

CONFIDENTIAL
INFORMATION
WORKSHEET

for

ZAREMBA CENTER
FOR
ESTATE PLANNING & ELDER
LAW

Located at

Michael Commons
123 Bulifants Boulevard ♦ Williamsburg, Virginia ♦ 23188
Telephone (757) 259-0707 ♦ Facsimile (757) 259-2407 ♦ e-mail walt@zarembalaw.com

PLEASE PRINT

You: Full Legal Name: _____ Age: _____ DOB: _____
Signature Name: _____ S.S. No.: _____

Spouse: Full Legal Name: _____ Age: _____ DOB: _____
Signature Name: _____ S.S. No.: _____

Marital Status: Married Single Divorced Widowed

Date of Marriage: _____ First Marriage? _____

Occupation (or, if retired, former occupation) You: _____ Spouse: _____

Home Address: _____ Business Address: _____

Home Telephone Number: _____ Specify Any Significant Health Problems:

County of Residence: _____ You: _____

Are Above Persons U.S. Citizens? Yes No Spouse: _____

PERSONAL INFORMATION

Full Name of Children	Birthdate and Age	Marital Status M/S/D	Number of Children/Age
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Describe (high, medium or low) the financial maturity of each child:

Describe (high, medium or low) the emotional maturity of each child:

Do any of your children or grandchildren require special attention? (Consider, for example, their mental or physical needs.) _____

Did you and your spouse ever sign a pre or post marriage contract? _____

Are there any elder parents who are financially dependent upon you? _____

Do you presently have a Will or Living Trust? _____ Ever file a Federal Gift Tax Return? _____

Do you or your spouse anticipate an inheritance (Estimated Value) You _____ Spouse _____

LIST OF ASSETS

(FAIR MARKET VALUE AND OWNERSHIP)

Real Property (City and State)	Joint or Unmarried	Husband	Wife
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Automobiles (Type)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Savings and Checking Accounts (Institutions)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Mutual Funds/Money Accounts: (Institutions)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Stocks or Bonds: (Institutions)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Business Interest: (Type)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Life Insurance Death Benefits(Company)	Unmarried	Husband	Wife
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Pension/Profit Sharing (Company)			
_____	_____	_____	_____
_____	_____	_____	_____
Traditional IRA's (Institutions)			
_____	_____	_____	_____
_____	_____	_____	_____
Roth IRA's (Institutions)			
_____	_____	_____	_____
_____	_____	_____	_____
Valuable Personal Property (Specify)			
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS			
(Add Each Column)			

TOTAL COMBINED ASSETS
(Add All Columns)

LIST OF LIABLITIES

Home Mortgage/Institution Name	_____	_____	_____
Written Notes:	_____	_____	_____
Loans against Life Insurance	_____	_____	_____
Other Obligations:	_____	_____	_____

KEY ADVISORS

CPA: _____ Life/Health Agent: _____
Investment Advisor: _____ Personal Banker: _____