Personal Information Form

*** All information contained in this form is confidential and protected by attorney-client privilege. ***
Completing this will enable us to spend more time during the meeting to answer your questions and help you identify solutions to your concerns.

Name: _____ DOB: _____ ☐ US citizen ☐ Naturalized citizen ☐ resident alien

Occupation:_____ ☐ retired ☐ employed Veteran ☐ Yes ☐ No

Marital status: ☐ single/widow(er) ☐ married (date_____) ☐ first ☐ second ☐ other _____ Social Security No.:_____

Spouse (if applicable):_____ DOB:_____ DOD (if applicable)

☐ US citizen ☐ Naturalized citizen ☐ resident alien occupation:_____ ☐ retired ☐ employed

☐ first marriage ☐ second marriage ☐ other _____ Social Security No.:_____ Veteran ☐ Yes ☐ No

Address:_____ City:_____ State:_____ Zip Code

Home # _____ Cell # _____ Work # _____ e-mail address _____

Which number(s) would you prefer to be contacted at? ☐ home ☐ cell ☐ work What is best time?_____

Referred to us by: Name:_____ Firm Name:_____

Contacts: Financial Advisor _____ Firm:_____ Phone:_____

Accountant/tax:_____ Firm:_____ Phone:

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 Proxy	☐ Yes ☐ No	☐ Yes ☐ No	Date:_____
Living Will	☐ Yes ☐ No	☐ Yes ☐ No	Date:_____
Long-Term Care Insurance	☐ Yes ☐ No	☐ Yes ☐ No	Daily benefit:$_____Term_____

Attach a copy of any of the documents listed above so that they can be reviewed.

Have you transferred or gifted away assets away in the last 60 months? Amount $_____ Date:_____

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

You - current health status: ☐ Good ☐ Concern ☐ Problem
Specific concern/problem: _____

_____

Spouse - current health status: ☐ Good ☐ Concern ☐ Problem
Specific concern/problem: _____

_____

	You	**Spouse** ☐ NA
Do you have children:	☐ Yes How many?_____ ☐ No	☐ Yes How many? _____ ☐ No
Please specify:	☐ joint ☐ you ☐ step ☐ adopted ☐ foster	☐ joint ☐ you ☐ step ☐ adopted ☐ foster
Do you have grandchildren:	☐ Yes How many? _____ ☐ No	☐ Yes How many? _____ ☐ No

What would completing your estate planning accomplish for you?_____

What do you see as your biggest risk if you don't complete your estate plan?_____

_____

Rank the level of importance to you on the following issues (1 = Low 10 = High)

_____Avoid probate

_____Keep estate matters private

_____Minimize/eliminate taxes

_____Remain independent and in control of my care and/or assets

_____Protect assets from government/lawsuits/nursing homes

_____Protect assets for family from predators after my death (i.e. my spouse's disability or remarriage, my children's/beneficiary's lawsuits, divorce or bankruptcy)

_____Keep it simple for my family when something happens to me (disability/death)

_____Provide detailed instructions and authority to people I trust to have the care I desire provided for me if I become disabled