



ESTATE 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.

Personal and Financial Information Sheet

*** All information contained in this form is confidential***

Name: _____ DOB: _____ US citizen Naturalized citizen resident alien

Occupation: _____ retired employed

Marital status: single/widow(er) married (date _____) first second other ____ Social Security No.: _____

Veteran

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

County: _____

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: _____

Existing Estate Planning:	You	Spouse <input type="checkbox"/> NA	Date Document Executed
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.

Your - 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)

Full 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: _____

Full 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: _____

Full Name: _____ male female Date of Birth: _____

Address: _____ Phone: _____

Child of: joint you spouse adopted foster child Other relation _____

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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: _____

Full 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: _____

Full 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	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, snowmobiles, etc.	\$	\$	\$	\$
Antiques, art, automobiles, collectibles, etc.	\$	\$	\$	\$

Over Please =

Phone: (215) 997-9773

Fax: (215) 764-5435

HighPoint Law Offices, PC

e-mail: loren@highpointlawoffices.com

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	\$	\$	\$	\$
<input type="checkbox"/> Regular Corporation <input type="checkbox"/> S-Corp	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Notes/Comments:
