

# Personal Information Form

\*\*\* All information contained in this form is confidential and protected by attorney-client privilege. \*\*\*

**Completing this prior to your appointment will enable us to spend more time during the meeting to answer your questions and help you identify solutions to your concerns.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  US citizen  Naturalized citizen  resident alien  
occupation: \_\_\_\_\_  retired  employed  Veteran  Yes  No  
Marital status:  single/widow(er)  married (date \_\_\_\_\_)  first  second  other \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Spouse (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_ DOD (if applicable) \_\_\_\_\_  
 US citizen  Naturalized citizen  resident alien occupation: \_\_\_\_\_  retired  employed  
 first marriage  second marriage  other \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Veteran  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ e-mail address \_\_\_\_\_

Which number(s) would you prefer to be contacted at?  home  cell  work What is best time? \_\_\_\_\_

Referred to us by: Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Contacts: Financial Advisor \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
Accountant/tax: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Existing Estate Planning:</u>	<u>You</u>	<u>Spouse</u> <input type="checkbox"/> NA	<u>Date Document Executed</u>
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily benefit: \$ _____ Term _____

Have you transferred or gifted away assets away in the last 60 months? Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

## Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.

You - current health status:  Good  Concern  Problem  
Specific concern/problem: \_\_\_\_\_  
\_\_\_\_\_

Spouse - current health status:  Good  Concern  Problem  
Specific concern/problem: \_\_\_\_\_  
\_\_\_\_\_

	<u>You</u>	<u>Spouse</u> <input type="checkbox"/> NA
Do you have children:	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No
Please specify:	<input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted <input type="checkbox"/> foster	<input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted <input type="checkbox"/> foster
Do you have grandchildren:	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No

What would completing your estate planning accomplish for you? \_\_\_\_\_  
\_\_\_\_\_

What do you see as your biggest risk if you don't complete your estate plan? \_\_\_\_\_  
\_\_\_\_\_

Rank the following (1-8) in order of importance for you currently (1 = Most Important 8 = Least Important)

_____ Avoid probate	_____ Protect assets from govt/lawsuits/nursing homes
_____ Keep estate matters private	_____ Protect assets for family from predators after my death (i.e. my spouse's disability or remarriage, my children's/beneficiary's lawsuits, divorce or bankruptcy)
_____ Minimize/eliminate taxes	_____ Keep it simple for my family when something happens to me (disability/death)
_____ Remain independent and in control of my care and/or assets	_____ Provide detailed instructions and authority to people I trust to have the care I desire provided for me if I become disabled

PERSONAL/FAMILY INFORMATION

**CHILDREN (if applicable) or BENEFICIARIES (who you want to get your "stuff")**

Name: \_\_\_\_\_  male  female Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child of:  joint  you  spouse  adopted  foster child Other relation \_\_\_\_\_  
 student  employed - Occupation: \_\_\_\_\_  
 Single  Married  first  second  other - how long? \_\_\_\_\_ spouse's name: \_\_\_\_\_ occupation: \_\_\_\_\_  
Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_  
Special needs/considerations: \_\_\_\_\_  
Potential problems/hardships/issues: \_\_\_\_\_

Name: \_\_\_\_\_  male  female Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child of:  joint  you  spouse  adopted  foster child Other relation \_\_\_\_\_  
 student  employed - Occupation: \_\_\_\_\_  
 Single  Married  first  second  other - how long? \_\_\_\_\_ spouse's name: \_\_\_\_\_ occupation: \_\_\_\_\_  
Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_  
Special needs/considerations: \_\_\_\_\_  
Potential problems/hardships/issues: \_\_\_\_\_

Name: \_\_\_\_\_  male  female Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child of:  joint  you  spouse  adopted  foster child Other relation \_\_\_\_\_  
 student  employed - Occupation: \_\_\_\_\_  
 Single  Married  first  second  other - how long? \_\_\_\_\_ spouse's name: \_\_\_\_\_ occupation: \_\_\_\_\_  
Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_  
Special needs/considerations: \_\_\_\_\_  
Potential problems/hardships/issues: \_\_\_\_\_

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Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_  
Special needs/considerations: \_\_\_\_\_  
Potential problems/hardships/issues: \_\_\_\_\_

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Special needs/considerations: \_\_\_\_\_  
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 Single  Married  first  second  other - how long? \_\_\_\_\_ spouse's name: \_\_\_\_\_ occupation: \_\_\_\_\_  
Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_  
Special needs/considerations: \_\_\_\_\_  
Potential problems/hardships/issues: \_\_\_\_\_

# Financial Information Sheet

**\*\* It is very important you indicate in each category ownership and dollar amount separately, as well as total value.\*\***

## MONTHLY INCOME:

SOURCE	YOU	SPOUSE	JOINT	TOTAL
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**ASSET INFORMATION AS OF \_\_\_\_\_ (date) - Please provide total amount for each type of asset and who owns.**

TYPE OF ASSET	YOU	SPOUSE	JOINT	TOTAL
Cash, Checking, Savings, CD's, Money Market & Cash Management Accounts	\$	\$	\$	\$
Investment/Broker-held Accounts (not including cash) and Mutual Fund Accounts	\$	\$	\$	\$
Retirement Accounts: IRA, 401K, 403B, SEP, etc.	\$	\$	\$	\$
Life Insurance: death benefit and cash value	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ C.V. \$
Stocks: you hold (not in brokerage accounts)	\$	\$	\$	\$
Bonds: bonds you hold (not in brokerage accounts)	\$	\$	\$	\$
Annuities: \$ = original amount    invested date=month/year purchased CV=current value	\$ _____ date ____ CV _____	\$ _____ date ____ CV _____	\$ _____ date ____ CV _____	\$ _____ date ____ CV _____
Real estate: residence (per tax bill)	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, snowmobiles, etc.	\$	\$	\$	\$
<b>Total Assets</b>	\$	\$	\$	\$

**Over Please →**

**OTHER ASSETS NOT LISTED:**

TYPE	YOU	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**LIABILITIES:**

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**BUSINESS INTEREST:**

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation <input type="checkbox"/> S-Corp?	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

Other things you think we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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