



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 _____

Spouse (if applicable): _____ DOB: _____ DOD (if applicable) _____
 US citizen Naturalized citizen resident alien occupation: _____ retired employed
 first marriage second marriage other _____ 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: 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")

[This also includes any person or entity you may wish to name in your estate plan (siblings, entities like churches, charities, executors, power of attorney, health care proxy, trustee, or any other named person)]

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: _____
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: _____

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	\$	\$	\$	\$

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	\$	\$	\$	\$

How much are your total monthly living expenses? \$ _____

Other things you think we should know:
