HIGH POINT
LAW OFFICES PC

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.

Fax: (215) 764-5435

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

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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?

_____

_____

Existing Estate Planning:	**You**	**Spouse** ☐NA	**Date Document Executed**
Will	☐Yes ☐No	☐Yes ☐No	Date: _____
Trust	☐Yes ☐No	☐Yes ☐No	Date: _____
Power of Attorney	☐Yes ☐No	☐Yes ☐No	Date: _____
Health Care Proxy	☐Yes ☐No	☐Yes ☐No	Date: _____
Living Will	☐Yes ☐No	☐Yes ☐No	Date: _____
Long-Term Care Insurance	☐Yes ☐No	☐Yes ☐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	$	$	$	$
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 ≡

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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	$	$	$	$
☐ Regular Corporation ☐S-Corp	$	$	$	$
Other:	$	$	$	$
Total Value	$	$	$	$

Notes/Comments:

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