upon how it is inherited (such as a summer home)?

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Do you have any special instructions regarding nursing care, medical care, organ donation?

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Do you have any special instructions regarding memorial services?

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Do you have any questions you would like to write down here to discuss with Sean O'Bryan during your next appointment?

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