

THE NARRIS LAW OFFICE & FAMILY MEDIATION OFFICES

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PRENUPTIAL AGREEMENT

CLIENT INFORMATION

Full legal name: _____

Current address: _____ Maiden Name (if applicable): _____

Current phone number: _____

Cell phone number (if different): _____

Email: _____

Social Security Number: _____

Date of birth: _____

Place of birth: _____

INTENDED SPOUSE'S INFORMATION

Is your intended spouse represented by an attorney?

Would you like me to refer an attorney for your intended spouse to have the agreement reviewed?

If yes, please list the name, telephone number and address:

Full legal name: _____

Current address: _____ Maiden Name (if applicable): _____

Current phone number: _____

Cell phone number (if different): _____

Email: _____

Social Security Number: _____

Date of birth: _____

Place of birth: _____

GENERAL INFORMATION:

When do you intend to marry?

Have you lived together?

If so, for how long?

Do you wish to enter a prenuptial agreement in order to: Address assets you expect to inherit or receive as a gift? _____ Address assets in the event of divorce? _____ Address assets for a child? _____ Address the distribution of assets in the event of death? _____

CHILDREN:

Please list any children either party has prior to the marriage:

FULL NAME	DATE OF BIRTH	PARENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there are children outside of the marriage, please describe who has custody of those children and who pays support:

In making a prenuptial agreement, each person has to make a full and complete financial disclosure to the other. The information contained in this form will be disclosed to the other spouse. If there are any assets not specifically identified in this form, please include those assets at the end.

FINANCIAL INFORMATION:

Husband's occupation:

Employer:

Monthly Gross Income (before taxes):

Monthly Net Income (after taxes):

Highest level of education:

How long have you been employed in this profession?

Please describe any additional income:

Wife's occupation:

Employer:

Monthly Gross Income (before taxes):

Monthly Net Income (after taxes):

Highest level of education:

How long have you been employed in this profession?

Please describe any additional income:

Health issues of Husband:

Health issues of Wife:

HEALTH INSURANCE:

Does each party have independent access to health insurance?

REAL ESTATE:

Does either party currently own a house or a vacation house?

When was it purchased?

How did the party who own the property pay the down payment? (was there a family gift or did you draw from a specific account?)

Purchase date: _____

Down payment: _____

Purchase price: _____

Amount owed:

Estimated fair market value: (Please be advised that a professional appraisal will likely be needed if either party wants to remain in the home)

When was it purchased?

How did the party who own the property pay the down payment? (was there a family gift or did you draw from a specific account?)

Purchase date: _____

Down payment: _____

Purchase price: _____

Amount owed:

Estimated fair market value: (Please be advised that a professional appraisal will likely be needed if either party wants to remain in the home)

VEHICLES:

Husband's:	Year	Make and Model	Used by	Value	Amt. Owed
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Wife's: Owed	Year	Make and Model	Used by	Value	Amt.
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VALUABLES: Please list any collections, jewelry, antiques, collectibles or other valuables owned by you or your intended spouse:

Item	Estimated Value
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Item

Estimated Value

Item

Estimated Value

Item

Estimated Value

DEBTS

Husband:

Creditor	Acct#	Amount
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Creditor	Acct#	Amount
----------	-------	--------

Wife:

Creditor	Acct#	Amount
----------	-------	--------

Creditor	Acct#	Amount
----------	-------	--------

Creditor	Acct#	Amount
----------	-------	--------

BANK ACCOUNTS

Bank/institution / Acct#: _____

Type of account: (checking, savings, money market, CD, mutual fund, etc.)

Name _____ on _____ Account:

Current balance: _____

Bank/institution/ Acct#: _____

Type of account: (checking, savings, money market, CD, mutual fund, etc.)

Name _____ on _____ Account:

Current balance: _____

Bank/institution/Acct#: _____

Type of account: (checking, savings, money market, CD, mutual fund, etc.)

Name _____ on _____ Account:

Current balance: _____

Bank/institution/Acct#: _____

Type of account: _____

(checking, savings, money market, CD, mutual fund, etc.) _____

Name _____ on _____ Account: _____

Current balance: _____

STOCKS AND BONDS:

Name of Company: _____

Number of Shares: _____ Value: _____

Name of Company: _____

Number of Shares: _____ Value: _____

Name of Company: _____

Number of Shares: _____ Value: _____

Name of Company: _____

Number of Shares: _____ Value: _____

PENSIONS, STOCK PURCHASE PLANS AND OTHER INVESTMENT ACCOUNTS:

Type of Account:(SEP, Keogh, IRA, pension, etc.)

Name _____ on _____ the _____ account (participant): _____

Name of Fund Administrator: _____

Address: _____

Account Number: _____

Balance: _____

Type of Account: (SEP, Keogh, IRA, pension, etc.)

Name _____ on _____ the _____ account
(participant): _____

Name _____ of _____ Fund _____ Administrator:

Address:

Account Number: _____

Balance: _____

Type of Account: (SEP, Keogh, IRA, pension, etc.)

Name _____ on _____ the _____ account
(participant): _____

Name _____ of _____ Fund _____ Administrator:

Address:

Account Number: _____

Balance: _____

Type of Account: (SEP, Keogh, IRA, pension, etc.)

Name _____ on _____ the _____ account
(participant): _____

Name _____ of _____ Fund _____ Administrator:

Address:

Account Number: _____

Balance: _____

Type of Account: (SEP, Keogh, IRA, pension, etc.)

Name on the account (participant):

Name of Fund Administrator:

Address:

Account Number: _____

Balance: _____

LIFE INSURANCE POLICIES

Current life insurance policy owned by Husband:

Beneficiary: Premium Amount:

Policy Amount: Policy Type:

Company Name: Policy Number:

Current life insurance policy owned by Wife:

Beneficiary: Premium Amount:

Policy Amount: Policy Type:

Company Name: Policy Number:

Please list any other assets:
