

# 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 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> <input type="checkbox"/> 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? \_\_\_\_\_

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: \_\_\_\_\_

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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: \_\_\_\_\_
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	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

## 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.	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**OTHER ASSETS NOT LISTED:**

TYPE	YOU	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**LIABILITIES:**

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**BUSINESS INTEREST:**

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

Please list supplemental health and prescription drug insurance here: (Company Name & Premium Amount)


Notes/Comments:

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