

*BUSINESS
CONFIDENTIAL
INFORMATION
SHEET*

THE ZYSMAN LAW FIRM

—◆—
A PROFESSIONAL CORPORATION

Preserving the Wealth of Families

*Trust and Estate Planning • Business Formation & Planning Probate
and Estate Administration*

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CONFIDENTIAL INFORMATION SHEET
BUSINESS PLANNING
Please Print

Client 1: Legal Name: _____ DOB _____ SSN _____
(single) (First) (M.I) (Last) MM DD YY

Client 2: Legal Name: _____ DOB _____ SSN _____
(single) (First) (M.I) (Last) MM DD YY

Home Address: _____
Street City State Zip COUNTY

Home#: (____) _____ Work#: (1) (____) _____ Cell#: (1) (____) _____ Text Ok?:

Work#: (2) (____) _____ Cell #: (2) (____) _____ Text Ok?:

Email Address: _____
(Client 1) (Client 2)

Business Name: _____

Business Address: _____

Business Email: _____

Business Phone Number: _(____) _____

Stock certificate information : Par Value _____ Number of Shares _____

Full Name of Owners	% Ownership	Title	# Stock Shares
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

RELEASE OF INFORMATION CONSENT FORM

I authorize The Zysman Law to discuss my information with the following parties.

This consent will remain in effect until such time as you instruct us otherwise in writing. Authorizations granted to those named below shall be considered in addition to any prior authorizations granted to other individuals or entities which have not been revoked or covered under our privacy policy.

My Spouse _____

Name of Authorized Party Relationship

Name of Authorized Party Relationship

Name of Authorized Party Relationship

Name of Authorized Party Relationship

Client Name

Signed and dated

I authorize The Zysman Law to share my estate planning documents with the following parties.

This consent will remain in effect until such time as you instruct us otherwise in writing. Authorizations granted to those named below shall be considered in addition to any prior authorizations granted to other individuals or entities which have not been revoked or covered under our privacy policy

My Spouse _____

Name of Authorized Party Relationship

Name of Authorized Party Relationship

Name of Authorized Party Relationship

Name of Authorized Party Relationship

Client name

Signed and dated