DAVIS | AGNOR Attorneys at Law
RAPAPORT | SKALNY

CLIENT INTAKE SHEET FOR PREMARITAL AGREEMENTS

Client:

Last Name	First Name	MI
Date of Birth	Social Security Number	
Street Address		

City	County	State	Zip Code
Home Phone	Cell Phone	Business Phone	Email

Last Name of Child 1	First Name of Child 1	Age
Last Name of Child 2	First Name of Child 2	Age
Last Name of Child 3	First Name of Child 3	Age
Last Name of Child 4	First Name of Child 4	Age

Fiancé / Fiancée (F/F):

Last Name	First Name	MI
Date of Birth	Social Security Number	
Street Address		

City	County	State	Zip Code
Home Phone	Cell Phone	Business Phone	Email

Last Name of Child 1	First Name of Child 1	Age

Last Name of Child 2	First Name of Child 2	Age
Last Name of Child 3	First Name of Child 3	Age
Last Name of Child 4	First Name of Child 4	Age

Date of wedding: ___________________________ ☐ Civil ☐ Religious

Do either of you have Long Term Care Insurance?	Client	☐ Yes	☐ No
	F/F	☐ Yes	☐ No
Do either of you own Life Insurance?	Client	☐ Yes	☐ No
	F/F	☐ Yes	☐ No
Do either of you owe a debt to the other?	Client	☐ Yes	☐ No
	F/F	☐ Yes	☐ No
Do you own property jointly?		☐ Yes	☐ No

If yes, please describe: ____

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Who referred you to Davis, Agnor, Rapaport & Skalny, LLC?

☐ ____
Name of Person (e.g. friend, accountant, financial planner)

☐ Former Client ☐ DARS Website ☐ Newspaper Ad ☐ Internet

☐ Other (explain): ____

Please attach the following information:

List of Client's Assets, Debts, Sources and Amounts of Income

List of Fiancé / Fiancée's Assets, Debts, Sources and Amounts of Income

Assets and Liabilities- (Approximate)

Assets	Titled in the Name of Client	Titled in the Name of Fiancé / Fiancée
Cash (include bank accounts, money market accounts, CD's)		
Investments (include stocks, bonds, mutual funds, etc.)		
Real Property		
▪ Residence		
▪ Vacation		
▪ Investment		
Personal Property (furniture, jewelry collections, cars, etc.)		
Notes Receivable		
Retirement Accounts (IRAs, Roth, 401(k), etc.)		
Life Insurance (face value)		
Small Business (i.e., family)		
Other		
Total Assets		

Liabilities	**Titled in the Name of Client**	**Titled in the Name of Fiancé / Fiancée**
Notes Receivable		
Mortgages		
Credit Cards		
Bank Loans		
Other		
Total Liabilities		

Total Assets	
Total Liabilities	
Net Worth (Assets + Liabilities)	

Income	**Client**	**Fiancé / Fiancée**
Wages/Salary		
Social Security		
Retirement Plans		
Investments		
Total Income		

Addresses of All Real Property Owned

Street Address	City	State	Zip Code
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code

Life insurance policies

Note: The planning of your estate includes making sure your various beneficiary designations reflect your planning goals. We will discuss with you the best way to designate your beneficiaries so that these designations (i) make sense from an income and estate tax perspective, (ii) fit into your overall estate distribution plan, and (iii) properly designate any testamentary trusts you incorporate into your Wills or revocable trust agreements, if any.

1. Insurance Owner **Insured** **Amount**

Terms, Universal or Whole Life **Beneficiary** **Company**

2. Insurance Owner **Insured** **Amount**

Terms, Universal or Whole Life **Beneficiary** **Company**

3. Insurance Owner	Insured	Amount
Terms, Universal or Whole Life	**Beneficiary**	**Company**

4. Insurance Owner	Insured	Amount
Terms, Universal or Whole Life	**Beneficiary**	**Company**

IRA, 401K, OR OTHER PENSION/RETIREMENT ACCOUNTS

1. Type IRA, 401K, etc.	Primary Owner	Amount
Designated Beneficiary	**Contingent Beneficiary**	**Where Held**

2. Type IRA, 401K, etc.	Primary Owner	Amount
Designated Beneficiary	**Contingent Beneficiary**	**Where Held**

3. Type IRA, 401K, etc.	**Primary Owner**	**Amount**
______________________	______________________	______________________
Designated Beneficiary	**Contingent Beneficiary**	**Where Held**
______________________	______________________	______________________
______________________	______________________	______________________
4. Type IRA, 401K, etc.	**Primary Owner**	**Amount**
______________________	______________________	______________________
Designated Beneficiary	**Contingent Beneficiary**	**Where Held**
______________________	______________________	______________________
______________________	______________________	______________________