

Form 2.2

Acquisition of Personal Data

Full formal name: _____

Name as normally signed on documents: _____

Name as may sometimes appear on documents: _____

Nickname: _____

Domicile: _____

Residence address: _____

Telephone: _____ Business _____ Home

Business address: _____

Prefer to be called: _____ Home _____ Office

Correspondence sent: _____ Home _____ Office

Prior domiciles in other states and when: _____

Date and place of birth: _____

Social security number: _____

Place of employment: _____

Occupation: _____

General state of your health: _____

Married: _____ Yes _____ No

If married, complete the following for spouse:

Spouse's full formal name: _____

Name as normally signed on documents: _____

Name as may sometimes appear on documents: _____

Nickname: _____

Spouse's date and place of birth: _____

Spouse's social security number: _____

Spouse's place of employment: _____

Spouse's occupation: _____

General state of your spouse's health: _____

Date and place of marriage: _____

If presently not married, indicate whether:

_____ Never married

_____ Previously married

If previously married, indicate whether:

_____ Prior marriage ended in divorce

If so, indicate name of divorced spouse, date of divorce, and court proceedings (name and docket no.) where obtained:

_____ Prior marriage ended with death of spouse

If so, indicate name of predeceased spouse, date of death, and court proceedings (name and docket no.) where estate handled:

If spouse was previously married, indicate whether:

_____ Prior marriage ended in divorce

If so, indicate name of divorced spouse, date of divorce, and court proceedings (name and docket no.) where obtained:

_____ Prior marriage ended with death of spouse

If so, indicate name of predeceased spouse, date of death, and court proceedings (name and docket no.) where estate handled:

Have you ever signed a matrimonial, pre-nuptial, or post-nuptial agreement? _____

If so, attach copy.

Are you, your spouse and children citizens of the United States?

___ Yes ___ No

If no, who is not a U.S. citizen? Of what country are they citizens?

If your spouse is not a U.S. citizen, does he/she have plans to become a U.S. citizen?

___ Yes ___ No

If yes, what are those plans and when are they to take place?

Does your spouse or any of your children have any physical, mental or emotional disability?

___ Yes ___ No

If yes, identify who is disabled and describe the disability.

If yes, does that person currently receive SSI (Supplemental Security Income) or Medicaid benefits?

___ Yes ___ No

CHILDREN OF THE MARRIAGE:

<i>Name and Address</i>	<i>Date of Birth</i>	<i>Marital Status</i>	<i>Names & Dates of Birth of Children</i>	<i>Social Security #</i>	<i>Spouse's Name</i>

More children anticipated? _____

CHILDREN BY PRIOR MARRIAGES:

<i>Name and Address</i>	<i>Date of Birth</i>	<i>Other Parent</i>	<i>Marital Status</i>	<i>Names & Dates of Birth of Children</i>	<i>Social Security #</i>	<i>Spouse's Name</i>

ADOPTED CHILDREN:

<i>Name and Address</i>	<i>Date of Birth</i>	<i>Social Security #</i>

ILLEGITIMATE CHILDREN

<i>Name and Address</i>	<i>Date of Birth</i>	<i>Other Parent</i>	<i>Social Security #</i>

As to each illegitimate child:

Is the child acknowledged? _____

If so, formally or informally? _____

Has an order of filiation been obtained? _____

If the child is not acknowledged or is only informally acknowledged, do you want to formally acknowledge? _____

MISCELLANEOUS REGARDING CHILDREN

Are any of the children still dependent on you? _____

Are you receiving/paying alimony or child support? _____

Any special problems of any of the children (i.e., health, mental or physical disabilities, drugs, etc.): _____

Any desire to favor one child over another? _____

If so, in what way? _____

Are your children citizens of the U.S.A.? _____

CHILDREN WHO HAVE PREDECEASED

<i>Name</i>	<i>Date of Birth</i>	<i>Date of Death</i>	<i>Surviving Spouse</i>	<i>Names and Ages of Children</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GIFTS:

Have you made gifts to any of your children? _____

If so, identify gift, date, amount or value: _____

If so, were the gifts exempted from collation? _____

If not, do you wish to do so? _____

If gift tax returns were filed, so state and attach copies.

DISINHERISON

Any desire to disinherit a child? _____

If so, state which child and the specific reasons: _____

Has there been a reconciliation? _____

TUTORS FOR THE CHILDREN

<i>Name</i>	<i>City and State</i>	<i>Relationship</i>	<i>Special Provisions</i>
_____	_____	_____	_____
_____	_____	_____	_____

PARENTS

Name	City and State	Approximate Age
Husband's mother: _____	_____	_____
Husband's father: _____	_____	_____
Wife's mother: _____	_____	_____
Wife's father: _____	_____	_____
Any support provided to any parent? _____		
Any desire to provide for a parent in your will? _____		

PROVISIONS FOR THE SURVIVING SPOUSE

(1) Usufruct:

Over all? _____

Over a portion? _____

What portion? _____

Term (death, remarriage, other)? _____

Power to dispose of nonconsumables? _____

Usufruct over "unopened mines"? _____

(2) Trust:

What interest? _____

Term of the interest? _____

Trustees? _____

Special provisions? _____

TRUSTS FOR THE CHILDREN

Over what? _____

Interests of the children? _____

Trustees? _____

Term? _____

Distributions of income? _____

Special provisions? _____

SPECIAL BEQUESTS

Any special bequests desired? _____

CHARITABLE BEQUESTS

Any charitable bequests desired? _____

LIVING WILLS

Do you have living wills? _____

If so, who has been provided with copies? _____

If not, do you desire to execute one? _____

If so, who should copies be provided to? _____

POWERS OF ATTORNEY/PROCURATIONS

Identify all powers of attorney (including bank accounts): _____

Have you executed medical powers of attorney? _____

If not, do you desire to execute one? _____

Should any existing powers be revoked? _____

Should new powers be prepared? _____

Do you desire to execute an advance directive for mental health treatment? _____

SAFETY DEPOSIT BOXES

No. _____	Bank _____	Access by whom: _____
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No. _____	Bank _____	Access by whom: _____
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If any contents do not belong to you, please identify such items and their owner: _____

EXECUTORS

<i>Name</i>	<i>City and State</i>	<i>Relationship</i>	<i>Bond?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you want your executor to have the power to select assets to fund portions expressed in quantum or value (La. Civ. Code art. 1573)? _____

Do you want your executor to be allowed to act independently of the courts? _____

ATTORNEYS

For the estate (note-appointment not legally enforceable): _____

For the trusts: _____

OTHER ADVISORS

Name	Address	Phone
Accountant: _____		
Life insurance agent: _____		
General insurance agent: _____		
Investment advisor: _____		
Stockbroker: _____		
Trust officer: _____		
Banker: _____		
Other attorney: _____		
Physician: _____		
Personal secretaries: _____		
Clergyman: _____		

Acquisition of General Financial Data

INCOME

	<i>Husband</i>	<i>Wife</i>	<i>Joint</i>
Salary, commission, and bonus	\$ _____	\$ _____	\$ _____
Dividends and interest	\$ _____	\$ _____	\$ _____
Net real estate income	\$ _____	\$ _____	\$ _____
Partnership income	\$ _____	\$ _____	\$ _____
Other income	\$ _____	\$ _____	\$ _____

ASSETS AND VALUES

COMMUNITY PROPERTY

Value

(1) Cash, checking and savings accounts: _____

(2) Certificates of deposit, money market accounts: _____

(3) Notes, accounts receivable, mortgages: _____

(4) Bonds

(a) Corporate: _____

(b) Municipal/tax-exempt: _____

(5) Marketable stocks: _____ On margin?

(6) Mutual funds: _____

(7) U.S. government securities: _____

(8) Leasehold interests: _____

(9) Real estate

Address	Market Value	Mortgages	Net Value
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Home: _____

Vacation home: _____

Investment real estate: _____

Mineral interests: _____

(10) Tax shelters: _____

(11) Employee benefits/retirement plans

Husband: _____

Wife: _____

(12) IRAs/401(k)s/403(b)s