



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 # _____ E-mail Address _____

At which number(s) would you prefer to be contacted? Home Cell Work What is best time? _____

Referred to us by: _____

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: _____

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: _____

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: _____

FINANCIAL INFORMATION

***** 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:		\$

Asset list continuation

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

Please list all liabilities.

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

LIABILITY/DEBT DESCRIPTION	NAME ON DEBT	BALANCE DUE
		\$
		\$
		\$
TOTAL:		\$