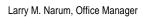


## Email completed form to larry@samlaw.info

## PRENUPTIAL FACT SHEET

Date Completed:			
Your Information:			
Client Name:	Age:	Date of birth:	
City and State of birth:			
Address:			
Email:			
How long have you lived in IL?:		, Since(date):	
Driver's Lic, No:			
Home Phone:	Work Phoi	ne:	
Cell Phone: Fax		Fax No:	
SS#:	Email address:		
Employer:			
Job Title:			
		per hour/week/bi-weekly/ monthly	
Annual Income:			
Other income sources:			
Have you filed for bankruptcy?	If yes, when w	vas your discharge:	
Disabled?: If yes, what type	e of disability:		
Highest level of education complete	ed:	Trade:	
Present Health:	Doctors:		
Treating For:			

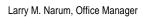




Fiancé:		
Name: Age:	Date of birth:	
City and State of birth:		
Address:		
City, State of birth:		
How long has he/she lived in IL?:	, Since(date):	
Driver's Lic, No:		
Home Phone: W	ork Phone:	
Cell Phone: Fa	Fax No:	
SS#: Er	nail address:	
Employer:		
Job Title:		
How long:Salary	per hour/week/bi-weekly/ monthly	
Annual Income:		
Other income sources:		
Have they filed for bankruptcy? If yes	s, when was their discharge:	
Children:		
For each child name, age, and date of birth		
Where do the children reside and with whon	n:	
Real Estate: Yes [] No []		
Marital Home: Yes [] No [] Date purchased:	Price:	
Mortgage amount:	Monthly Payment:	
Taxes:	Title held by:	
Today's estimated value:		

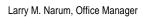


Second Home: Yes [] No [] Date purchased:			
Mortgage amount: Monthly Payment:			
Taxes:	_ Title held by:		
Today's estimated value:			
Rental Property: Yes [] No [] Date purchase	d:	Price:	
Mortgage amount:	Monthly Payment:		
Taxes:	_ Title held by:		
Today's estimated value:			
Other Property: Yes [] No [] Date purchased	1:	_ Price:	
Mortgage amount:	Monthly Payment:		
Taxes:	_ Title held by:		
Today's estimated value:			
Bank Accounts:			
Bank Accoun			\$Account
Pension, profit sharing, 401k, other retireme			
Husband: Yes [] No [] Name of accounts an	d value of each:		





Wife: Yes [] No [] Name of accounts and value of each:			
Stocks or Bonds: Yes [] No	0[]		
Institution	# of shares	Value	
<b>Business Interests:</b> Yes []	No [ ]		
Type of Business:			
Partnership Corporation	Limited Liability Corporation (circle or	ne)	
Did you acquire the busine	ess? : Yes [ ] No [ ] When:		
Source of investment:			
Annual income:	Liens / other intere	ests:	
Business value:			
Taxes:			
How do you and your spor	use file for Federal Income Tax?		
Joint married but separate	e other (circle one)		
Have prior years' federal in	ncome taxes been paid? Yes [] No []		
If no, which years(s) remai	n unpaid?		
Cars:			
	or lien holder:		
Monthly payment: Balance owed:			





Driven by Wife:				
Title in name of	: :	or lien holder:		
Monthly payme	ent:	Balance owed	:	
Other:				
		or lien holder:		
		Balance owed		
Property Insura	ance: Yes[]No[]			
	property amount insu	red		
	ance: Yes[]No[] Property amount insu	red		
Life Insurance:	Yes [] No []			
Company	Insured	Beneficiary	Value	
Health Insuran	<b>ce:</b> Yes [] No []			
Husband:				
Person's covere Name of insura	nce company:	or self (circle one )		- 
Wife:				
Person's covere	ce through employer od: d: nce company:	or self (circle one )		-



Larry M. Narum, Office Manager

Policy / group number:		
Debts:		
Attached second sheet if	necessary	
Creditor	Joint Debt/Individual	Amount
Other assets:		
	r other suits now pending?:	
Workman's compensation	ons claims:	
Other assets (trucks, boa	ts, motorcycles, campers, RVs, jewelry:	
Other information we ne	eed to know:	
What questions do you h	nave for the attorney?	
When you return this fo	orm please attach any related and appropriatents.	documents including
How did you hear about 5 ☐ Yellow Pages ☐ Dex ☐ Other (Please describ	☐ Google ☐ Lawyers.com ☐ Our Website ☐	