QUESTIONNAIRE FOR LODMELL & LODMELL, P.C.

(Please Print) Affiliate Attorney: _____ Affiliate Attorney Email: _____

CLIENT INFORMATION: **Lawsuit ?** Y / N (if yes, please provide) **Prenup ?** Y / N (if yes, please provide)

Client Legal Name: _____ Title: _____
First Middle Last

Home Address: _____

Work Address: _____

Mailing Address (please check one): _____ Home Address (or) ____ Work Address

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Best Email Address for client: _____

SPOUSE & CHILDREN INFORMATION (if applicable):

Spouse Legal Name: _____ Title: _____
First Middle Last

Number of Children: _____ *(Please note: If the client has more than 4 children – please list the same information on special instructions below)*

1ST Child Name: _____ Sex: _____
First Middle Last

2nd Child Name: _____ Sex: _____
First Middle Last

3rd Child Name: _____ Sex: _____
First Middle Last

4th Child Name: _____ Sex: _____
First Middle Last

AMLP Name: _____ (three words are best)
*Alternative Names if 1st name is not available: _____

General Partner: _____ %_____ Limited Partner: _____ % _____
General Partner: _____ % _____ Limited Partner: _____ % _____
Limited Partner: _____ % _____
Limited Partner: _____ % _____

IWMT Name: _____

Settlor/Trustee: _____

Co-Settlor/Trustee: _____

1st Successor Trustee: _____ City _____ State _____

2nd Successor Trustee: _____ City _____ State _____

Special Instructions:
_____
_____
_____

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Director of Production: Kitty Lucarini – Please scan and email this form to Kitty@lodmell.com