Schabes Law Group, LLC

2650 Quarry Lake Drive Suite 160
Baltimore, Maryland 21209

Client Information

CLIENT

Full Legal Name:			
Date of Birth:		Social Security #:	
Home Address:			
City/State/Zip:		Email:	
Home Phone #:		Cell Phone #:	
Employer:			
Business Address:			
Bus City/State/Zip:		Business Phone:	
Position:		Salary:	
US Citizen: ☐	Status: Married ☐ Divorced ☐ Widowed ☐ Single ☐		

SPOUSE

Full Legal Name:			
Date of Birth:		Social Security #:	
Home Address:			
City/State/Zip:		Email:	
Home Phone #:		Cell Phone #:	
Employer:			
Business Address:			
Bus City/State/Zip:		Business Phone:	
Position:		Salary:	
US Citizen: ☐	Status: Married ☐ Divorced ☐ Widowed ☐ Single ☐		

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Children Information

CHILD #1

Full Legal Name:			
Date of Birth:		Social Security #:	
Home Address:			
City/State/Zip:		Email:	
		Cell Phone #:	
US Citizen: ☐	Status: Married ☐ Divorced ☐ Widowed ☐ Single ☐		

Grandchildren's Name	**Ages**

CHILD #2

Full Legal Name:			
Date of Birth:		Social Security #:	
Home Address:			
City/State/Zip:		Email:	
		Cell Phone #:	
US Citizen: ☐	Status: Married ☐ Divorced ☐ Widowed ☐ Single ☐		

Grandchildren's Name	**Ages**

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CHILD #3

Full Legal Name:			
Date of Birth:		Social Security #:	
Home Address:			
City/State/Zip:		Email:	
		Cell Phone #:	
US Citizen: ☐	Status: Married ☐ Divorced ☐ Widowed ☐ Single ☐		

Grandchildren's Name	**Ages**

CHILD #4

Full Legal Name:			
Date of Birth:		Social Security #:	
Home Address:			
City/State/Zip:		Email:	
		Cell Phone #:	
US Citizen: ☐	Status: Married ☐ Divorced ☐ Widowed ☐ Single ☐		

Grandchildren's Name	**Ages**

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Professional Advisors

FINANCIAL ADVISOR / STOCK BROKER

Name:					
Company:					
Address:					
City:		State:		Zip:	
Telephone:			Fax:		
Email					

CPA

Name:					
Company:					
Address:					
City:		State:		Zip:	
Telephone:			Fax:		
Email					

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Important Family and Health Questions

Please Check "Yes" or "No" for Your Answer and Explain	Client #1	Client #2
Do you have any adopted children? *If so, please explain: _____	☐Yes ☐No	☐Yes ☐No
Does anyone in your family have special education needs, medical, or physical needs? *If so, please explain: _____	☐Yes ☐No	☐Yes ☐No
Are you making payments pursuant to a divorce or property settlement agreement? *If so, please explain: _____	☐Yes ☐No	☐Yes ☐No
Have you or your spouse been widowed? (if a Federal estate tax of State death tax return was filed, please furnish a copy) *If so, please explain: _____	☐Yes ☐No	☐Yes ☐No
Have you or your spouse completed previous Powers of Attorney or Advance Directives? * if yes, please list the dates and please furnish executed copies	☐Yes ☐No	☐Yes ☐No
Have you or your spouse completed previous wills, trusts, or estate planning? *if yes, please furnish executed copies.	☐Yes ☐No	☐Yes ☐No
Do you currently Have Long Term Care Insurance?	☐Yes ☐No	☐Yes ☐No

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Health Care Agent Information- Client

If you are unable to make decisions with regard to your HEALTH CARE DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name:					
Relationship:					
Address:					
City:		State:		Zip:	
Phone #s:			Fax:		
Email					

SECOND

Name:					
Relationship:					
Address:					
City:		State:		Zip:	
Phone #s:			Fax:		
Email					

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Health Care Agent Information- Spouse

If you are unable to make decisions with regard to your HEALTH CARE DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name:					
Relationship:					
Address:					
City:		State:		Zip:	
Phone #s:			Fax:		
Email					

SECOND

Name:					
Relationship:					
Address:					
City:		State:		Zip:	
Phone #s:			Fax:		
Email					

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Financial Agent Information- Client

If you are unable to make decisions with regard to your finances, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name:					
Relationship:					
Address:					
City:		State:		Zip:	
Phone #s:			Fax:		
Email					

SECOND

Name:					
Relationship:					
Address:					
City:		State:		Zip:	
Phone #s:			Fax:		
Email					

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Financial Agent Information- Spouse

If you are unable to make decisions with regard to your finances, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name:					
Relationship:					
Address:					
City:		State:		Zip:	
Phone #s:			Fax:		
Email					

SECOND

Name:					
Relationship:					
Address:					
City:		State:		Zip:	
Phone #s:			Fax:		
Email					

Cash Accounts

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Are funds electronically withdrawn or deposited to this account ☐Yes ☐ No			

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Are funds electronically withdrawn or deposited to this account ☐Yes ☐ No			

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Are funds electronically withdrawn or deposited to this account ☐Yes ☐ No			

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Investment Accounts

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Are funds electronically withdrawn or deposited to this account ☐Yes ☐ No			

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Are funds electronically withdrawn or deposited to this account ☐Yes ☐ No			

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Are funds electronically withdrawn or deposited to this account ☐Yes ☐ No			

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Personal Effects

Major personal effect such as motor vehicles, boats, and all other valuable personal property.

Type	Owner	Current Value	Lien Against Asset
		$	☐Yes ☐No
		$	☐Yes ☐No
		$	☐Yes ☐No
		$	☐Yes ☐No
		$	☐Yes ☐No
		$	☐Yes ☐No
		$	☐Yes ☐No

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Real Property

Property Address:			
County:		Owner: Client ☐ Spouse ☐ Joint ☐	
Current Mortgage:		Fair Market Value:	

Additional Real Property

Property Address:			
County:		Owner: Client ☐ Spouse ☐ Joint ☐	
Current Mortgage:		Fair Market Value:	

Additional Real Property

Property Address:			
County:		Owner: Client ☐ Spouse ☐ Joint ☐	
Current Mortgage:		Fair Market Value:	

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Retirement Plans

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Contingent Beneficiary:			

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Contingent Beneficiary:			

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Contingent Beneficiary:			

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Pension Plans

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Contingent Beneficiary:			

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Contingent Beneficiary:			

Name of Institution:			
Address:			
Phone number:		Account number:	
Type of account:		Account owner:	
Current value:		Beneficiary:	
Contingent Beneficiary:			

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Life Insurance

Company:			
Policy Number:		Type of Insurance:	
Owner:		Insured:	
Face Amount:		Loan:	
Beneficiary:			
Contingent Beneficiary:			

Company:			
Policy Number:		Type of Insurance:	
Owner:		Insured:	
Face Amount:		Loan:	
Beneficiary:			
Contingent Beneficiary:			

Company:			
Policy Number:		Type of Insurance:	
Owner:		Insured:	
Face Amount:		Loan:	
Beneficiary:			
Contingent Beneficiary:			