

LAW OFFICES OF BRUCE KETRON

ESTATE PLANNING, TRUST AND PROBATE

FAMILY INFORMATION SHEET

1700 Second St.
Suite 250, Napa, CA 94559
(707) 666-0188

740 Fourth St.
Santa Rosa, CA 95404
(707) 327-2944

Today's Date: _____

Your Full Name: _____
LAST FIRST MIDDLE INITIAL

Home Address: _____

City, State, Zip: _____

County: _____

Home Telephone Number: () _____

Work Telephone Number: () _____

Email address: _____

Date of Birth: _____ Place of Birth: _____

Prior Marriage: _____

Social Security #: _____

MARRIED COUPLES PLEASE COMPLETE FOLLOWING SECTION

Spouse's Full Name: _____
LAST FIRST MIDDLE INITIAL

Spouse's Work Telephone Number: () _____

Email address: _____

Spouse's Date of Birth: _____

Place of Birth: _____

Prior Marriage: _____

Spouse's Social Security #: _____

Date of Marriage: _____ Place of Marriage: _____

Have you or your spouse been married previously? Yes No

Are both Spouses citizens of the United States? Yes No

If no, list name of Spouse not a U.S. Citizen. _____

ESTIMATED GROSS VALUE OF ESTATE:

Less than \$1,000,000 Between \$1,000,000 and \$2,000,000 Over \$2,000,000

LAW OFFICES OF BRUCE KETRON

ESTATE PLANNING, TRUST AND PROBATE

PLEASE LIST ALL CHILDREN (from Oldest First to Youngest)

Please Circle Appropriate Parent: Both (B) Wife (W) Husband (H)

1700 Second St.
Suite 250, Napa, CA 94559
(707) 666-0188

740 Fourth St.
Santa Rosa, CA 95404
(707) 327-2944

#1 Child's Name (B W H) _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

City, State, Zip: _____

Telephone Number: _____

#2 Child's Name (B W H) _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

City, State, Zip: _____

Telephone Number: _____

#3 Child's Name (B W H) _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

City, State, Zip: _____

Telephone Number: _____

#4 Child's Name (B W H) _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

City, State, Zip: _____

Telephone Number: _____

#5 Child's Name (B W H) _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

City, State, Zip: _____

Telephone Number: _____

#6 Child's Name (B W H) _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

City, State, Zip: _____

Telephone Number: _____