

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

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

Other Names Used: \_\_\_\_\_

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

County & ZIP Code: \_\_\_\_\_

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

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

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

Other Names Used: \_\_\_\_\_

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

County & ZIP Code: \_\_\_\_\_

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

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:**

Names	Birthdates	Ages

**FULL LEGAL NAME FOR CHILDREN FROM PRIOR MARRIAGE OR ADOPTION: (double click boxes to check)**

Names	Client 1 / Client 2	Birthdates	Ages
	<input type="checkbox"/> <input type="checkbox"/>		
	<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**

**GRAND CHILDREN:**

Names	Birthdates	Ages

For the questions below, please click (your computer may want you to double-click) the appropriate boxes to check them.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| • Any deceased children?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____   |                          |                          |
| • If yes, survived by issue?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____   |                          |                          |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?                | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other than your minor children, if any, do you have any relatives who depend on you for all, or part, of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have specific problems with spouses, drugs, alcohol or handling money?           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Not including your spouse, do you currently hold any assets in Joint Tenancy with another person?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in a Trust until a specific age or ages?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want any assets to pass to your children before the second spouse's death?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a beneficiary dies prior to you, do you want that deceased beneficiary's share to go to his or her children?         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Estate Plan? If so, please provide a copy.  | <input type="checkbox"/> | <input type="checkbox"/> |

- Your spouse is the presumed first option, then please provide the name and address of (at least) two persons that you want to be in charge of your estate when you die:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- 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. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- 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. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- Your spouse is the presumed first option, then please provide the name, address, and phone number of (at least) two persons that you want to be in charge of any major medical decisions for you, if you cannot communicate those decisions yourself:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



**Personal Information**

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

*Name*

*Whose parent*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Full names of brothers and sisters:**

*Name*

*Whose sibling*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Advisors**

**Financial Advisor**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Accountant/CPA**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Life Insurance Agent**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## ESTIMATED VALUE OF ESTATE

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

\*\*\* Really, I’m concerned with the type of assets you have, so please provide a ball park estimate of the total value.

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**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: \_\_\_\_\_