



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

Personal and Financial Information Form

Name: _____ DOB: _____ [] US citizen [] Naturalized citizen [] Resident alien

Occupation: _____ [] Retired [] Employed

Marital status: [] Single/Widow(er) [] married (date _____) [] First [] Second [] Other _____

Spouse (if applicable): _____ DOB: _____ DOD (if applicable) _____

[] US citizen [] Naturalized citizen [] Resident alien Occupation: _____ [] Retired [] Employed

[] First marriage [] Second marriage [] Other _____

Address: _____ City: _____

County: _____ State: _____ Zip Code _____

Home # _____ Cell # _____ Cell 2: _____ Work # _____

Email address _____ Email 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: _____

Please rate your satisfaction with you Financial Advisor 1-10 (10 being the highest) _____

Accountant: _____ Firm: _____ Phone: _____

Are you or your spouse a veteran? [] Yes [] No If Yes, is it You [] or your Spouse [] - Dates of Service: _____

Existing Estate Planning

You

Spouse

Date Document Executed

Table with 4 columns: Existing Estate Planning, You, Spouse, Date Document Executed. Rows include Will, Trust, Power of Attorney, Health Care Proxy, Living Will, Long-Term Care Insurance.

Have you transferred or gifted away assets away in the last 60 months? Amount \$ _____ Date: _____

Do you have any burial plots or a funeral plan? [] Yes [] No If Yes, where is the plot? _____

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: _____

What would completing your estate planning accomplish for you? _____

What do you see as your biggest risk if you don't complete your estate plan? _____

Rank the level of importance to you on the following issues (1 = Low - 10 = High)

- ___ Avoid probate
- ___ Protect assets from government, lawsuits & nursing homes
- ___ Keep estate matters private
- ___ Protect assets for family from predators after my death (i.e., my spouse's disability or remarriage, my children's beneficiary's lawsuits, divorce or bankruptcy)
- ___ Minimize/eliminate taxes
- ___ Remain independent and in control of my care and/or assets
- ___ Keep it simple for my family when something happens to me (disability or death)
- ___ Provide detailed instructions and authority to people I trust to have the care I desire provided for me if I become disabled

Personal/Family Information

- | | You | Your Spouse |
|--|---|---|
| Do you have children?
Please specify: | <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____ |
| Do you have grandchildren? | <input type="checkbox"/> Joint <input type="checkbox"/> Mine <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Foster | <input type="checkbox"/> Joint <input type="checkbox"/> Mine <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Foster |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____ |

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 1st 2nd 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 1st 2nd 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 1st 2nd 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 1st 2nd 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 1st 2nd 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 1st 2nd other - how long? _____ Spouse's name: _____ Occupation: _____
Children: none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

Any other person or entity named in your plan (siblings, entities like churches, charities, executors, trustees or any other named person):

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Other relation _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Other relation _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Other relation _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Other relation _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Other relation _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS (to the best of your ability)

YES NO

- Any deceased children?
 If yes, name: _____
 If yes, survived by children?
- Any adopted children?
 If yes, name: _____
- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?
- Do you have any relatives (other than children) who depend on you for all or part of their support?
- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?
- Do you wish to disinherit any of your children, grandchildren or any other close relative?
- Do you have an existing Marital Property Agreement?
- Do either of you expect to inherit substantial assets (\$100,000 +)?
- Do you wish to make anatomical bequests (organ donor)?
- Do you have existing Wills?
- Do you have any existing trusts?
- Have you ever filed a Federal Gift Tax Return?
- Should the surviving spouse have the power to control the distribution of the entire estate after the first death?
- Do you want any assets to pass to your children before the second spouse's death?
- If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's children?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

• In general, state how you want your estate distributed among your beneficiaries after the death of both of you? *Note: At your meeting, we can discuss different methods*

State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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, CDs, 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 outside of brokerage accounts	\$	\$	\$	\$
Bonds you hold outside of 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.	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

OTHER ASSETS:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Long Term Care Policy	\$	\$	\$	\$
Pre-Paid Funeral / Burial or Cremation	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

LIABILITIES:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

BUSINESS INTERESTS:

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

Normal Living Costs:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Health Insurance Premiums	\$	\$	\$	\$
How much are your TOTAL living expenses monthly?	\$	\$	\$	\$
Total Value	\$	\$	\$	\$