



Providing Peace of Mind by Solving Problems with Integrity & Compassion

Thank you for the trust you have placed in **JUPITER LAW CENTER** by contacting us to discuss/review your *Estate & Business Planning, Probate and/or Trust Administration* needs. Please complete the attached *Confidential Client Information Form* as accurately and thoroughly as possible. The information you provide will assist us in properly assessing your specific needs/wants so that we can have a productive first meeting. **We do not sell or disclose the information that you provide to us.**

Many people think they don't need, or can't afford an attorney to do *Estate & Business Planning* or don't believe that it would be necessary or beneficial for them. Many others think that their family will be exempt from the *Probate* process simply because they have already named specific beneficiaries in their *Will* or *Trust* or other financial accounts. At our first meeting, we will explain to you in simple and easy-to-understand language, *not Legalese*, why these beliefs often aren't accurate and how by retaining us you'll be better able to protect and transfer your "*nest egg*" to your loved ones or, if necessary, navigate the *Probate/Trust Administration* process.

What is unique about our firm is that clients usually expect their experience with a law firm to be stressful, antiseptic and unpleasant, but we often surprise them with the warmth and accessibility of our team and services - and even humor. At **JUPITER LAW CENTER**, we take great pride in building longstanding relationships with each of our clients. Ultimately, we hope to serve you and your family and become your lawyer for life.

Sincerely,

The Attorneys and Staff at
JUPITER LAW CENTER

*RiverPlace Professional Center
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(561) 744 - 4600
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CONFIDENTIAL CLIENT INFORMATION FORM (ESTATE PLANNING & PROBATE ESTATES)

DATE _____ WHO MAY WE THANK FOR REFERRING YOU? _____

FINANCIAL ADVISOR _____

CLIENT/PERSONAL REPRESENTATIVE'S INFORMATION

FULL LEGAL NAME _____ a/k/a _____
FIRST M.I. LAST

ADDRESS _____
STREET ADDRESS CITY STATE ZIP

COUNTY _____ EMAIL ADDRESS _____

TELEPHONE # Business () Home () Cell ()

AGE _____ DATE/PLACE OF BIRTH _____ SOCIAL SECURITY # _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____
STREET ADDRESS CITY STATE ZIP

Position/Title _____ How Long Employed _____

MARITAL STATUS [] Single [] Divorced [] Married [] Widowed [] Unmarried/Living Together

DO YOU HAVE A PRENUPTIAL/POSTNUPTIAL AGREEMENT WITH YOUR SPOUSE? [] Yes [] No

HAVE YOU EVER HAD A WILL OR TRUST? Will: [] Yes [] No Trust: [] Yes [] No

ARE YOU A U.S. CITIZEN? [] Yes [] No

ANY KNOWN PROBLEMS WITH MEMORY OR UNDERSTANDING? [] Yes [] No

[] SPOUSE [] SIGNIFICANT OTHER [] DECEDENT INFORMATION (CHECK APPLICABLE BOX)

FULL LEGAL NAME _____ a/k/a _____
FIRST M.I. LAST

TELEPHONE # Business () Cell () EMAIL _____

AGE _____ DATE/PLACE OF BIRTH _____ SOCIAL SECURITY # _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____
STREET ADDRESS CITY STATE ZIP

Position/Title _____ How Long Employed _____

MARITAL STATUS [] Single [] Divorced [] Married [] Widowed [] Unmarried/Living Together

DO YOU HAVE A PRENUPTIAL/POSTNUPTIAL AGREEMENT WITH YOUR SPOUSE? [] Yes [] No

HAVE YOU EVER HAD A WILL OR TRUST? Will: [] Yes [] No Trust: [] Yes [] No

ARE YOU A U.S. CITIZEN? [] Yes [] No

ANY KNOWN PROBLEMS WITH MEMORY OR UNDERSTANDING? [] Yes [] No

CHILDREN

FULL Legal Name & Address (if not living w/client) Marital Status (M)arried or (S)ingle Date of Birth (J) Joint, (H) Husband's or (W) Wife's

Blank lines for entering children information

DOES YOUR SPOUSE/CHILD(REN)/GRANDCHILD(REN) HAVE ANY "SPECIAL NEEDS" OR ARE ANY AT RISK FOR BECOMING SERIOUSLY ILL OR DISABLED? [] Yes [] No

If yes, please explain: _____

FINANCIAL INFORMATION

THE TOTAL ESTIMATED VALUE OF ALL ASSETS LISTED BELOW IS MORE LESS THAN \$12.92 MILLION:

\$ _____ VALUE OF PRIMARY RESIDENCE (Mortgage Balance = \$ _____) HOW TITLED? _____

ADDRESS: _____

\$ _____ VALUE OF PROPERTY #2 (Mortgage Balance = \$ _____) HOW TITLED? _____

ADDRESS: _____

\$ _____ VALUE OF PROPERTY #3 (Mortgage Balance = \$ _____) HOW TITLED? _____

ADDRESS: _____

\$ _____ VALUE OF PROPERTY #4 (Mortgage Balance = \$ _____) HOW TITLED? _____

ADDRESS: _____

\$ _____ VALUE OF VACANT LAND (Mortgage Balance = \$ _____) HOW TITLED? _____

ADDRESS: _____

\$ _____ VALUE/FULL NAME OF BUSINESS #1 _____

ADDRESS: _____

\$ _____ VALUE/FULL NAME OF

BUSINESS #2 _____ ADDRESS: _____

\$ _____ ANNUITIES _____

\$ _____ CERTIFICATE OF DEPOSIT(S) _____

\$ _____ MONEY MARKET(S) _____

\$ _____ CHECKING ACCOUNT(S) _____

\$ _____ SAVING ACCOUNT(S) _____

\$ _____ INDIVIDUAL RETIREMENT ACCOUNT(S) _____

\$ _____ 401k/403b _____

\$ _____ SECURITIES (STOCKS/BONDS) _____

\$ _____ PROMISSORY NOTE(S) (owed to you or payable by you): _____

\$ _____ LIFE INSURANCE: WHOLE TERM _____ (How long?) _____

\$ _____ AUTOMOBILE(S)/MOTORCYCLES/OTHER MOTORIZED VEHICLES (How many?) _____

\$ _____ BOAT(S) (How many?) _____

\$ _____ COLLECTIONS: _____

\$ _____ JEWELRY _____

\$ _____ OTHER - PLEASE DESCRIBE: _____

\$ _____ OTHER - PLEASE DESCRIBE: _____

If there is any other issue relevant to your assets or *Estate Planning* needs, or if you own or have an interest in any property, business or other asset not listed above, please detail same below or attach additional information.

Check here if you want to receive our quarterly e-Newsletter (Note: we do not sell or disclose our clients' information)

BENEFICIARY AND DESIGNEE INFORMATION

THE BELOW INFORMATION IS NOT BINDING, BUT WE HAVE FOUND THAT ASKING CLIENTS TO THINK IN ADVANCE OF THEIR FIRST APPOINTMENT ABOUT WHO TO NAME AS BENEFICIARIES AND OTHER IMPORTANT DESIGNEES ASSISTS CLIENTS WITH STARTING THE DECISION-MAKING PROCESS AND/OR RAISES CERTAIN QUESTIONS/ISSUES THAT SHOULD BE DISCUSSED WITH US AT THE INITIAL APPOINTMENT.

IF YOU RETAIN US, WE WILL SUBSEQUENTLY REQUEST CONTACT INFORMATION (PHYSICAL ADDRESS, TELEPHONE NUMBER(S) AND EMAIL ADDRESS) OF ALL OF YOUR BENEFICIARIES AND OTHER DESIGNEES, SO YOU MAY WANT TO GATHER AND PROVIDE THAT INFORMATION AT THIS TIME.

LIST THE NAMES (INCLUDING MIDDLE INITIALS) OF ALL DESIRED BENEFICIARIES (THE PEOPLE/ENTITIES TO WHOM /WHICH YOU WISH TO RECEIVE YOUR ASSETS UPON YOUR PASSING) AND THEIR RELATIONSHIP TO YOU (i.e., SPOUSE, DAUGHTER, BROTHER, FRIEND, ETC.), THE SPECIFIC PERCENTAGES YOU HAVE IN MIND, AND YOUR PREFERENCE FOR CONTINGENT BENEFICIARIES (i.e., IN THE EVENT THE PRINCIPAL BENEFICIARY PREDECEASES YOU). IF YOU ARE NOT SURE, OR WANT TO DISCUSS THESE ISSUES FIRST, LEAVE BLANK:

EXAMPLE OF HOW TO LIST BENEFICIARIES:

Primary: JOHN M. SMITH (Son) = 50%; Address = 123 Main Street, City, State Zip; (561) 123 - 4567; JMS@_____.com
Contingent: CLARA M. SMITH (granddaughter) & CHRISTOPHER K. SMITH (grandson) – 50/50

Primary: JANE Y. SMITH (Daughter) = 50%
Contingent: (only if different from JOHN) = ST. JUDE'S - 75% and FRED A. JONES (grandson) - 25%

Primary (H): _____
Contingent (H): _____

Primary (W): _____
Contingent (W): _____

LIST THE NAMES (INCLUDING MIDDLE INITIALS) OF YOUR DESIRED TRUSTEE OR PERSONAL REPRESENTATIVE (THE PERSON WHO WILL OVERSEE THE DISTRIBUTION OF YOUR ASSETS UPON YOUR PASSING) AND INCLUDE THEIR RELATIONSHIP TO YOU (i.e., SPOUSE, DAUGHTER, BROTHER, FRIEND, ETC.), AND YOUR PREFERENCE FOR THE SUCCESSOR (i.e., IF THE NAMED PRINCIPAL PREDECEASES YOU OR CANNOT/WILL NOT SERVE):

EXAMPLE OF HOW TO LIST PERSONAL REPRESENTATIVE(S) ("PR")/TRUSTEE(S):

Primary: MARY J. SMITH (Spouse)
Successor: DAVID K. SMITH (Brother)
Note: If PR's are the same, you only need to list them once.

Primary (H): _____
First Successor (H): _____
Second Successor (H): _____

Primary (W): _____
First Successor (W): _____
Second Successor (W): _____

LIST THE NAMES (INCLUDING MIDDLE INITIALS) OF YOUR DESIRED ATTORNEY-IN-FACT ("AIF") AND HEALTHCARE SURROGATE ("HCS") (THE PERSONS WHO WILL OVERSEE YOUR FINANCIAL AND MEDICAL DECISIONS IF YOU ARE INCAPACITATED) AND INCLUDE THEIR RELATIONSHIP TO YOU (i.e., SPOUSE, DAUGHTER, BROTHER, FRIEND, ETC.) AND YOUR PREFERENCE FOR THE SUCCESSOR(S) (i.e., IF THE PRINCIPAL PREDECEASES YOU OR CANNOT/WILL NOT SERVE) - NOTE THAT YOU CAN STATE "SAME AS ABOVE" IF THE BELOW DESIGNEES ARE THE SAME PEOPLE WHO YOU CHOSE TO SERVE AS PERSONAL REPRESENTATIVE/TRUSTEE:

AIF (H): _____
First Successor (H): _____
Second Successor (H): _____
HCS (H): _____
First Successor (H): _____
Second Successor (H): _____

AIF (W): _____
First Successor (W): _____
Second Successor (W): _____
HCS (W): _____
First Successor (W): _____
Second Successor (W): _____

Any other information you want us to know about prior to your appointment: _____