

RAINA D. CORNELL ATTORNEY AT LAW

CONFIDENTIAL ESTATE PLANNING CLIENT DATA SHEET

Today's Date:		Attorney:	Referred By:				
Name (first, middle, last):			D.O.B.:				
Any other names us	ed (i.e. maider	name or prior marriag	ges)				
S.S.N.:	Driver's License No.:						
Current Address:			County:				
Home Phone:	W	ork Phone:	Cell Phone:				
Email Address:		Are you a United States Citizen?					
Spouse							
Name (first, middle, last):			D.O.B.:				
Any other names us	ed (i.e. maider	name or prior marriag	ges)				
S.S.N.:	I.: Driver's License No.:						
Address (if different):			County:				
			Cell Phone:				
Email Address:	mail Address: Are you a United States Citizen?						
<u>Children</u>							
Name	Age	D.O.B.	Address and Phone Number				
Your Brothers & S	Sisters						
Name	Age	D.O.B.	Address and Phone Number				
Your Parents							
Name	Age	D.O.B.	Address and Phone Number				

Do you have a safe deposit box; lock box, or fireproof safe/lock box?							
Do you have a Will?	Do you hav	ve any Powers of Attorn	ey?				
Do you have a Living Will? Do you have a Trust?							
Have you made funeral a	rrangements?						
If not, do you have any specific requests or wishes that you desire to be made by your loved ones							
Do you and/or your spouse wish to make an anatomical gift of any organs, tissues, and eyes for donation?							
If yes, please check all tha	at apply for you:						
\Box Any or all	□ Liver	□ Bone/ligament	\Box Heart valves				
□ Heart	□ Kidneys	\Box Veins	□ Skin				
□ Lung	□ Pancreas	\Box Eyes	□ Other				
 Any purpose author Transplantati Therapy Research Education 	•	ically as indicated below:					
If yes, for your spouse, plo	ease check all that ap	oply:					
\Box Any or all	\Box Liver	□ Bone/ligament	□ Heart valves				
□ Heart	□ Kidneys	\Box Veins	□ Skin				
□ Lung	□ Pancreas	\Box Eyes	□ Other				
 Any purpose author Transplantati Therapy Research Education 	• •	ically as indicated below:					

Assets: Please list all of the assets that you own and the present approximate value.

Cash/Bank Accounts/CD's	Value
Stocks/Bonds	Value
Life Insurance	Value
Pensions, Retirements	Value
Business Interests	Value
<u>Real Estate</u> (including any and all real estate located outside of Ohio):	Value
Automobiles: Trucks, cars & motorcycles	Value
<u>Motor Vehicles: RV's, Campers, Trailers,</u> <u>Mobile Homes</u>	Value
Other Assets	Value

Do you own any family heirlooms that you would like to see passed on to a particular person? (If so, please itemize.)

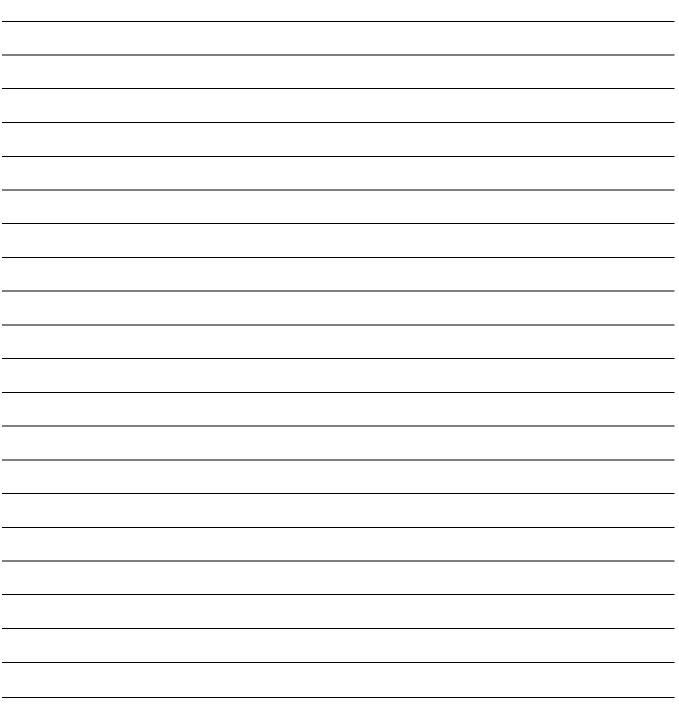
For Attorney Use Only:

Client Taking Originals Documents

Client Leaving Original Documents

Client need Representative for Funeral Arrangements?

Notes:



<u>Prepare</u>: H/C POA / General POA / Living Will / Donor Registry Form / Last Will & Testament / Deed/ Appt of Rep for Funeral Arrangements