

# Oseran Hahn, P.S.

ATTORNEYS AT LAW

www.ohswlaw.com

10900 N.E. Fourth Street #1430  
Bellevue, Washington 98004  
Telephone (425) 455-3900  
Facsimile (425) 455-9201

PLEASE FILL OUT, OR IF YOU ARE A CURRENT CLIENT, PLEASE UPDATE IF YOUR INFORMATION HAS CHANGED

How did you hear about us?	
----------------------------	--

## ALL INFORMATION IS STRICTLY CONFIDENTIAL

YOUR PERSONAL INFORMATION					
(Please provide your driver's license so we can make a copy for our files)					
Full Legal Name (Last, First Middle):					
Gender:		Date of Birth:		Nickname:	
Social Security #			Country of Citizenship:		
Occupation:			Employer:		
Home Phone:			Cell Phone:		
Work Phone:			Main phone to contact:		
E-mail:					
Marital status (Single/Partnered/Married/Divorced/etc.):				Date of Marriage:	

IF MARRIED OR PARTNERED PLEASE PROVIDE PARTNER/SPOUSE'S PERSONAL INFORMATION					
Full Legal Name (Last, First Middle):					
Gender:		Date of Birth:		Nickname:	
Social Security #			Country of Citizenship:		
Occupation:			Employer:		
Work Phone:			Cell Phone:		
E-mail:			Main phone to contact:		

PLACE OF RESIDENCE			
Address:			
City:		State:	
Zip:		County:	

MAILING/BILLING ADDRESS (if different from address given above)			
Address:			
City:		State:	
Zip:		County:	

**CHILDREN | BENEFICIARIES** (fill in any applicable information)

<b>Full Name (Last, First):</b>		<b>Gender:</b>		<b>DOB:</b>	
<b>Child of (Husband/Wife/Both):</b>		<b>Natural/Legally Adopted/Stepchild:</b>			
<b>Special financial or health needs:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>E-mail:</b>					

<b>Full Name (Last, First):</b>		<b>Gender:</b>		<b>DOB:</b>	
<b>Child of (Husband/Wife/Both):</b>		<b>Natural/Legally Adopted /Stepchild:</b>			
<b>Special financial or health needs:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>E-mail:</b>					

<b>Full Name (Last, First):</b>		<b>Gender:</b>		<b>DOB:</b>	
<b>Child of (Husband/Wife/Both):</b>		<b>Natural/Legally Adopted /Stepchild:</b>			
<b>Special financial or health needs:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>E-mail:</b>					

<b>Full Name (Last, First):</b>		<b>Gender:</b>		<b>DOB:</b>	
<b>Child of (Husband/Wife/Both):</b>		<b>Natural/Legally Adopted /Stepchild:</b>			
<b>Special financial or health needs:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>E-mail:</b>					

<b>Full Name (Last, First):</b>		<b>Gender:</b>		<b>DOB:</b>	
<b>Child of (Husband/Wife/Both):</b>		<b>Natural/Legally Adopted /Stepchild:</b>			
<b>Special financial or health needs:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>E-mail:</b>					

**OTHER CONTACTS** (CPA, financial advisor, etc.)

<b>Full Name (Last, First):</b>		<b>Relationship to Client:</b>	
---------------------------------	--	--------------------------------	--

<b>Business Name:</b>	
-----------------------	--

<b>Address:</b>	
-----------------	--

<b>City:</b>		<b>State:</b>		<b>Zip:</b>		<b>Phone:</b>	
--------------	--	---------------	--	-------------	--	---------------	--

<b>E-mail:</b>	
----------------	--

<b>Full Name (Last, First):</b>		<b>Relationship to Client:</b>	
---------------------------------	--	--------------------------------	--

<b>Business Name:</b>	
-----------------------	--

<b>Address:</b>	
-----------------	--

<b>City:</b>		<b>State:</b>		<b>Zip:</b>		<b>Phone:</b>	
--------------	--	---------------	--	-------------	--	---------------	--

<b>E-mail:</b>	
----------------	--

<b>Full Name (Last, First):</b>		<b>Relationship to Client:</b>	
---------------------------------	--	--------------------------------	--

<b>Business Name:</b>	
-----------------------	--

<b>Address:</b>	
-----------------	--

<b>City:</b>		<b>State:</b>		<b>Zip:</b>		<b>Phone:</b>	
--------------	--	---------------	--	-------------	--	---------------	--

<b>E-mail:</b>	
----------------	--