## MEFFORD, WEBER and BLYTHE

## A Professional Corporation

## **Attorneys at Law**

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## INFORMATION FOR FINANCIAL PLANNING

	Date:			
Full Legal Name:				
Residence Address:				
	Street		City	
County	State		Zip	
Telephone: (R)		(W)	·	
Birth Date:		SSN:		
Place of Birth:				
Legal Name of Spouse:				
Residence Address:				
Telephone: (R)		(VV)	(W) SSN:	
Birth Date:		SSN:		
Place of Birth:		<del></del>		
Marital Status: Single: Widowed		Married:	_ Divorced:	
Ante-Nuptial Agreement: Ye	es	Dated:		
	D			
Date of Marriage:		_ Spouse L	iving: Yes	Ν
Living Children:				
Name:		Da	Date of Birth:	
	ldress:Zip:		Zip:	
Name:		Da	Date of Birth:	
Address:			Zip:	
Name:			Date of Birth:	
Address:			Zip:	
Name:		Da	Date of Birth: Zip:	
Address:				
Name:		Da	Date of Birth:	
Address:			Zip:	
Name:		Da	te of Birth:	
Address:			7in·	

5.	Are there any deceased children who	Yes	No				
6.	Do you plan to disinherit anyone who	o might file suit against	the estate? Yes	No			
7.	Do you have a Will? If so, please attach a copy.	Yes	No				
8.	Executor:						
	Spouse first? Yes	No					
	Alternate Executor:						
	Name:						
	Address:						
9.	Guardian for Minor Children, if neither you nor your spouse is living:						
	Name:						
	Relationship:						
	Address:						
10.	Trustee:						
	Name:						
	Address:						
11.	Do you have any charitable institution	ns you want to favor?	Yes	No			
12.	Estimate of the total of my property in my own name \$						
	Estimate of the total of property in my spouse's name \$						
	Estimate of the total property held join	intly with others \$					
13.	How were you referred to us?						
Attor	ney's Comments:						