



Personal Information Form

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

Basic Information

First Name: _____ MI: _____ Last: _____	DOB: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	Social Sec. No. _____	
City, State, Zip: _____	Home #: _____	
Email: _____	Work #: _____	
Occupation: _____	Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell #: _____

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

Spouse (if applicable) D.O.D. (if applicable) _____

First Name: _____ MI: _____ Last: _____	DOB: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email: _____	Social Sec. No. _____	
Occupation: _____	Veteran? <input type="checkbox"/> Y <input type="checkbox"/> 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?

	<u>You</u>	<u>Spouse</u>	When was document executed?
Will:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trust:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Power of Attorney:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Proxy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Living Will:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Long-Term Care Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Prenuptial Agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Postnuptial Agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

<u>Type</u>	You	Spouse	Joint
Wages			
Pension			
Social Security			
Investments			
Other			
TOTAL			

Asset Information:

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

Liabilities:

<u>Type</u>	You	Spouse	Joint
Mortgage			
Loans Payable			
Other			
TOTAL			

Business Interest:

<u>Type</u>	You	Spouse	Joint
Farm			
LLC			
Corporation (S-Corp? <input type="checkbox"/>)			
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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	Phone:	
City, State, Zip:	Spouse:	

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