



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: First MI Last DOB:

US Citizen Naturalized Citizen Resident Alien Occupation:

Employer: Retired Employed

Marital Status: Single/Widow(er) Married (Date) First Second Other:

Social Security No.: Veteran: Yes No

Address: City: State: Zip Code:

Home #: Cell #: Work #:

Fax #: E-mail Address:

Spouse (if applicable): First MI Last DOB:

DOD (if applicable): Social Security No.: Veteran: Yes No

US Citizen Naturalized Citizen Resident Alien Occupation:

Employer: Retired Employed

First Marriage Second Marriage Other:

Address: City: State: Zip Code:

Home #: Cell #: Work #:

Fax #: E-mail Address:

Which number(s) would you prefer to be contacted at? Home Cell Work What is the best time?

Referred to us by: Name: Firm Name:

Contacts: Financial Advisor: Firm: Phone:

Accountant/tax: Firm: Phone:

Existing Estate Planning:

You

Spouse NA

Date Document Executed

- Will Yes No Yes No Yes No Date:
Trust Yes No Yes No Yes No Date:
Power of Attorney Yes No Yes No Yes No Date:
Health Care Proxy Yes No Yes No Yes No Date:
Living Will Yes No Yes No Yes No Date:
Long-Term Care Insurance Yes No Yes No Yes No Daily Benefit: \$ Term

Have you transferred or gifted away assets 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 Spouse - current health status: Good Concern Problem

Specific concern/problem: _____ Specific concern/problem: _____

	<u>You</u>		<u>Spouse</u>	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 gov't/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 |

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	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

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

OTHER ASSETS NOT LISTED:

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: _____

