



## **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 \*\*\*

Full Legal Name: \_\_\_\_\_  
(name most often used to title property and accounts)

Also known as: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_

DOB: \_\_\_\_\_ US citizen Naturalized citizen resident alien Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ retired employed

Marital status: single/widow(er) married (date \_\_\_\_\_) first second other \_\_\_\_

Veteran  Dates of Service \_\_\_\_\_ Honorable discharge? yes no

Full Legal Name of Spouse (if applicable): \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known as: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_

DOB: \_\_\_\_\_ DOD (if applicable) \_\_\_\_\_ US citizen Naturalized citizen resident alien  
occupation: \_\_\_\_\_ retired employed

first marriage second marriage other \_\_\_\_ Social Security No.: \_\_\_\_\_

Veteran  Dates of Service \_\_\_\_\_ Honorable discharge? yes no

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_ e-mail address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

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: \_\_\_\_\_

## 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 Spouse: Yes How many? \_\_\_\_\_ No

Please specify: joint you step adopted foster joint you step adopted foster

Do you have grandchildren: Yes, How many? \_\_\_\_\_ No Spouse: 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?

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

### 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 \_\_\_\_\_

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

**Over Please =**

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

Notes/Comments:

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