



PRENUPTIAL AGREEMENT

Today's date: _____

How did you hear about our services? _____

BACKGROUND INFORMATION

YOU:

FIANCÉ:

Full Name:		Full Name:	
Former Name(s):		Former Name(s):	
Address:		Address:	
Mailing Address:		Mailing Address:	
Future Address:		Future Address:	
As of (date):		As of (date):	
SSN:		SSN:	
Date of Birth:		Date of Birth:	
Home Phone No:		Home Phone No:	
Work Phone No:		Work Phone No:	
Hours:		Hours:	
Cell No.		Cell No.	
Email:		Email:	
Emergency Contact: (Relationship)		Emergency Contact: (Relationship)	
Emergency Phone:		Emergency Phone:	

Date of wedding: _____

Place of wedding (city, county, state or country): _____

Are either you or your fiancé in the US military service? Explain: _____

Do you have a Will, Trust, and/or any Powers of Attorney documents? _____

Name and contact information for your fiancé's attorney: _____

CHILDREN

Child's Full Name	Birthdate	Age	SSN

Who are the children living with? _____

Do any children have special needs? _____

Explain: _____

Are there children from a previous marriage or relationship whose interests may be affected by a future divorce? _____

Explain: _____

Are you or your fiancé currently pregnant? _____



INCOME INFORMATION

YOU:

FIANCÉ:

Degree(s) Obtained:		Degree(s) Obtained:	
Occupation:		Occupation:	
Employed by:		Employed by:	
Address:		Address:	
__ Years employed	__ Hours/week	__ Years employed	__ Hours/week
Gross Salary:	\$ _____ per _____	Gross Salary:	\$ _____ per _____
Bonus:		Bonus:	
Net Salary:	\$ _____ per _____	Net Salary:	\$ _____ per _____
Other source or potential source of income?		Other source or potential source of income?	

COUNTY/STATE BENEFITS

Benefits received by you or your fiancé:

Cash Grant (AFDC or MFIP)		
Medical Assistance		
Minnesota Care		
Subsidized or sliding fee child care		
Veterans Administration		
Social Security		
Unemployment Compensation		
Workers' Compensation		
Other, explain: (i.e. food stamps, daycare assistance)		



SUPPORT OBLIGATIONS

List all current support paid or received by you or your fiancé.

	YOU:	SPOUSE:
Child Support Paid		
Child Support Received		
Spousal Support Paid		
Spousal Support Received		

HEALTH INFORMATION

Who provides insurance? You Fiancé

Through employment? Yes No

Who is covered by insurance? _____

Type of insurance? _____

Who is the provider? _____

BUSINESS INTERESTS

Name of Company: _____

Address: _____

Phone: _____ Service or Product: _____

Date Acquired: _____ Position Held: _____

Cost of Investment: _____ Source of Investment: _____

Directors/Officers: _____

Other Partners: _____

Stock Interest: _____ Number of Shareholders: _____

Additional Information: _____



REAL ESTATE

Home Address: _____

Title held by: You Fiancé Both Abstract or Torrens Property? _____

Legal Description: _____

Date Purchased: _____ Purchase Price: _____

Monthly Payment: _____ Insurance: _____

Property Tax: _____ Down Payment (amount and source): _____

Mortgage Balance: _____ Other Mortgages: _____

Market Value: _____ Source of Market Value: _____

Tax Assessed Value: _____ Approximate Equity: _____

Address: _____

Title held by: You Spouse Both Abstract or Torrens Property? _____

Legal Description: _____

Date Purchased: _____ Purchase Price: _____

Monthly Payment: _____ Insurance: _____

Property Tax: _____ Down Payment (amount and source): _____

Mortgage Balance: _____ Other Mortgages: _____

Market Value: _____ Source of Market Value: _____

Tax Assessed Value: _____ Approximate Equity: _____

Address: _____

Title held by: You Spouse Both Abstract or Torrens Property? _____

Legal Description: _____



Date Purchased: _____ Purchase Price: _____

Monthly Payment: _____ Insurance: _____

Property Tax: _____ Down Payment (amount and source): _____

Mortgage Balance: _____ Other Mortgages: _____

Market Value: _____ Source of Market Value: _____

Tax Assessed Value: _____ Approximate Equity: _____

STORED GENETIC MATERIAL

Have you or your partner, if any, ever been diagnosed as infertile, treated for infertility, or used or participated in assisted reproduction? _____

If so, explain: _____

Are you and/or your partner the owners of any store genetic material (e.g., egg(s), sperm, or embryo)? _____

If yes:

a. Describe the stored material. _____

b. Provide full contact information for the storage provider(s). _____

c. Do you possess your contract with, and promotional or other written material provided by, the storage provider? _____

d. Did, or do, you and your partner, have any agreement(s) about such stored material and, if so, please describe such agreement(s)? _____

e. Is/are such agreement(s) in writing? _____

f. Is any of the stored genetic material the biological material of anyone other than you and/or you spouse? _____

If so, please explain: _____

g. What are your wishes with respect to such material? _____



AUTOMOBILES AND OTHER MOTOR VEHICLES

Year/ Make/ Model	Name(s) on Title	In Possession of	Fair Market Value (KBB Private Party Sale)	Loam Amount	VIN	To Whom

PERSONAL ACCOUNTS

(e.g. checking, savings, certificates, stocks & bonds, safe deposit boxes, persons that owe you money, etc.)

Name(s) on Account	Account Type	Account Number	Bank or Institution	Approx. Value



RETIREMENT ACCOUNTS OR PLANS

(e.g. IRA, Roth IRA, SEP IRA, SIMPLE IRA, 401k, 403b)

Name(s) on Account	Account Type	Account Number	Company	Current Value

PENSION PLANS

(Defined Benefit Plans)

Name(s) on Account	Company	Percent Vested	Date of Full Vesting	Projected Monthly Benefit	Estimated Present Value

Other Employee Benefits

Please list stock options, savings plans, profit sharing, commission, expense accounts, etc. you or your fiancé have through employment: _____



LIFE INSURANCE

Policy Holder	Policy Number	Company	Type	Face Value	Beneficiary	Cash Value

Are you or your spouse the beneficiary of a Will, Trust, or Life Estate? _____

OTHER PERSONAL PROPERTY

(e.g. pets, antiques, artwork)

Description	Ownership	Fair Market Value	To Whom



Description	Ownership	Fair Market Value	To Whom

DEBTS: (INSTALLMENT/ROTATING)

Please provide the following information regarding any debts owed by yourself, your fiancé, or jointly (attach a credit report if possible.)

Creditor	Name(s) on Account	Incurred by Whom	Purpose	Balance	Monthly Payment



ADDITIONAL INFORMATION

If you and your fiancé are living in two separate places, briefly describe your living arrangement and how that will change after you are married. If not, please describe how your current living arrangement is divided, who does what and who pays the bills. _____

How do you and your fiancé plan on allocating income each of you earn? _____

How do you and your fiancé plan on handling living expenses? _____

Do you see any increase or decrease in salary for either you or your fiancé in the future? _____

Do you or your fiancé stand to inherit any assets in the near future? _____



REQUEST FOR DOCUMENTARY DATA

A complete picture of the assets and income for you and your fiancé is absolutely necessary. By providing us with the information and items requested below, you will **save time and money**, and assist us in preparing the necessary paperwork.

1. At least 5 consecutive paycheck stubs for both you and your fiancé.
2. Copies of your income tax returns, both state and federal, for the last 3 years.
3. Deeds, abstracts, or other documents showing the legal description of your homestead and any other real estate owned by you or your fiancé, individually or jointly.
4. Mortgage or contract for deed balance on homestead and any other real estate, along with the last monthly mortgage payment statement, if you have one.
5. Statements from bank accounts and certificates of deposit owned by you and your fiancé, individually or jointly for the last 6 months.
6. Statements and/or certificates from any stocks, bonds or mutual fund holdings owned by you and your fiancé, individually or jointly for the last 6 months.
7. Current copies of life insurance policy statements, including loans against them.
8. Current copies of statements from outstanding bills, loans, or credit cards for you and your fiancé.
9. Current statements from any pension, retirement program, profit sharing or investment program you or your fiancé is involved in through employment. Current statements from you and your fiancé's Individual Retirement Account(s) (IRA).
10. A copy of any financial statements or statements of net worth prepared by you, your fiancé, or your financial planner.
12. A copy of you and your fiancé's Social Security statement reflecting earnings and qualifications for retirement benefits.
13. A copy of cash flow or monthly budgets you or your fiancé has prepared.
14. Any other information you feel may be helpful in understanding your financial picture, i.e. a credit report.

