



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: _____

You Spouse NA
Do you have children: Yes How many? _____ No Yes How many? _____ No
Please specify: joint you step adopted foster joint you step adopted foster

Do you have grandchildren: Yes How many? _____ No Yes How many? _____ 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 level of importance to you on the following issues (1 = Low 10 = High)

- | | |
|--|--|
| _____ Avoid probate | _____ Protect assets from government/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 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 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 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 Other relation _____
 student employed - Occupation: _____
 Single Married first second other - how long? _____ Spouse's name: _____ occupation: _____
Children: none How many? _____ Ages: _____
Special needs/considerations: _____
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Name: _____ Male Female Date of Birth: _____
Address: _____ Phone: _____
Child of: joint you spouse adopted 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 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: _____

Personal Financial Information

**** 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 | \$ | \$ | \$ | \$ |
| Investment Income | \$ | \$ | \$ | \$ |
| Other Income | \$ | \$ | \$ | \$ |
| Total Income | \$ | \$ | \$ | \$ |

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 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. | \$ | \$ | \$ | \$ |
| Total Assets | \$ | \$ | \$ | \$ |

Over Please →

OTHER ASSETS:

| TYPE | YOU | SPOUSE | JOINT | TOTAL |
|--------------------|-----|--------|-------|-------|
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| Total Value | \$ | \$ | \$ | \$ |

LIABILITIES:

| TYPE | YOU | SPOUSE | JOINT | TOTAL |
|--------------------|-----|--------|-------|-------|
| Mortgage | \$ | \$ | \$ | \$ |
| Loans Payable | \$ | \$ | \$ | \$ |
| Other | \$ | \$ | \$ | \$ |
| Total Value | \$ | \$ | \$ | \$ |

BUSINESS INTEREST:

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

Other things you think we should know:
