

Owlett & Lewis, P.C.

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Family Information Form

CLIENT & SPOUSE:

	NAME (Last, First, Middle Initial)	DATE OF BIRTH	SOCIAL SECURITY NO.
Client:			

Spouse:			
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ADDRESS FOR CORRESPONDENCE:

TELEPHONE	
Home No.	
Business No.	
e-mail address	

BENEFICIARIES:

	NAME (Last, First, Middle Initial)	DATE OF BIRTH	SOCIAL SECURITY NO.	ADDRESS (City, State)
Child 1:				
Spouse:				
Grandchild:				
Grandchild:				
Grandchild:				

	NAME (Last, First, Middle Initial)	DATE OF BIRTH	SOCIAL SECURITY NO.	ADDRESS (City, State)
Child 2:				
Spouse:				
Grandchild:				
Grandchild:				
Grandchild:				

	NAME (Last, First, Middle Initial)	DATE OF BIRTH	SOCIAL SECURITY NO.	ADDRESS (City, State)
Child 3:				
Spouse:				
Grandchild:				
Grandchild:				
Grandchild:				

Family Information Continued:

	NAME (Last, First, Middle Initial)	DATE OF BIRTH	SOCIAL SECURITY NO.	ADDRESS (City, State)
Child 4:				
Spouse:				
Grandchild:				
Grandchild:				
Grandchild:				

	NAME (Last, First, Middle Initial)	DATE OF BIRTH	SOCIAL SECURITY NO.	ADDRESS (City, State)
Child 5:				
Spouse:				
Grandchild:				
Grandchild:				
Grandchild:				

	NAME (Last, First, Middle Initial)	DATE OF BIRTH	SOCIAL SECURITY NO.	ADDRESS (City, State)
Child 6:				
Spouse:				
Grandchild:				
Grandchild:				
Grandchild:				

Child 7:				
Spouse:				
Grandchild:				
Grandchild:				
Grandchild:				

Client Asset Information:

Real Estate: **CLEAN & GREEN** **YES** **NO**

Location	Name(s) on Deed(s)	Approx. Value

Bank Accounts

Bank Name	Name(s) on Account(s)	Type of Account	Approx. Value

Stocks/Bonds

Stock/Bond Name	How Titled	Type of Account	Approx. Value

Retirement Accounts

Account Name	Beneficiary	Type of Account	Approx. Value

Life Insurance

Owners Name	Beneficiary	Type (Whole, Term)	Approx. Value