



Personal and Financial Information Form

*** 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 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: _____

	<u>You</u>	<u>Spouse</u> NA
Do you have children:	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No
Please specify:	<input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted <input type="checkbox"/> foster	<input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted <input type="checkbox"/> foster
Do you have grandchildren:	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No
Please specify:	<input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted <input type="checkbox"/> foster	<input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted <input type="checkbox"/> 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?



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

Name: _____ male female Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ E-mail address: _____
 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: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ E-mail address: _____
 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: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ E-mail address: _____
 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: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ E-mail address: _____
 Child of: joint you spouse adopted foster child Other relation _____
 student employed - Occupation: _____
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 Children: none How many? _____ Ages: _____
 Special needs/considerations: _____
 Potential problems/hardships/issues: _____

Name: _____ male female Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ E-mail address: _____
 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 to indicate the ownership and dollar amount of each asset 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	\$	\$	\$	\$

Over Please =

OTHER ASSETS NOT LISTED:

TYPE	YOU	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

LIABILITIES:

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

BUSINESS INTERESTS:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation <input type="checkbox"/> S-Corp?	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Notes/Comments:
