

**WARREN & MARTZIN, L.L.C.**  
**CONFIDENTIAL CLIENT INFORMATION**

**DATE:** \_\_\_\_\_

We do understand the confidential nature of the material requested in these forms.  
We appreciate your assistance in providing this information to help us better serve your Life and Estate Planning needs.

**PLEASE COMPLETE ALL FOUR PAGES.**

**PERSONAL INFORMATION**

**1. Your Name** (as it appears on legal documents):

(Dr./Mr./Mrs./Miss) \_\_\_\_\_

Nickname \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2. Spouse's Name** (as it appears on legal documents):

(Dr./Mr./Mrs./Miss) \_\_\_\_\_

Nickname \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3. Wedding Anniversary** Date and Year: \_\_\_\_\_

**4. Home Address:** \_\_\_\_\_

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

County: \_\_\_\_\_ Your **Home Phone:** \_\_\_\_\_

**5. Your Occupation** (If retired, former occupation): \_\_\_\_\_

Your Employer: \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**6. Spouse's Occupation** (If retired, former occupation): \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**7. Have you or your spouse ever been widowed?** Yes  No

**8. Have you or your spouse ever been divorced?** Yes  No

If yes, are you making payments pursuant to a divorce or property settlement agreement? (If yes, please furnish a copy). Yes  No

**9. Did you or your spouse sign a pre/post-marriage contract?** Yes  No

**10. Do you presently have a Will or Living Trust?** Yes  No

If yes, please indicate the year in which it was executed, and the attorney an firm drafting the documents:

**11. Have you ever filed a federal Gift Tax Return?** Yes  No

**12. Have you and your spouse ever lived in the following states:**  
AZ, CA, TX, ID, LA, NM, NY, WA, OR WI? Yes  No

**13. Who is your family physician?** \_\_\_\_\_

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

Phone: \_\_\_\_\_

**14. Your Hobbies:** \_\_\_\_\_

**15. Spouse's Hobbies:** \_\_\_\_\_

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**CHILDREN**

	Full Name of <b>CHILDREN</b> and Address (city & state)	Whose child?	Birthdate & Age	Marital Status & <b>Spouse's Name</b> (if applicable)	# of Children
1.	_____	Joint Husband Wife		Married/Single Divorced	
2.	_____	Joint Husband Wife		Married/Single Divorced	
3.	_____	Joint Husband Wife		Married/Single Divorced	
4.	_____	Joint Husband Wife		Married/Single Divorced	
5.	_____	Joint Husband Wife		Married/Single Divorced	
6.	_____	Joint Husband Wife		Married/Single Divorced	

1. Are any of the above persons **NOT** U.S. Citizens? Yes  No
2. Do any of your children or grandchildren require special attention, such as with mental, physical or educational needs? Yes  No
3. Are there any persons other than minor children who are dependent upon you? Yes  No
4. Does any family member receive Social Security or other benefits? Yes  No
5. If you have minor children, list in order of preference the persons you would desire to be their guardians:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSET INFORMATION**

**CASH**

ACCOUNT	OWNERSHIP			NOTES
	YOURS	SPOUSE'S	JOINT	
CHECKING	\$	\$	\$	
SAVINGS	\$	\$	\$	
CDs	\$	\$	\$	
MONEY MARKET ACC'TS	\$	\$	\$	

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**ASSET INFORMATION, CONTINUED**

**MUTUAL FUNDS**

ACCOUNT	OWNERSHIP			NOTES
	YOURS	SPOUSE'S	JOINT	
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	

**RETIREMENT PLANS**

PLAN	OWNERSHIP		INSTITUTION	NOTES
	YOURS	SPOUSE'S		
401K	\$	\$		
IRA	\$	\$		
	\$	\$		
	\$	\$		

**LIFE INSURANCE**

POLICY	CASH VALUE	DEATH BENEFIT	BENEFICIARY	INSURANCE CO.
YOUR POLICIES	\$	\$		
	\$	\$		
SPOUSE'S POLICIES	\$	\$		
	\$	\$		

**STOCKS/BONDS**

COMBINED TOTALS	OWNERSHIP			INSTITUTION	NOTES
	YOURS	SPOUSE'S	JOINT		
STOCKS AND BONDS	\$	\$	\$		
STOCKS AND BONDS	\$	\$	\$		
STOCKS AND BONDS	\$	\$	\$		

**REAL ESTATE**

REAL ESTATE	OWNERSHIP			NOTES
	YOURS	SPOUSE'S	JOINT	
1. PRIMARY RESIDENCE	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	

**OTHER ASSETS**

Collectibles, automobiles, RVs. Etc.	OWNERSHIP			NOTES
	YOURS	SPOUSE'S	JOINT	
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	

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**ASSET INFORMATION, CONTINUED**

**MISCELLANEOUS**

	OWNERSHIP			NOTES
	YOURS	SPOUSE'S	JOINT	
Anticipated inheritance, gift, lawsuit judgment	\$	\$	\$	
Money owed to you	\$	\$	\$	
	\$	\$	\$	

**LIABILITY INFORMATION**

LIABILITIES	YOURS	SPOUSE'S	JOINT	BALANCE	NOTES
1.	\$	\$	\$		
2.	\$	\$	\$		
3.	\$	\$	\$		
4.	\$	\$	\$		

**KEY ADVISORS**

**1. Accountant/Tax Advisor**

Advisor's Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Banker**

Banker's Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Financial Advisor**

Advisor's Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Insurance Agent**

Agent's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Types of **Policies** (check all that apply):

Whole Life     Term Life     Universal/Variable Life     Disability Income     Long-Term Care

Other (list): \_\_\_\_\_

If you have **Long-Term Care** (nursing home) insurance, please list the following:

Insurance Company Name: \_\_\_\_\_ Approximate date of purchase: \_\_\_\_\_

Coverage for:     Husband     Wife     Both