

**CONFIDENTIAL**

**MARITAL AGREEMENT INFORMATION**

*A worksheet produced exclusively for the clients of*



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Prepared on: \_\_\_\_\_, 20 \_\_\_\_\_

**PERSONAL INFORMATION:**

	YOU	SPOUSE
LEGAL NAME:		
PARTNER'S NAME:		
WEDDING DATE:		
HOME ADDRESS:		
COUNTY:		
HOME PHONE:		
EMAIL ADDRESS:		
YOUR OCCUPATION:		
PARTNER'S OCCUPATION:		
YOUR HEALTH INSURANCE CARRIER:		
PARTNER'S HEALTH INSURANCE CARRIER:		
BUSINESS ADDRESS:		
BUSINESS PHONE:		
CELL PHONE:		
REFERRED BY:		
CITY RESIDING IN AFTER WEDDING DATE:		
PARTNER'S ATTORNEY:		

**CHILDREN:**

Any current children? (Check one):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any children expected? (Check one):	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**FINANCIAL OBLIGATIONS:**

DESCRIPTION OF FINANCIAL OBLIGATION:	MONTHLY BASIS OF OBLIGATION:

**TAXABLE INCOME:**

Estimated 2021 taxable income:	\$
Estimated 2020 taxable income:	\$
Estimated 2019 taxable income:	\$

**PRIORITIES (Upon Death and Upon Divorce)**

What are your priorities in the preparation of your Marital Agreement? Do you have any special concerns?

**ADVISORS**

Accountant:	
Financial Advisor:	
Insurance:	

**PLEASE BRING TO THE MEETING**

<input type="checkbox"/> Last three years of income tax returns	<input type="checkbox"/> Copy of any trust in which you are a beneficiary
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