

TIMOTHY M. AYRES, LLC

Timothy M. Ayres, Esquire

Tonilyn Chippie Kargo, Esquire

Lauren Cascino Presser, Esquire

Date and Time of Appointment: _____ **Attorney:** _____

Who is attending the appointment today? _____

Who completed this form? _____

Type of appointment (check all that apply): Will Power of Attorney Living Will
Trust Real Estate Deed Special Needs Trust

CLIENTS' PERSONAL INFORMATION:

Client's Name:

Spouse's Name:

(First) (Middle) (Last)

(First) (Middle) (Last)

Address: _____

Address: _____

Township/Borough: _____

Township/Borough: _____

Home Phone: () _____

Home Phone: () _____

Cell Phone: () _____

Cell Phone: () _____

E-mail: _____

E-mail: _____

Date of Birth: _____

Date of Birth: _____

SSN: _____

SSN: _____

Date of Death (if applicable): _____

How were you referred to us? (Check one): EZ-to-Use Directory Tribune Democrat
Friend (Name _____) TV Ad Website Facebook
Attorney (Name _____)

CHILDREN

Please provide full legal names, oldest to youngest. List predeceased children.

1. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

2. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

3. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

4. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

5. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

May we speak with your children, if necessary? Yes No