



# 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): \_\_\_\_\_

Do you or your spouse have a financial advisor and/or accountant?  Yes  No  Don't Know

- Financial Advisor: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_
  - Accountant: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_
  - Who is your primary physician? \_\_\_\_\_ Phone: \_\_\_\_\_
- 

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

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**Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.**

Client – current health status:  Good  Concern  Problem

Specific concern/problem: \_\_\_\_\_

Spouse/Partner – current health status:  Good  Concern  Problem

Specific concern/problem: \_\_\_\_\_

- 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 and/or OTHER FAMILY MEMBERS

Child's Full Legal Name: \_\_\_\_\_  
Also Known As: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_ Son (Joint) \_\_\_\_\_ Son (of husband) \_\_\_\_\_ Son (of wife)  
\_\_\_\_\_ Daughter (Joint) \_\_\_\_\_ Daughter (of husband) \_\_\_\_\_ Daughter (of wife)  
\_\_\_\_\_ Other \_\_\_\_\_ Check if this child is to be disinherited.  
\_\_\_\_\_ Check if this child's descendants are also to be disinherited

Child's Full Legal Name: \_\_\_\_\_  
Also Known As: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_ Son (Joint) \_\_\_\_\_ Son (of husband) \_\_\_\_\_ Son (of wife)  
\_\_\_\_\_ Daughter (Joint) \_\_\_\_\_ Daughter (of husband) \_\_\_\_\_ Daughter (of wife)  
\_\_\_\_\_ Other \_\_\_\_\_ Check if this child is to be disinherited.  
\_\_\_\_\_ Check if this child's descendants are also to be disinherited

Child's Full Legal Name: \_\_\_\_\_  
Also Known As: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_ Son (Joint) \_\_\_\_\_ Son (of husband) \_\_\_\_\_ Son (of wife)  
\_\_\_\_\_ Daughter (Joint) \_\_\_\_\_ Daughter (of husband) \_\_\_\_\_ Daughter (of wife)  
\_\_\_\_\_ Other \_\_\_\_\_ Check if this child is to be disinherited.  
\_\_\_\_\_ Check if this child's descendants are also to be disinherited

Child's Full Legal Name: \_\_\_\_\_  
Also Known As: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_ Son (Joint) \_\_\_\_\_ Son (of husband) \_\_\_\_\_ Son (of wife)  
\_\_\_\_\_ Daughter (Joint) \_\_\_\_\_ Daughter (of husband) \_\_\_\_\_ Daughter (of wife)  
\_\_\_\_\_ Other \_\_\_\_\_ Check if this child is to be disinherited.  
\_\_\_\_\_ Check if this child's descendants are also to be disinherited

\*\*\*IF YOU HAVE MORE CHILDREN, LIST THEIR NAMES AND INFORMATION ON THE BACK PAGE\*\*\*

**If you have minor children and you and your spouse or ex-spouse are deceased, who would you like to care for your children and be their LEGAL GUARDIAN?**

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_



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

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

Notes/Comments: