

Information About Lender for Subject Real Estate

Name of Lender:

Lender's Address:

Street

City

State

Zip

Loan Amount: \$

Date of Loan

Loan Number

Name of Lender's Contact Person:

Last

First

Middle

Lender Telephone #:

Lender Fax #:

Extension:

Lender E-Mail Address:

Lender Website:

Please briefly describe the problem/issue for which you are seeking legal representation:

(If additional room is necessary, please use the back of this page or attach additional pages.)

Information About Primary Contact Person

Please choose one spouse who will be the primary contact person. Please note that the "Primary Contact Person" is used predominately for communication purposes. Both clients will be involved in material case decisions.

Primary Contact Person Information	Full Legal Name:		
	Last	First	Middle
	Name You Commonly Use:		
	Last	First	Middle
	Social Security #: (Last 4 Digits Only)	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Driver's License #: (Last 4 Digits Only)	State in which you hold driver's license:	
	Date of Birth:	_____/_____/_____ Month Day Year	
	Place of Birth:		
	City	County	State
	Educational Information		
	Last Grade Level Completed:	High School Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO College Degree(s) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Describe Highest Degree		
Describe Major Area of Study			
Describe any Specialization			
Medical Information			
Do you have any medical or physical condition which impairs your ability to conduct business transactions? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" please provide brief description:			
Home Address Information			
May we communicate with you regarding this matter at any of the home information listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Street Address: _____			
Home City: _____ Home State: _____ Home Zip: _____			
Home Phone: _____ Home Fax: _____			
Home E-Mail: _____ Mobile #: _____			
Pager #: _____			

Confidential Client Information Form

Occupational Information Section

Employee Yes No
 Self Employed Yes No
 Type of Work: _____
 Retired Yes No

Business Address

May we contact you regarding this matter at the business information listed below? Yes No

Your Position or Title: _____
 Business Name: _____
 Business Address: _____
 Business City: _____ Business State: _____ Business Zip: _____
 Business Phone: _____ Ext.: _____ Business Fax: _____
 Business Toll Free # _____ Ext.: _____
 Business E-Mail: _____

MARITAL HISTORY INFORMATION

Current Spouse First, Middle & Last Name		Date of Marriage	City, County & State of Marriage		
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No.	Name of Any Prior Spouses First, Middle & Last Name	Date of Marriage	Date of Divorce	Divorce Case/Cause Number City, County & State	For Marriages Terminated by Death, Enter Date of Death of Prior Spouse
1					
2					
3					
4					

YOUR CHILDREN

No.	Name of Child First, Middle & Last Name	Date of Birth	Adopted? Y / N	City, County and State of Birth	Name of Other Parent First, Middle & Last Name
1					
2					
3					
4					
5					

IF YOU NEED ADDITIONAL SPACE, PLEASE USE THE BACK OF THIS FORM.

Primary Contact Person Information

YOUR GENERAL LEGAL DOCUMENTS

Primary Contact	Do you have a:	Yes	No	For each "Yes" answer, please provide date/year of document	Does your Spouse Have The Same Form? Yes or No	Notes
	Prenuptial Agreement?					
	Current Will?					
	Statutory Durable Power of Attorney?					
	Medical Power of Attorney?					
	Directive to Physicians Family & Surrogates?					
	Authorization for Disclosure of Protected Health Information (HIPPA Release) ?					
	Declaration of Guardian Before Need Arises?					
	Appointment for Disposition of Remains ?					

NOTE: This information will **not** be used to solicit legal services from you. It is your personal business decision whether or not to have a will, power or attorney, prenuptial agreement or medical power of attorney or other estate planning forms..

Document Description Table

This table sets forth a description of some typical real estate related documents. Please indicate below, by checkmark (✓), any documents (either originals or copies) in your possession. It is **not** necessary for you to provide copies of the documents at this time. We will indicate to you which documents to provide. Thank you.

✓	DOCUMENT DESCRIPTION	✓	DOCUMENT DESCRIPTION	✓	DOCUMENT DESCRIPTION
	Funds Disbursement Related		Title Insurance Related		Instruments
	Settlement Statement (typically HUD-1 Form)		Earnest Money Contract & Addenda		Deed
	Written Payoff Statements		Commitment for Title Insurance		Release of Lien
	I.R.S. 1099 Forms		Owner Policy of Title Insurance		Partial Release of Lien
	I.R.S. W-9 Request for Taxpayer ID Number and Certification		Heirship Affidavits or Probate Court Documents		Deed of Trust
	Invoices		Tax Certificates		Deed of Trust to Secure Assumption
	Check or Draft Copies		Debts & Liens Affidavit		Mechanic Lien Contract
	Escrow Agreement		Closing Affidavit		U.C.C. Forms
	Mortgage Loan Related		Marital Status Affidavit		Trustee's Deed
	Loan Application		Survey		Substitute Trustee's Deed
	Lender's Closing Instructions		Other Miscellaneous Documents		Leases
	Promissory Note		Transmittal Letters		Easements
	Deed of Trust and Addenda		Memoranda		Federal Tax Liens
	Truth-in-Lending Disclosure		Informational Logs		State Tax Liens
	Hazard Insurance Binder or Policy		Notations		Abstract of Judgment
	Flood Insurance Binder or Policy		Certification of Non-Foreign Status		Assignments
	Lender Affidavits		Certificate of Good Standing		Collateral Assignments
	Appraisal		Articles of Incorporation		Reinstatements
	Home Owner Warranty				Mineral Related Documents

INFORMATION ABOUT SECONDARY CONTACT BEGINNING ON PAGE SIX:

NOTE: In order to save your valuable time, so that you do not re-write duplicate spousal information, you may print the term "S A M E" in the boxes below in this section {all of which boxes are applicable to the "Spouse of Primary Contact"} where the information requested below would be an exact duplication of the information you have already provided for the "Primary Contact Person". Thank you for your cooperation.

Information About Secondary Contact Person

Secondary Contact Person Information	Full Legal Name:		
	Last	First	Middle
	Name You Commonly Use:		
	Last	First	Middle
	Social Security #: <i>(Last 4 Digits Only)</i>	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Driver's License #: <i>(Last 4 Digits Only)</i>	State in which you hold driver's license:	
	Date of Birth:	_____/_____/_____ Month Day Year	
	Place of Birth:		
	City	County	State
	Educational Information		
	Last Grade Level Completed:	High School Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO College Degree(s) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Describe Highest Degree		
	Describe Major Area of Study		
	Describe any Specialization		
Medical Information			
Do you have any medical or physical condition which impairs your ability to conduct business transactions? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" please provide brief description:			

Secondary Contact Person Information	Home Address Information					
	May we communicate with you regarding this matter at the home information listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Home Street Address: _____					
	Home City: _____		Home State: _____		Home Zip: _____	
	Home Phone: _____		Home Fax: _____			
	Home E-Mail: _____		Mobile #: _____			
	Pager #: _____					
	Occupational Information Section					
	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Type of Work: _____		Retired <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Address						
May we contact you regarding this matter at the business information listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Your Position or Title: _____						
Business Name: _____						
Business Address: _____						
Business City: _____		Business State: _____		Business Zip: _____		
Business Phone: _____		Ext.: _____		Business Fax: _____		
Business Toll Free # _____		Ext.: _____				
Business E-Mail: _____						
MARITAL HISTORY INFORMATION						
Current Spouse First, Middle & Last Name			Date of Marriage	City, County & State of Marriage		
No.	Name of Any Prior Spouses First, Middle & Last Name	Date of Marriage	Date of Divorce	Divorce Case/Cause Number City, County & State	For Marriages Terminated by Death, Enter Date of Death of Prior Spouse	
1						
2						
3						
YOUR CHILDREN						
No.	Name of Child First, Middle & Last Name	Date of Birth	Adopted? Y / N	City, County and State of Birth	Name of Other Parent First, Middle & Last Name	
1						
2						
3						

4						
5						
IF YOU NEED ADDITIONAL SPACE, PLEASE USE THE SPACE BELOW OR BACK OF THIS FORM.						

Thank you for your assistance and cooperation.

Signature of Primary Contact

Signature of Spouse of Secondary Contact