



# LEGACY LAW CENTER

TERRENCE A. BERTRAM, PLLC

ESTATE PLANNING, ELDER LAW, PROBATE

## Personal and Financial Information Sheet

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

I AM FILLING THIS FORM OUT FOR:  MYSELF (and Spouse/Partner)  SOMEONE ELSE (Parent/Relative)

If you are filling this form out on behalf of someone else, what is your name and your relationship to them:

Your Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### CLIENT INFORMATION

	Client	Spouse/Partner (if applicable)
Legal Name		
Name Used to Sign		
Street Address		
City, State, Zip		
Date of Birth		
Social Security No.		
Home Phone		
Cell Phone		
Work Phone		
Email Address		
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed
Citizenship	<input type="checkbox"/> US citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Naturalized citizen	<input type="checkbox"/> US citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Naturalized citizen

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

Referred to us by:

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_



Heirs with Legal Disabilities

Of the above-listed heirs, the following have legal disabilities:

NAME	LEGAL DISABILITY	REPRESENTED BY Name, address, and capacity

# Financial Information Sheet

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

## MONTHLY INCOME OF DECEDENT:

SOURCE	DECEDENT
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	DECEDENT	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 (per tax bill)	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, snowmobiles, etc.	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

Over Please =

**OTHER ASSETS NOT LISTED:**

TYPE	DECEDENT	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**LIABILITIES:**

TYPE	DECEDENT	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**BUSINESS INTEREST:**

TYPE	DECEDENT	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation •-Corp?	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

Notes/Comments:

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