

HIGHPOINT LAW OFFICES, PC

LONG TERM CARE PLANNING

PERSONAL INFORMATION PACKET

Please complete this packet as thoroughly as possible, creating an estate plan that works will be based on the information you provide us. The information is imperative to allow the attorney to recommend an estate plan best suited to your individual needs.

- Answer each section as completely as possible
- Print legibly
- Check all appropriate boxes
- If necessary, please call our office or consult with your financial advisor for assistance

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

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

Social Security No.: _____

Marital status: single/widow(er) married (Date _____) first second other _____

Veteran (please check if applicable) Dates of Service _____

County: _____

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

Home # _____ Cell # _____ e-mail address _____

How would you prefer to be contacted? Home cell email Best time? _____

Spouse (if applicable): _____ DOB: _____ US citizen Naturalized citizen
resident alien Date of death (if applicable) _____

Occupation: _____ Social Security No.: _____

Veteran Dates of Service _____

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

[Type text]

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: _____

[Type text]

ASSET INFORMATION AS OF _____ (date) - Please provide total amount for each type of asset and who owns.

| TYPE OF ASSET | 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. \$ |
| 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 _____ |
| Real estate: residence | \$ |
| Real estate: other | \$ |
| Vehicles: automobile, motorcycle, boats, snowmobiles, etc. | \$ |
| Antiques, art, automobiles, collectibles, etc. | \$ |

OTHER ASSETS NOT LISTED:

| TYPE | TOTAL |
|--------------------|--------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Value | \$ |

[Type text]

LIABILITIES:

| TYPE | TOTAL |
|--------------------|-------|
| Mortgage | \$ |
| Loans Payable | \$ |
| Other | \$ |
| Total Value | \$ |

BUSINESS INTEREST:

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

ASSET TRANSFERS OR GIFTING IN THE PAST 5 YEARS (OVER \$500):

| TO WHOM | AMOUNT/TYPE OF ASSET | DATE |
|---------|----------------------|------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

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

[Type text]