

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

Personal and Financial Information Form

Husband: _____ DOB: _____ US citizen Naturalized citizen Resident alien

Occupation: _____ Retired Employed

Marital status: Single/Widow(er) married (date _____) First Second Other _____

Wife (if applicable): _____ DOB: _____ DOD (if applicable) _____

US citizen Naturalized citizen Resident alien Occupation: _____ Retired Employed

First marriage Second marriage Other _____

Address: _____ City: _____

County: _____ State: _____ Zip Code _____

Home # _____ Cell # _____ Cell 2: _____ Work # _____

Email address _____ Email 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: _____ Firm: _____ Phone: _____

Are you or your spouse a veteran? Yes No If Yes, is it You or your Spouse - Dates of Service: _____

Existing Estate Planning	Husband	Wife	Date Document Executed
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: _____ Length of Benefit _____

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

Do you have any burial plots or a funeral plan? Yes No If Yes, where is the plot? _____

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

Husband - current health status: Good Concern Problem

Wife - current health status: Good Concern Problem

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

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? _____

Personal/Family Information

Do you have children? Please specify: Do you have grandchildren?	Husband <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____ <input type="checkbox"/> Joint <input type="checkbox"/> Mine <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Foster <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____	Wife <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____ <input type="checkbox"/> Joint <input type="checkbox"/> Mine <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Foster <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____
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CHILDREN and GRANDCHILDREN:

Name: _____ Male Female Date of Birth: _____
Address: _____ Phone: _____
Child of: joint husband wife adopted foster child Other relation _____
If Grandchild, list parent name: _____
 student employed - Occupation: _____
 Single Married 1st 2nd 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 husband wife adopted foster child Other relation _____
If Grandchild, list parent name: _____
 student employed - Occupation: _____
 Single Married 1st 2nd 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 husband wife adopted foster child Other relation _____
If Grandchild, list parent name: _____
 student employed - Occupation: _____
 Single Married 1st 2nd 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 husband wife adopted foster child Other relation _____
If Grandchild, list parent name: _____
 student employed - Occupation: _____
 Single Married 1st 2nd 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 husband wife adopted foster child Other relation _____
If Grandchild, list parent name: _____
 student employed - Occupation: _____
 Single Married 1st 2nd 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 husband wife adopted foster child Other relation _____
If Grandchild, list parent name: _____
 student employed - Occupation: _____
 Single Married 1st 2nd 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 husband wife adopted foster child Other relation _____
If Grandchild, list parent name: _____
 student employed - Occupation: _____
 Single Married 1st 2nd 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 husband wife adopted foster child Other relation _____

If Grandchild, list parent name: _____

student employed - Occupation: _____

Single Married 1st 2nd 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 husband wife adopted foster child Other relation _____

If Grandchild, list parent name: _____

student employed - Occupation: _____

Single Married 1st 2nd 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 husband wife adopted foster child Other relation _____

If Grandchild, list parent name: _____

student employed - Occupation: _____

Single Married 1st 2nd other - how long? _____ Spouse's name: _____ Occupation: _____

Children: none How many? _____ Ages: _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Any other person or entity named in your plan (siblings, entities like churches, charities, executors, trustees or any other named person):

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Other relation _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Other relation _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Other relation _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Other relation _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Other relation _____

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	HUSBAND	WIFE	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	HUSBAND	WIFE	JOINT	TOTAL
Cash, Checking, Savings, CDs, 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 outside of brokerage accounts	\$	\$	\$	\$
Bonds you hold outside of 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 Value	\$	\$	\$	\$

OTHER ASSETS NOT LISTED:

TYPE	HUSBAND	WIFE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

LIABILITIES:

TYPE	HUSBAND	WIFE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

BUSINESS INTERESTS:

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

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

Notes/Comments:
