



**CLIENT INFORMATION**  
**[Strictly Confidential]**

Client # 1's Full Legal Name: \_\_\_\_\_

Other Names used by Client # 1: \_\_\_\_\_

Address: \_\_\_\_\_

County and Zip: \_\_\_\_\_

PLEASE PROVIDE COPY OF DEED TO YOUR RESIDENCE (OR ANY  
ADDITIONAL PIECES OF REAL PROPERTY) IF YOU ARE INTERESTED IN  
A TRUST

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business/Employment: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Client # 2's Full Legal Name: \_\_\_\_\_

Other Names used by Client # 2: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business/Employment: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Prior Marriages?

Client # 1:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

Client # 2:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

**FULL LEGAL NAME FOR**

**CHILDREN OF THIS MARRIAGE:**  None **AGE**

_____	_____
_____	_____
_____	_____
_____	_____

**FULL LEGAL NAME FOR**

**CHILDREN FROM PRIOR MARRIAGE or ADOPTION:** **CLIENT # 2** **CLIENT # 1** **AGE**

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage?  No  Yes

**YES** **NO**

• Any deceased children?

If yes, name: \_\_\_\_\_

If yes, are they survived by any children?

• Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?

• Other than your minor children, do you have any relatives who depend on you for all or part of their support?

• Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?

• Do you wish to disinherit any of your children,

grandchildren or any other close relative?

• Do either of you expect to inherit substantial assets (\$100,000 +)?

• Do you have an existing Estate Plan? If so, please provide a copy.

• Do you want any assets to pass to your children before the second spouse's death?

**YES**      **NO**

• If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue (children)?

• Do you want assets passing to your beneficiaries to be held in Trust until a specific age or ages?

• The name and address of the persons, other than the surviving spouse, that you want to be the decision maker concerning your estate upon your death:

1) \_\_\_\_\_

2) \_\_\_\_\_

• The name, phone number, and address of the persons that you want to permanently raise a child that is under 18, if both spouses die:

1) \_\_\_\_\_

2) \_\_\_\_\_

• The name, phone number, and address of the persons that you want to temporarily watch a child that is under 18, if both spouses are unavailable:

1) \_\_\_\_\_

2) \_\_\_\_\_

• The name, phone number, and address of the persons, other than the surviving spouse, that you want to make any major medical decisions on your behalf:

1) \_\_\_\_\_

2) \_\_\_\_\_

- In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

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- State any specific concerns—not already mentioned—that you have regarding the distribution of your estate:

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## Personal Information

### Full names of parents (if living):

*Name*

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*Whose parent*

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### Full names of brothers and sisters:

*Name*

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*Whose sibling*

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## Personal Advisors

### Life Insurance Agent

Name: \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Accountant/CPA

Name: \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Financial Advisor

Name: \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# BURIAL WISHES

**CLIENT # 1:**

At my death, I wish to be:             cremated             buried.

If cremation or buried, I would like my ashes disposed or remains interred as follows:

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I have already made arrangements at:

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**CLIENT # 2:**

At my death, I wish to be:             cremated             buried.

If cremation or buried, I would like my ashes disposed or remains interred as follows:

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I have already made arrangements at:

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## ESTIMATED VALUE OF ESTATE\*

<b><u>TYPE OF ASSET:</u></b>	<b><u>CLIENT # 1'S SEP. PROP.</u></b>	<b><u>CLIENT # 2'S SEP. PROP.</u></b>	<b><u>COMMUNITY PROPERTY</u></b>
• <b>REAL ESTATE:</b> (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• <b>SECURITIES:</b> (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• <b>CASH TYPE ASSETS:</b> (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• <b>BUSINESS INTERESTS:</b> (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• <b>RETIREMENT PLANS:</b> (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• <b>VEHICLES:</b> (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• <b>PERSONAL PROPERTY:</b> (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
• <b>INSURANCE:</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____

\* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

If you are interested in a Trust and want to leave your IRA to Trust, please provide your account number and the financial institution your IRA is held by (ie Fidelity, Scottrade, Edward Jones, etc).

Account Number(s): \_\_\_\_\_

Financial Institution(s): \_\_\_\_\_

Jeppesen Law, PLLC  
P.O. Box 1284  
Meridian, Idaho 83680  
TELEPHONE: (208) 477-1785  
E-Mail: *Justin@Jeppesenlaw.com*

**WAIVER OF POTENTIAL CONFLICT OF INTEREST**

You have asked me to assist you both in planning your estate and in preparing the necessary estate planning documents. Although it is customary for a married couple to employ the same attorney to assist them in such matters, the Rules of Professional Conduct of the State Bar of Idaho require me to inform you in writing of the following potential conflicts of interest:

1. A married couple may have conflicting interests concerning their property. If, as you request, I act as the attorney for both of you for your estate planning, I must try to balance all factors and cannot, therefore, act as an advocate for either of you. This balancing could end up favoring one of you to the detriment of the other.
2. To complete your estate planning, I must necessarily obtain confidential information from each of you. However, as between the two of you, I cannot keep that information confidential since I am representing both of you. Of course, anything either of you discuss with me is privileged from disclosure to third parties.
3. I may make recommendations which could affect each of your interest in your assets both during your lifetimes, after the first death and after the death of the survivor. These determinations could potentially affect income, property division and support provisions in the event of divorce.

Based on the foregoing, you must decide whether or not you want me to represent both of you in your estate planning. You are each, of course, welcome to have your own counsel for any part or all of the matters in which I would be acting; in addition, either of you may, at any time, forbid me from being involved in any way on behalf of the other. If you wish me to proceed, please execute the acknowledgement below.

Sincerely,

**Justin Jeppesen**, Attorney

We have each read the foregoing and understand that there could be serious potential conflicts of interest between ourselves in the estate planning matters about which we are consulting you. If, and to the extent that either of us wish to have separate counsel or desire you to not be involved at all, that party shall notify you. We each hereby consent to having you represent both of us in our Estate Planning. We each understand that, while you are representing both of us on the same matter, there is no confidential communications as between the two of us and you.

\_\_\_\_\_  
**Client # 1's Signature**  
**Client # 1's Name:** \_\_\_\_\_

\_\_\_\_\_  
**Client # 2's Signature**  
**Client # 2's Name:** \_\_\_\_\_