THE LAW OFFICES OF
DAVID L. CARRIER, P.C.
ESTATE PLANNING & ELDER LAW

Personal Information Form

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

Basic Information

Name:	DOB:	□ Male □ Female
Address:	Social Sec. No.	
City, State, Zip:	Home #:	
Email:	Work #:	
Occupation: Veteran? □ Y □ N	Cell #:	

Check all that apply: □ married □ divorced □ not married □ widow(er) □ living with partner □ first marriage □ 2nd □ 3rd □ ____th

Spouse (if applicable)

Name:	DOB:	DOD: (if applicable)	□ Male □ Female
Email:		Social Sec. No.	
Occupation: Veteran? □ Y □ N		Phone #:	

Check all that apply: □ married □ divorced □ not married □ widow(er) □ living with partner □ first marriage □ 2nd □ 3rd □ ____th

Professional Contacts (if applicable)

Financial Advisor _____ Firm _____ Phone _____

Accountant _____ Firm _____ Phone _____

Estate Planning

Do you have any existing estate planning documents?

	You	Spouse	When was document executed?
Will:	□ Yes □ No	□ Yes □ No	_____
Trust:	□ Yes □ No	□ Yes □ No	_____
Power of Attorney:	□ Yes □ No	□ Yes □ No	_____
Health Care Proxy:	□ Yes □ No	□ Yes □ No	_____
Living Will:	□ Yes □ No	□ Yes □ No	_____
Long-Term Care Insurance:	□ Yes □ No	□ Yes □ No	_____

Health Status

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

Your current health status: □ Good □ Concern □ Problem **Spouse:** □ Good □ Concern □ Problem

Please specify: _____

Finances At-A-Glance

Understanding your finances plays an important role in designing an estate plan best suited for the needs of you and your loved ones. Please complete this worksheet with any amounts that apply.

Monthly Income:

Type	You	Spouse	Joint
Wages			
Pension			
Social Security			
Investments			
Other			
TOTAL			

Asset Information:

Type	You	Spouse	Joint
Cash, Checking, Savings			
Retirement Accounts			
Investment Accounts			
House			
Other Real Estate			
Vehicles			
Other			
TOTAL			

Liabilities:

Type	You	Spouse	Joint
Mortgage			
Loans Payable			
Other			
TOTAL			

Business Interest:

Type	You	Spouse	Joint
Farm			
LLC			
Corporation (S-Corp? □)			
TOTAL			

Child Information

You & Spouse Jointly:	Do you have children?	◻ Yes	How many? ___	◻ None
You:	Do you have children?	◻ Yes	How many? ___	◻ None
Spouse:	Do you have children?	◻ Yes	How many? ___	◻ None

Name:	DOB:	◻ Male ◻ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: ◻ joint ◻ from my previous marriage ◻ from spouse's previous marriage ◻ adopted ◻ foster child ◻ other ________

Name:	DOB:	◻ Male ◻ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: ◻ joint ◻ from my previous marriage ◻ from spouse's previous marriage ◻ adopted ◻ foster child ◻ other ________

Name:	DOB:	◻ Male ◻ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: ◻ joint ◻ from my previous marriage ◻ from spouse's previous marriage ◻ adopted ◻ foster child ◻ other ________

Name:	DOB:	◻ Male ◻ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: ◻ joint ◻ from my previous marriage ◻ from spouse's previous marriage ◻ adopted ◻ foster child ◻ other ________

Is there anyone in your family with special needs or that requires special consideration?

____

____

Need more room to write? Extra spaces for additional children provided on Page 4

Other Beneficiaries

Who else would you like for your planning to benefit? Grandchild? Church? Charitable Organization? Community Foundation? Friend? Please provide their information below.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Child Information, Continued

Name:	DOB:	□ Male □ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: □ joint □ from my previous marriage □ from spouse's previous marriage □ adopted □ foster child □ other ________

Name:	DOB:	□ Male □ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: □ joint □ from my previous marriage □ from spouse's previous marriage □ adopted □ foster child □ other ________

Name:	DOB:	□ Male □ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: □ joint □ from my previous marriage □ from spouse's previous marriage □ adopted □ foster child □ other ________

Name:	DOB:	□ Male □ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: □ joint □ from my previous marriage □ from spouse's previous marriage □ adopted □ foster child □ other ________

Name:	DOB:	□ Male □ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: □ joint □ from my previous marriage □ from spouse's previous marriage □ adopted □ foster child □ other ________

Name:	DOB:	□ Male □ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: □ joint □ from my previous marriage □ from spouse's previous marriage □ adopted □ foster child □ other ________

Name:	DOB:	□ Male □ Female
Address:	Phone:	
City, State, Zip:	Spouse:	

This child is: □ joint □ from my previous marriage □ from spouse's previous marriage □ adopted □ foster child □ other ________