
Agnew Law Office, P.C.

An Estate Planning Law Firm

ESTATE PLANNING PERSONAL INFORMATION

CONFIDENTIAL
COVERED BY ATTORNEY-CLIENT PRIVILEGE

BACKGROUND INFORMATION:

	Husband	Wife
First Name	<hr/>	<hr/>
Middle Name	<hr/>	<hr/>
Last Name	<hr/>	<hr/>
Preferred Name	<hr/>	<hr/>
Birth Date	<hr/>	<hr/>
Soc. Sec. #	<hr/>	<hr/>

RESIDENCE:

Street	<hr/>	
City	State	<hr/>
Home Phone	Zip Code	<hr/>
Husband Cell	Husband Email	<hr/>
Wife Cell	Wife Email	<hr/>

CHILDREN (and Grandchildren):

CHILD #1

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Both
Grandchildren (If Applicable)	①		
	②		
	③		

CHILD #2

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Both
Grandchildren (If Applicable)	①		
	②		
	③		

CHILD #3

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Both
Grandchildren (If Applicable)	①		
	②		
	③		

CHILD #4

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
Grandchildren (If Applicable)	❶	_____	
	❷	_____	
	❸	_____	

CHILD #5

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
Grandchildren (If Applicable)	❶	_____	
	❷	_____	
	❸	_____	

CHILD #6

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
Grandchildren (If Applicable)	❶	_____	
	❷	_____	
	❸	_____	