



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: _____

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?

1st Choice _____

2nd 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	\$	\$	\$	\$
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:

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

BUSINESS INTEREST:

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

Notes/Comments: