

# LAW OFFICES OF ROBERT L. FIRTH

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## CLIENT INFORMATION

Please PRINT All Information.

Date Prepared: \_\_\_\_\_

MY:

Name Used to Sign: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Occupation/Title: \_\_\_\_\_ U.S. Citizen?: Yes \_\_\_\_ No \_\_\_\_

SPOUSE:

Name Used to Sign: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Occupation/Title: \_\_\_\_\_ U.S. Citizen?: Yes \_\_\_\_ No \_\_\_\_

On what date were you married: \_\_\_\_\_

Do you or your spouse now have a:

Will     Trust     Health Care Power of Attorney     Community Property Agreement

**MY CHILDREN**

Birth Date:

Full Legal Name (Spell out Middle Names):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MY SPOUSE'S CHILDREN (if different from mine)**

Full Legal Name (Spell out Middle Names):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse have any deceased children with descendants?

NO \_\_\_\_\_ YES \_\_\_\_\_; NAME(S) \_\_\_\_\_

**QUESTIONS ABOUT YOUR CHILDREN** (Please check YES or NO)

- 1. Do you or your children receive SSI or other governmental support or benefits?  Yes  No
- 2. Do any of your children have special educational, medical or physical needs?  Yes  No
- 3. Do you have a child with learning disability?  Yes  No
- 4. Are any of your children institutionalized?  Yes  No
- 5. Do you have any adopted children?  Yes  No

**IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18,**

Who do you wish to be the guardian of the child(ren)?

Name in order of preference (only one person on each line)

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MY OTHER DEPENDENTS**

Friends and relatives who depend on me for all or part of their financial support:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**QUESTIONS ABOUT YOU AND YOUR FAMILY** (Please check YES or NO)

You should fully brief your attorney on the following matters:

1. Are you or your spouse receiving Social Security benefits?  Yes  No

2. In what state have you lived while married to your current spouse and during what periods of time did you reside?

State \_\_\_\_\_, Years: \_\_\_\_\_

State \_\_\_\_\_, Years: \_\_\_\_\_

3. Have you or your spouse ever filed federal gift tax returns?  Yes  No

4. Did you and your spouse ever sign a pre-or post marriage contract?  Yes  No

5. Have you been divorced?  Yes  No

6. Are you making payments pursuant to a divorce or property settlement agreement?  Yes  No

7. Have you ever been widowed?  Yes  No

8. Do you wish to disinherit any of your children, grandchildren, or other relatives?  Yes  No

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

9. Do you wish to be cremated?  Yes  No

10. Have you made funeral arrangements?  Yes  No

11. Do you wish to be an organ donor?  Yes  No

**MEDICAL INSTRUCTIONS:**

If you were in a coma, who would you want to make your medical decisions?

**FOR ME**

**FOR MY SPOUSE:**

Name (in order of preference)

Name (in order of preference)

1<sup>st</sup> \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

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

**FAIR MARKET VALUE TODAY**

<b><u>ASSETS</u></b>	<b><u>AMOUNTS</u></b>		
	<u>Mine</u>	<u>Joint</u>	<u>Spouse</u>
Real estate – home	\$ _____	\$ _____	\$ _____
Real estate – other than home	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Checking/Savings/Cash Accounts	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Stocks/Bond/Mutual Funds	\$ _____	\$ _____	\$ _____
Retirement Plans/IRAs/401(k)s	\$ _____	\$ _____	\$ _____
Limited Partnerships	\$ _____	\$ _____	\$ _____
Personal Property and Cars	\$ _____	\$ _____	\$ _____
Life Insurance Death Benefit Value (not cash value)	_____	_____	_____
Land Contracts/Leases/Notes	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>Total Assets</b>	\$ _____	\$ _____	\$ _____
<b><u>LIABILITIES</u></b>	<b><u>AMOUNTS</u></b>		
	<u>Mine</u>	<u>Joint</u>	<u>Spouse</u>
Real Estate Mortgages	\$ _____	\$ _____	\$ _____
Loans against Life Insurance	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
<b>Total Liabilities</b>	\$ _____	\$ _____	\$ _____
<b>NET VALUE OF ESTATES</b>	\$ _____	\$ _____	\$ _____