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SIMPLE WORKSHEET

Below is information that will assist our office in the preparation of documentation that you have requested and/or for your upcoming meeting.

PERSONAL INFORMATION

Husband:

First Name Middle Initial Last Name

Address: Street City State Zip

Phone(s): Home Mobile Work

Email:

Driver's License State and Number: Are you an organ donor?

Date of Birth: Social Security Number:

Date of Marriage and Spouse Name (if applicable):

Wife:

First Name Middle Initial Last Name

Address: Street City State Zip

Phone(s): Home Mobile Work

Email:

Driver's License State and Number: Are you an organ donor?

Date of Birth: Social Security Number:

Date of Marriage and Spouse Name (if applicable):

ADDITIONAL CONTACTS

First:

_____	_____	_____	_____
First Name	Middle Name	Last Name	
_____	_____	_____	_____
Street	City	State	Zip Code
_____	_____	_____	_____
Mobile Phone		Email Address	
_____	_____	_____	_____
Date of Birth	Relationship	Social Security Number	

Second:

_____	_____	_____	_____
First Name	Middle Name	Last Name	
_____	_____	_____	_____
Street	City	State	Zip Code
_____	_____	_____	_____
Mobile Phone		Email Address	
_____	_____	_____	_____
Date of Birth	Relationship	Social Security Number	

Third:

_____	_____	_____	_____
First Name	Middle Name	Last Name	
_____	_____	_____	_____
Street	City	State	Zip Code
_____	_____	_____	_____
Mobile Phone		Email Address	
_____	_____	_____	_____
Date of Birth	Relationship	Social Security Number	

Fourth:

_____	_____	_____	_____
First Name	Middle Name	Last Name	
_____	_____	_____	_____
Street	City	State	Zip Code
_____	_____	_____	_____
Mobile Phone		Email Address	
_____	_____	_____	_____
Date of Birth	Relationship	Social Security Number	