**HART, MIERAS & MORRIS, INC.,** Attorneys at Law

### Appointment date:

Location:

### Attorney:

**Important*:*** Please make sure you have sent us this form and a copy of your most recent property tax bill [2020, if possible] for each property **before** your meeting, **and** have these documents available with you at the meeting (i.e., in an electronic format for a Zoom or phone meeting), in case we need another copy. **Please email this form and property tax bill(s) to**

[**contact@hmmlegal.com**](mailto:contact@hmmlegal.com)

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Name (I.D.) – *Client #1*** Male/Female | | **Legal Name (I.D.) – *Client #2*** Male/Female | |
|  | |  | |
| **Preferred Name for Documents (if different)** | | **Preferred Name for Docs (if different)** | |
| *(For new trusts only.)* | | *(For new trusts only.)* | |
| **Citizenship** | **Date of Birth** | **Citizenship** | **Date of Birth** |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Marital Status**  (circle one) | Married | Registered  Dom. Pship | Separated | Divorced | Never  married | Widow(er) |
| **Date of**: |  |  |  |  | ------------- |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Residence Address:** | | | |
|  | | | |
|  | State: | Zip: | County |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mailing Address:** (if different from Residence) | | | |
| Street | | | |
| City | State | Zip | County |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Phone:**  Home | ( ) |  |  | **E-mails:**  client #1 |  |
| Work or cell? | ( ) |  |  | client #2 |  |
| Work or cell? | ( ) |  |  |  |  |

**FAMILY INFO**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **All children from *current* marriage:** (oldest to youngest) – even if child is to receive nothing. | | | | | |
|  | M / F | Age | Married?  Y / N | # of kids | Attorney notes: |
|  | M / F |  | Y / N |  |  |
|  | M / F |  | Y / N |  |  |
|  | M / F |  | Y / N |  |  |
|  | M / F |  | Y / N |  |  |
| **Deceased child(ren):** | Name of children of deceased child : | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **All children from *Client 1’s* prior relationship(s):** (oldest first) – even if child is to receive nothing. | | | | | |
|  | M / F | Age | Married?  Y / N | # of kids | Attorney notes: |
|  | M / F |  | Y / N |  |  |
|  | M / F |  | Y / N |  |  |
|  | M / F |  | Y / N |  |  |
|  | M / F |  | Y / N |  |  |
| **Deceased child(ren):** | Name of children of deceased child : | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **All children from *Client 2’s* prior relationship(s):** (oldest first) – even if child is to receive nothing. | | | | | |
|  | M / F | Age | Married?  Y / N | # of kids | Attorney notes: |
|  | M / F |  | Y / N |  |  |
|  | M / F |  | Y / N |  |  |
|  | M / F |  | Y / N |  |  |
|  | M / F |  | Y / N |  |  |
| **Deceased child(ren):** | Name of children of deceased child : | | | | |

**Names of anyone being disinherited:**

**Real Estate Information**

Please make sure you have sent us this form and a copy of your most recent property tax bill [2020, if possible] for each property **before** your meeting, **and** have these documents available with you at the meeting (i.e., in an electronic format for a Zoom or phone meeting), in case we need another copy.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Real Estate Information**  **Address**  **(And)**  **Assessor’s Parcel Number (“APN”)** | Is this Your Personal Residence?  Does a family member live there? Their name? | Single Family Residence (“SFR”)?  Multi Unit;  # of units?  Commercial?  Other: please describe? | - Cost Basis (purchase price)?  - Current Market Value?  - Mortgage Balance? | Assessed Value  (See property tax bill) | Income Annually on this property? | What % do you own, and names of other owners? |
| Address: |  |  | -  -  - |  |  |  |
| APN: |  |
| Address: |  |  | -  -  - |  |  |  |
| *APN:* |  |
| Address: |  |  | -  -  - |  |  |  |
| APN: |  |
| Address: |  |  | -  -  - |  |  |  |
| *APN:* |  |
| Address: |  |  | -  -  - |  |  |  |
| APN: |  |
| Address: |  |  | -  -  - |  |  |  |
| *APN:* |  |
| Address: |  |  | -  -  - |  |  |  |
| APN: |  |
| Address: |  |  | -  -  - |  |  |  |
| *APN:* |  |

**Real Estate Information (continued, if needed)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Real Estate Information**  **Address**  **(And)**  **Assessor’s Parcel Number (“APN”)** | Is this Your Personal Residence?  Does a family member live there? Their name? | Single Family Residence (“SFR”)?  Multi Unit;  # of units?  Commercial?  Other: please describe? | - Cost Basis (purchase price)?  - Current Market Value?  - Mortgage Balance? | Assessed Value  (See property tax bill) | Income Annually on this property? | What % do you own, and names of other owners? |
| Address: |  |  | -  -  - |  |  |  |
| APN: |  |
| Address: |  |  | -  -  - |  |  |  |
| *APN:* |  |
| Address: |  |  | -  -  - |  |  |  |
| APN: |  |
| Address: |  |  | -  -  - |  |  |  |
| *APN:* |  |
| Address: |  |  | -  -  - |  |  |  |
| APN: |  |
| Address: |  |  | -  -  - |  |  |  |
| *APN:* |  |
| Address: |  |  | -  -  - |  |  |  |
| APN: |  |
| Address: |  |  | -  -  - |  |  |  |
| *APN:* |  |

# What is the estimated current gross value of your assets (i.e., without adjustment for loans, mortgages, etc.)?

|  |  |  |  |
| --- | --- | --- | --- |
| **ASSETS** | **Held Jointly** | **Client #1** | **Client #2** |
| **Real Estate** | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Bank Accounts** | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Investment/Brokerage** | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **IRA’s, 401(k), 403(b)** | $ | $ | $ |
|  | $ | $ | $ |
| **Annuities** | $ | $ | $ |
|  | $ | $ | $ |
| **Life Insurance** | $ | $ | $ |
|  | $ | $ | $ |
| **Businesses**  (LLC, S-Corp, C-Corp, Partnership, DBA, etc.) | $ | $ | $ |
|  | $ | $ | $ |
| **Other** (art, RV, jewelry, Promissory Notes,  intellectual property, etc.) | $ | $ | $ |
| **TOTALS:** | $ | $ | $ |

|  |
| --- |
| **How were you referred to our office?** |
| Friend/relative: |
| Seminar: |
| Web search: |
| Mail/advertisement: |
| Other: |

**Please read and sign prior to appointment:**

## Waiver of Conflict (for couples only)

***Each spouse or partner has the right to independent counsel. Where two persons consult an attorney regarding their assets, there is a potential conflict of interest. For example, a conflict may arise regarding separate property and community property issues.***

### Therefore in light of the foregoing, I have been advised that I have the right to seek independent advice from a separate attorney. I choose not to do so and have agreed to meet with ***Hart, Mieras & Morris, Inc.*** (“Hart”) jointly with my spouse/registered domestic partner.

***Initials****:*

*(Client #1) (Client #2)*

## For all clients

### I give my permission for Hart to use and rely on the information provided by me to complete the document drafting and services as requested. I am aware that Hart’s ability to represent me competently depends on my providing complete and accurate information about my financial and family circumstances.

***Initials****:*

*(Client #1) (Client #2)*

## Release of Information (for all clients)

### Hart has joined with several professionals to provide legal, financial, accounting, and real estate services all through one office. This allows for a coordinated effort to meet all of your legal and financial professional needs, and helps to simplify your life and to avoid confusion for your heirs when they have to take over your legal and financial responsibilities.

I hereby authorize the release of my personal information to related legal, accounting, and financial professionals to meet my legal and/or financial objectives.

***Initials****:*

*(Client #1) (Client #2)*

**Email to contact@hmmlegal. Make sure you use your first and last name in the body or subject of the email for identification purposes. Thank you.**