



CLIENT ORGANIZER

CLIENT NAME _____

SPOUSE NAME _____

CHRISTINE C. WEINER
A PROFESSIONAL LAW CORPORATION

Tax & Asset Protection Attorney
Business Planning & Estate Planning

www.EstateTrustLawyer.com | www.CAAssetProtection.com

Using this organizer will assist us in designing an estate and wealth preservation plan that meets your goals. All information provided is strictly confidential. If possible, please return the completed workbook to our office prior to your appointment.

PERSONAL INFORMATION

Husband's Legal Name _____
(name most often used to title property and accounts)

Also Known As/Preferred Name _____
(other names used to title property and accounts or preferred name) DOB _____ SS# _____
US Citizen? Y N

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Bus/ Cell Phone _____ County of Residence _____

Employer/Retired _____ Position _____ Email _____

Business Address _____ City _____ State _____ Zip _____
 okay to communicate via email?

Married: Date of Marriage _____ Divorced Widowed Single

Wife's Legal Name _____
(name most often used to title property and accounts)

Also Known As/Preferred Name _____
(other names used to title property and accounts or preferred name) DOB _____ SS# _____
US Citizen? Y N

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Bus/ Cell Phone _____ County of Residence _____

Employer/Retired _____ Position _____ Email _____

Business Address _____ City _____ State _____ Zip _____
 okay to communicate via email?

CHILDREN - GRANDCHILDREN - OTHER BENEFICIARIES/FAMILY MEMBERS

Use Full Legal Name.

1. Name _____ Date of Birth _____ Parent/Relationship _____
Address _____
Occupation: _____
Spouse's Occupation: _____
Health or Other Concerns: _____
Phone: _____ (Home) _____ (Work) _____ (Cell)

2. Name _____ Date of Birth _____ Parent/Relationship _____
Address _____
Occupation: _____
Spouse's Occupation: _____
Health or Other Concerns: _____
Phone: _____ (Home) _____ (Work) _____ (Cell)

3. Name _____ Date of Birth _____ Parent/Relationship _____
 Address _____ Occupation: _____
 _____ Spouse's Occupation: _____
 Health or Other Concerns: _____
 Phone: _____ (Home) _____ (Work) _____ (Cell)

ADVISORS

Personal Attorney _____ Telephone _____
 Financial Advisor _____ Telephone _____
 CPA _____ Telephone _____
 Life Ins Advisor _____ Telephone _____

FINANCIAL & ASSET SUMMARY

Total the Net Equity of All Assets held by Husband and Wife. For Joint Property,
 please put 1/2 of the value in Husband's column and 1/2 of the value in Wife's column

Assets	Husband	Wife	Total Value
Real Property	_____	_____	_____
Furniture & Personalty	_____	_____	_____
Autos, Boats, RVs	_____	_____	_____
Cash, Savings, CDs	_____	_____	_____
Brokerage Accounts	_____	_____	_____
Retirement Accounts	_____	_____	_____
Insurance & Annuities	_____	_____	_____
Closely Held Businesses	_____	_____	_____
Money Owed to You	_____	_____	_____
Inheritance, Gifts, etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets	_____	_____	_____