



**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 used (i.e. maiden name or prior marriages) \_\_\_\_\_

S.S.N.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you a United States Citizen? \_\_\_\_\_

**Spouse**

Name (first, middle, last): \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Any other names used (i.e. maiden name or prior marriages) \_\_\_\_\_

S.S.N.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Address (if different): \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you a United States Citizen? \_\_\_\_\_

**Children**

Name	Age	D.O.B.	Address and Phone Number

**Your Brothers & 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? \_\_\_\_\_

Where is it located? If located at a Financial Institution, list the name and address: \_\_\_\_\_

Do you have a Will? \_\_\_\_\_ Do you have any Powers of Attorney? \_\_\_\_\_

Do you have a Living Will? \_\_\_\_\_ Do you have a Trust? \_\_\_\_\_

Have you made funeral arrangements? \_\_\_\_\_

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 that apply for you:

- |                                     |                                   |  |                                       |
|-------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Any or all | <input type="checkbox"/> Liver    | <input type="checkbox"/> Bone/ligament | <input type="checkbox"/> Heart valves |
| <input type="checkbox"/> Heart      | <input type="checkbox"/> Kidneys  | <input type="checkbox"/> Veins         | <input type="checkbox"/> Skin         |
| <input type="checkbox"/> Lung       | <input type="checkbox"/> Pancreas | <input type="checkbox"/> Eyes          | <input type="checkbox"/> Other        |

Any purpose authorized by law or, specifically as indicated below:

- Transplantation
- Therapy
- Research
- Education

If yes, for your spouse, please check all that apply:

- |                                     |                                   |  |                                       |
|-------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Any or all | <input type="checkbox"/> Liver    | <input type="checkbox"/> Bone/ligament | <input type="checkbox"/> Heart valves |
| <input type="checkbox"/> Heart      | <input type="checkbox"/> Kidneys  | <input type="checkbox"/> Veins         | <input type="checkbox"/> Skin         |
| <input type="checkbox"/> Lung       | <input type="checkbox"/> Pancreas | <input type="checkbox"/> Eyes          | <input type="checkbox"/> Other        |

Any purpose authorized by law or, specifically as indicated below:

- Transplantation
- Therapy
- Research
- Education

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

**Cash/Bank Accounts/CD's**

**Value**

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**Stocks/Bonds**

**Value**

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**Life Insurance**

**Value**

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**Pensions, Retirements**

**Value**

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**Business Interests**

**Value**

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**Real Estate**

**(including any and all real estate located outside of Ohio):**

**Value**

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**Automobiles: Trucks, cars & motorcycles**

**Value**

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**Motor Vehicles: RV's, Campers, Trailers, Mobile Homes**

**Value**

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**Other Assets**

**Value**

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

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