

Susan A. Marks, Partner
Brandon M. Djonlich, Associate

Larry M. Narum, Office Manager

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 Phone: _____

Cell Phone: _____ Fax No: _____

SS#: _____ Email address: _____

Employer: _____

Job Title: _____

How long: _____ Salary _____ per hour/week/bi-weekly/ monthly

Annual Income: _____

Other income sources: _____

Have you filed for bankruptcy? _____ If yes, when was your discharge: _____

Disabled?: _____ If yes, what type of disability: _____

Highest level of education completed: _____ Trade: _____

Present Health: _____ Doctors: _____

Treating For: _____

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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: _____ Work Phone: _____

Cell Phone: _____ Fax No: _____

SS#: _____ Email 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, when was their discharge: _____

Children:

For each child name, age, and date of birth

Where do the children reside and with whom: _____

Real Estate: Yes ☐ No ☐

Marital Home: Yes ☐ No ☐ Date purchased: _____ Price: _____

Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

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Second Home: Yes ☐ No ☐ Date purchased: _____ Price: _____

Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

Rental Property: Yes ☐ No ☐ Date purchased: _____ Price: _____

Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

Other Property: Yes ☐ No ☐ Date purchased: _____ Price: _____

Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

Bank Accounts:

Bank	Account	\$Account
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pension, profit sharing, 401k, other retirement:

Husband: Yes ☐ No ☐ Name of accounts and value of each: _____

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Wife: Yes ☐ No ☐ Name of accounts and value of each: _____

Stocks or Bonds: Yes ☐ No ☐

Institution # of shares Value

Business Interests: Yes ☐ No ☐

Type of Business: _____

Partnership Corporation Limited Liability Corporation (circle one)

Did you acquire the business? : Yes ☐ No ☐ When: _____

Source of investment: _____

Annual income: _____ Liens / other interests: _____

Business value: _____

Taxes:

How do you and your spouse file for Federal Income Tax?

Joint married but separate other (circle one)

Have prior years' federal income taxes been paid? Yes ☐ No ☐

If no, which years(s) remain unpaid?

Cars:

Driven by Husband: _____

Title in name of: _____ or lien holder: _____

Monthly payment: _____ Balance owed: _____

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Driven by Wife: _____

Title in name of: _____ or lien holder: _____

Monthly payment: _____ Balance owed: _____

Other: _____

Title in name of: _____ or lien holder: _____

Monthly payment: _____ Balance owed: _____

Property Insurance: Yes ☐ No ☐

Insurer _____ property amount insured _____

Business Insurance: Yes ☐ No ☐

Insurer _____ Property amount insured _____

Life Insurance: Yes ☐ No ☐

Company	Insured	Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____

Health Insurance: Yes ☐ No ☐

Husband:

Health Insurance through employer or self (circle one)

Person's covered: _____

Name of insurance company: _____

Policy / group number: _____

Wife:

Health Insurance through employer or self (circle one)

Person's covered: _____

Name of insurance company: _____

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Policy / group number: _____

Debts:

Attached second sheet if necessary

Creditor	Joint Debt/Individual	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other assets:

Personal Injury claims or other suits now pending?: _____

Workman's compensations claims: _____

Other assets (trucks, boats, motorcycles, campers, RVs, jewelry: _____

Other information we need to know:

What questions do you have for the attorney?

When you return this form please attach any related and appropriate documents including any prior court documents.

How did you hear about SAM LAW OFFICE?

☐ Yellow Pages ☐ Dex ☐ Google ☐ Lawyers.com ☐ Our Website ☐ Bing/Yahoo Ads

☐ Other (Please describe) _____ ☐ Referred by: _____