

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	t on behalf of someone else, what is your name	and your relationship to them:
Your Name:	Re Re Re Re Re Re	elationship: mail:
Tiome i none.	Ceii.	nan.
CLIENT INFORMATIO	<u>N</u>	
	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	□ Retired	□ Retired
	□ Employed	□ Employed
Citizenship	□ US citizen □ Resident Alien	□ US citizen □ Resident Alien
	Naturalized citizen	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): _		

you or your spouse have a fina	ncial advisor and/or	accountant?	□ Yes	□ No	□ Don't Know
Financial Advisor:		Firm:		Phone:	
Accountant:		Firm:		Phone:	
Accountant:Who is your <u>primary</u> physic	cian?			Phone:	
isting Estate Planning:	<u>You</u>	<u>:</u>	Spouse □ NA	Date Doc	ument Executed
II	□ Yes □ No		□ Yes □ No	Date:	
ust	□ Yes □ No		□ Yes □ No	Date:	
wer of Attorney	□ Yes □ No		□ Yes □ No	Date:	
alth Care Proxy	□ Yes □ No		□ Yes □ No		
ving Will	□ Yes □ No		□ Yes □ No		
ng-Term Care Insurance	□ Yes □ No		□ Yes □ No	Daily ben	efit:
ur health status plays an impo	ortant role in the de	esigning of an	estate plan best	suited for you	and your loved one
ent – current health status: ecific concern/problem:	□ Good	□ Concern	□ Problem		
<u>ouse/Partner</u> – current health st ecific concern/problem:			□ Problem		
Is there anyone in your family Comments/ Concerns:	with special needs o	r that requires	special considerati	on? □ Yes	□ No
What do you want us to help y	ou accomplish?				
Is there anything else about yo	ou or your family or y	our personal d	aals vou would like	to tell us?	

Child's Full Legal Name:			
Also Known As: Address: Phone: Date of Birth:			
Relationship:	Son (Joint)	Son (of husband)	Son (of wife)
1	Daughter (Joint)	Daughter (of husband)	Daughter (of wife)
	Other	Check if this child is to be di	sinherited.
		Check if this child's descend	ants are also to be disinherited
Child's Full Legal Name:			
lso Known As:			
ddress:			
hone: Pate of Birth:			
Relationship:	Son (Joint)	Son (of husband)	Son (of wife)
iolationomp.	Daughter (Joint)	Daughter (of husband)	Daughter (of wife)
	Other	Check if this child is to be di	- , ,
		Check if this child's descend	ants are also to be disinherited
hild's Full Legal Name: lso Known As: ddress:			
hone:			
Oate of Birth: Lelationship:	Son (Joint)	Son (of husband)	Son (of wife)
erationship.	Daughter (Joint)	Daughter (of husband)	Daughter (of wife)
	Other	Check if this child is to be di	• • • • • • • • • • • • • • • • • • • •
		Check if this child's descend	ants are also to be disinherited
hild's Full Legal Name:			
lso Known As:			
ddress:			
hone:			
eate of Birth:		- G (CL 1 1)	G (C:C)
elationship:	Son (Joint) Daughter (Joint)	Son (of husband) Daughter (of husband)	Son (of wife) Daughter (of wife)
	Other	Check if this child is to be di	• • •
			ants are also to be disinherited
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you have minor children ar hildren and be their LEGAL		ex-spouse are deceased, who w	ould you like to care for yo
aron and be then LLOAL	SUMMINITE	1 st Choice	
		2 nd Choice	

ESTATE PLANNING INFORMATION

IF YOU ARE UNABLE TO MAKE $\underline{\mathsf{MEDICAL}}$ DECISIONS, WHO WOULD YOU WANT TO MAKE THEM FOR YOU?

Client, Choice 1: ______ Spouse/Partner, Choice 1: _____

	Relationship:		Relationsh	ip:
Client,	Choice 2:	<u>Spo</u>	use/Partner, Choice 2	2:
	Relationship:		Relationsh	ip:
Client,	lient, Choice 3: Spouse/Partner, C			
	Relationship:			ip:
IF YOU?	U ARE UNABLE TO MAKE <u>F</u>	INANCIAL DECISION	ONS, WHO WOULD Y	YOU WANT TO MAKE THEM FOR
Client,	Choice 1:	<u>Spo</u>	use/Partner, Choice 1	l:
	Relationship:		Relationsh	ip:
Client,			use/Partner, Choice 2	2.
	Relationship:		Relationsh	ip:
Client,				3:
	Relationship:		Relationsh	ip:
WOUL	D YOU LIKE TO SUCCEED	YOU IF YOU ARE D	DISABLED OR DECE	
WOUL First C		YOU IF YOU ARE D	DISABLED OR DECE	
WOUL First C Secon	D YOU LIKE TO SUCCEED thoice:	YOU IF YOU ARE D	DISABLED OR DECE	Relationship:
WOUL First C Secon BENE	Choice:	YOU IF YOU ARE D	DISABLED OR DECE	Relationship:
WOUL First C Secon BENE Is ther	Choice:	nherit? Yes No	If so, please list name	Relationship:Relationship:
First C Secon BENE Is ther Any Ch	choice: d Choice: short succeed d Choice: e any person you want to disi	nherit? □ Yes □ No ts you want to give to	If so, please list name? Yes □ No If so, erything (except items	Relationship: Relationship: e(s): please list on the chart below. s of personal property) to go equally to
First C Secon BENE Is ther Any Ch	choice: d Choice: e any person you want to disinarities, Churches or Non-Profitand your spouse are decease	nherit? □ Yes □ No ts you want to give to	If so, please list name? Yes □ No If so, erything (except items	Relationship: Relationship: e(s): please list on the chart below. s of personal property) to go equally to
First C Secon BENE Is ther Any Ch	choice: d Choice: e any person you want to disinarities, Churches or Non-Profit and your spouse are decease hildren? yes No If no,	nherit? □ Yes □ No ts you want to give to ed, would you like even	If so, please list name? Yes □ No If so, erything (except items amounts on the character)	Relationship: Relationship: Relationship: e(s): please list on the chart below. s of personal property) to go equally to art below.
First C Secon BENE Is ther Any Ch	choice: d Choice: e any person you want to disinarities, Churches or Non-Profit and your spouse are decease hildren? yes No If no,	nherit? □ Yes □ No ts you want to give to ed, would you like even	If so, please list name? Yes □ No If so, erything (except items amounts on the character)	Relationship: Relationship: Relationship: e(s): please list on the chart below. s of personal property) to go equally to art below.
First C Secon BENE Is ther Any Ch	choice: d Choice: e any person you want to disinarities, Churches or Non-Profit and your spouse are decease hildren? yes No If no,	nherit? □ Yes □ No ts you want to give to ed, would you like even	If so, please list name? Yes □ No If so, erything (except items amounts on the character)	Relationship: Relationship: Relationship: e(s): please list on the chart below. s of personal property) to go equally to art below.

Financial Information Sheet

** It is very important you indicate in each category <u>ownership</u> and <u>dollar amount</u> 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 (per tax bill)	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, snowmobiles, etc.	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Over Please →

OTHER ASSETS NOT LISTED:

TYPE	YOU	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

LIABILITIES:

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

BUSINESS INTEREST:

TYPE		YOU	SPOUSE	JOINT	TOTAL
ITPE		100	SPOUSE	JOINT	IOIAL
Farm		\$	\$	\$	\$
Partnership or LLC Interest		\$	\$	\$	\$
Corporation	□-Corp?	\$	\$	\$	\$
Other:		\$	\$	\$	\$
Total Value		\$	\$	\$	\$

Notes/Comments: