



ROSENBAUER LAW OFFICE

ESTATE PLANNING • TRUST ADMINISTRATION • PROBATE

Nick Rosenbauer, Attorney at Law

CONFIDENTIAL CLIENT INFORMATION FORM

Client #1's Legal Name: _____

Date of Birth: _____

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

Business/Employment: _____

Client #2's Legal Name: _____

Date of Birth: _____

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

Business/Employment: _____

Address: _____

City, State, Zip Code: _____

Telephone: (Home) _____

(Client 1 Cell) _____ (Client 2 Cell) _____

Email: (Client 1) _____ (Client 2) _____

Prior Marriages?

Client 1: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce

Client 2: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce

JOINT CHILDREN:

None

DOB

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SEPARATE CHILDREN:

Client 1

Client 2

DOB

_____	<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"/>	_____

YES

NO

- Any deceased children?

If yes, name(s): _____

If yes, survived by descendants?

- Any adopted children?

If yes, name(s): _____

Number of grandchildren: _____

Range of Ages: _____

YES **NO**

- Do any of your beneficiaries have a learning disability, special educational, medical, or physical needs?
- 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 relatives?
- Should the surviving spouse have the power to control the distribution of the entire estate after the first death?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?
- Do you have any existing estate planning documents?

- State any specific concerns that you have regarding the distribution of your estate:

- Do you believe your current estate plan correctly states your wishes after you pass away? Does your current plan address all of the concerns you have regarding your estate and your family? If not, where does your current plan fall short?



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CONFIDENTIAL CLIENT ASSET FORM

Client Name(s): _____

Please list the name, phone number, and company of the professionals you currently work with:

Financial Advisor _____

Accountant: _____

Cash Accounts (checking, savings, money market, CDs):

Institution	Type	Owner	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stock Certificates or Bonds (in paper certificate form)

Company	# of Shares	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Investment Accounts (stocks, bonds, mutual funds, NOT including retirement acts.)

Company	Type of Asset	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Client Name(s): _____

Life Insurance

Company	Policy Type	Owner	Death Benefit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annuities (Not including annuities held within a retirement account)

Company	Annuitant	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Accounts (IRA, 401k, 403b, etc)

Company	Type	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Real Estate

Address	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Interests

Name of Business	Owner	Value
_____	_____	_____
_____	_____	_____

Automobiles/Boats/Campers/Trailers (with certificate of title)

Make/Model	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Driving Directions to The Rosenbauer Law Office, LLC:

7334 Tylers Corner Drive, Suite 450, West Chester, Ohio 45069

- Take I-75 to Exit 22 (Tylersville Road/Mason)
- Head West on Tylersville Road until you reach Tylers Place Blvd
- Turn Right on Tylers Place Blvd, heading North
- Our building is the “L” shaped building on your right (behind Sunoco)

