



# Personal and Financial Information Sheet

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  US citizen  Naturalized citizen  resident alien

occupation: \_\_\_\_\_  retired  employed Veteran?  yes  no

Marital status:  single/widow(er)  married (date \_\_\_\_\_)  first  second  other \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Spouse (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_ DOD (if applicable) \_\_\_\_\_

US citizen  Naturalized citizen  resident alien occupation: \_\_\_\_\_  retired  employed

first marriage  second marriage  other \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Veteran?  yes  no

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ e-mail address \_\_\_\_\_

At which number(s) would you prefer to be contacted?  home  cell  work What is best time? \_\_\_\_\_

Referred to us by: Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Contacts: Financial Advisor: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant: \_\_\_\_\_ 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: _____

### 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: \_\_\_\_\_

What do you want us to help you accomplish? \_\_\_\_\_

Is there anything else about you or your family or your personal goals you would like us to know? \_\_\_\_\_

PERSONAL/FAMILY INFORMATION

CHILDREN (if applicable) or BENEFICIARIES (who you want to get your stuff)

Name: \_\_\_\_\_  male  female Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Child of:  joint  you  spouse  adopted  foster child 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  foster child 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: \_\_\_\_\_

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Child of:  joint  you  spouse  adopted  foster child Other relation \_\_\_\_\_
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Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_
Special needs/considerations: \_\_\_\_\_
Potential problems/hardships/issues: \_\_\_\_\_

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Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_
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Potential problems/hardships/issues: \_\_\_\_\_

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Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_
Special needs/considerations: \_\_\_\_\_
Potential problems/hardships/issues: \_\_\_\_\_

## FINANCIAL INFORMATION SHEET

**\*\* It is very important you list all your income and assets**

**Please list all monthly sources of income.**

(Examples: Social Security, Pensions, Wages, etc.)

INCOME SOURCE	WHO RECEIVES	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
MONTHLY TOTAL:		\$

**Please list all assets and who owns.**

(Examples: Bank Accounts, Cash, Brokerage, Investment, IRA, 401(K), Life Insurance, Real Estate, Annuities, Business Interest, etc.)

ASSET DESCRIPTION	OWNER(S)	CURRENT VALUE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

TOTAL:		\$
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**Asset list continuation**

		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL:		\$

**Please list all liabilities.**

(Examples: Mortgage, HELOC, Credit Cards, Car Loans, etc.)

LIABILITY/DEBT DESCRIPTION	WHO'S DEBT	BALANCE DUE
		\$
		\$
		\$
TOTAL:		\$

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Do you own firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No
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