



## PERSONAL & 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 \_\_\_\_\_

**Martial Status**    Single/Widow(er)    Married    Date: \_\_\_\_\_    1st    2nd    Other \_\_\_\_\_

Spouse (if applicable) \_\_\_\_\_ DOB: \_\_\_\_\_ DOD (if applicable): \_\_\_\_\_

US Citizen    Naturalized Citizen    Resident Alien    Occupation: \_\_\_\_\_ Retired \_\_\_\_\_ Employed \_\_\_\_\_

1st Marriage    2nd Marriage    Other \_\_\_\_\_

Are you and/or your spouse a Veteran?    Yes    No    If Yes, when and which branch of service? \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Which number(s) would you prefer to be contacted at?    Home    Cell    Work    When is the best time? \_\_\_\_\_

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 Directive	Yes	No	Yes	No		Date: _____
Living Will	Yes	No	Yes	No		Date: _____
Long-Term Care Insurance	Yes	No	Yes	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: \_\_\_\_\_

Do you have children?    Yes    No    How many? \_\_\_\_\_    Joint    You    Step    Adopted    Foster

Does your spouse have children?    Yes    No    How many? \_\_\_\_\_    Joint    You    Step    Adopted    Foster

Do you have grandchildren?    Yes    No    How many? \_\_\_\_\_    Joint    You    Step    Adopted    Foster

Does your spouse have grandchildren?    Yes    No    How many? \_\_\_\_\_    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? \_\_\_\_\_

**CHILDREN (if applicable) or BENEFICIARIES (who you want to get your "stuff)**

Name: Male      Female      DOB:  
Address: Phone:  
    Joint    You    Spouse    Adopted    Foster    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:

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Name: Male      Female      DOB:  
Address: Phone:  
    Joint    You    Spouse    Adopted    Foster    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:

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Name: Male      Female      DOB:  
Address: Phone:  
    Joint    You    Spouse    Adopted    Foster    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:

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Name: Male      Female      DOB:  
Address: Phone:  
    Joint    You    Spouse    Adopted    Foster    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:

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Name: Male      Female      DOB:  
Address: Phone:  
    Joint    You    Spouse    Adopted    Foster    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:

## 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. \$	D.B. \$	D.B. \$	D.B. \$
	C.V. \$	C.V. \$	C.V. \$	C.V. \$
Stocks: you hold (not in brokerage accounts)	\$	\$	\$	\$
Bonds: bonds you hold (not in brokerage accounts)	\$	\$	\$	\$
Annuities: \$ = original amount CV=Current Value Invested date=month/year purchased	\$ Date: CV:	\$ Date: CV:	\$ Date: CV:	\$ Date: CV:
Real estate: residence (per tax bill)	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, jet-skis, golf carts, etc.	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

## FINANCIAL INFORMATION SHEET

\*\* It is very important you indicate in each category **ownership** and **dollar amount** separately, as well as total value.\*\*

### OTHER ASSETS NOT LISTED

TYPE OF ASSET	YOU	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

### BUSINESS INTEREST

TYPE OF ASSET	YOU	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation                      S-Corp?	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

### NOTES/COMMENTS