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ATTORNEY AT LAW

ESTATE CLIENT WORKSHEET

CLIENT DATA:

Full Name: _____ Spouse: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
E-mail address: _____
Date of Marriage: _____

FAMILY HISTORY:

Names of Parents: _____ Living: Yes No

Children:

1. Name: _____ Living: Yes No
DOB: _____ Marital Status: _____
2. Name: _____ Living: Yes No
DOB: _____ Marital Status: _____
3. Name: _____ Living: Yes No
DOB: _____ Marital Status: _____

Grandchildren:

1. Name: _____
DOB: _____ Marital Status: _____
2. Name: _____
DOB: _____ Marital Status: _____
3. Name: _____
DOB: _____ Marital Status: _____

If any of your children are deceased, do they have children? Please list them here:

1. Name: _____
DOB: _____ Marital Status: _____
2. Name: _____
DOB: _____ Marital Status: _____

ADDRESSES OF ALL PROPERTIES OWNED:

1. Property Address: _____
City: _____ State: _____ Zip: _____
Tax Map ID #: _____
Name(s) on Deed: _____
How do you hold title? (i.e. Tenants by the Entirety, Joint Tenants with Survivorship, Tenants in
Common, Life Estate): _____
Do you have any mortgages on the property? _____

2. Property Address: _____
City: _____ State: _____ Zip: _____

Tax Map ID #: _____

Name(s) on Deed: _____

How do you hold title? (i.e. Tenants by the Entirety, Joint Tenants with Survivorship, Tenants in Common, Life Estate): _____

Do you have any mortgages on the property? _____

INVENTORY AND ASSETS

1. Cash on Deposit:

Bank or S.L.	Account Number	S/J	Full	½
			\$	\$
			\$	\$
			\$	\$

2. Investments:

Shares	Description	Full	½
		\$	\$
		\$	\$
		\$	\$

3. Notes, Secured and Unsecured:

Debtor	S/J	Full	½
		\$	\$
		\$	\$
		\$	\$

4. Automobiles:

Year	Make	Model	Serial Number

5. Other Tangible Personal Property:

6. Life Insurance:

Company	Policy Number	Amount
		\$
		\$
		\$

*If you have any information that does not fit on these pages, please feel free to attach additional pages.