



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
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.: _____

Address: _____ City: _____ State: _____ Zip Code _____

Home # _____ Cell # _____ Work # _____ e-mail 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: _____

<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 Surrogate	<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: _____

Do you have children: Yes How many? _____ No Yes How many? _____ No
Please specify: joint you step adopted foster joint you step adopted foster

Do you have grandchildren: Yes How many? _____ No Yes How many? _____ No
Please specify: joint you step adopted foster joint you step adopted foster

Is there anyone in your family with special needs or that requires special consideration? Yes No
Comments/ Concerns: _____

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 to tell us? _____

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: _____
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Potential problems/hardships/issues: _____

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

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Address: _____ Phone: _____
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Children: none How many? _____ Ages: _____
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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 Sheet

** It is very important you indicate in each category ownership and dollar amount separately, as well as total value. **

MONTHLY INCOME:

SOURCE	YOU	SPOUSE	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	YOU	SPOUSE	JOINT	TOTAL
Cash, Checking, Savings, CD=s, 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 (not in brokerage accounts)	\$	\$	\$	\$
Bonds: bonds you hold (not in 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	YOU	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

LIABILITIES:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

BUSINESS INTEREST:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Notes/Comments:
