

ESTATE PLANNING

PERSONAL INFORMATION FORM

All Information Disclosed is Confidential

PERSONAL INFORMATION FORM

Completion of this form will help in accomplishing your estate planning objectives.

Please Print All Information

Date of Preparation: _____ Husband's e-mail address: _____

Wife's e-mail address: _____

HUSBAND (or Single Male):

Full Legal Name (Spell out middle name): _____

Name Used to Sign: _____

Prefer to be Called: _____

Home Street Address: _____

City: _____, State: _____

Zip: _____, County: _____

Home Phone No.: _____ Social Security No.: _____

Birthdate: _____ Age: _____ U.S. Citizen: YES NO

Retired? YES NO

Employer/Company Name: _____

Position: _____ Do you own your own business? YES NO

Business Address: _____

City: _____, State: _____

Zip: _____, County: _____

Business Phone No.: _____

Married: Date of Marriage: _____

Divorced Widowed Single

WIFE (or Single Female):

Full Legal Name (Spell out middle name): _____

Name Used to Sign: _____

Prefer to be Called: _____

Home Street Address: _____

City: _____, State: _____

Zip: _____, County: _____

Home Phone No.: _____ Social Security No.: _____

Date of Birth: _____ Age: _____ U.S. Citizen: YES NO

Retired? YES NO

Employer/Company Name: _____

Position: _____ Do you own your own business? YES NO

Business Address: _____

City: _____, State: _____

Zip: _____, County: _____

Business Phone No.: _____

YOUR ADVISORS:

Name

City/State

Phone

Accountant: _____

Accountant: _____

Financial Planner/Advisor: _____

Financial Planner/Advisor: _____

Life Insurance Agent: _____

Life Insurance Agent: _____

Attorney: _____

CHILDREN:

Full Legal Name (Spell out middle names):

1. _____ Spouse's Name: _____
Date of Birth: _____ Social Security No.: _____
Address: _____ Phone Number: _____
Child Of: Husband Wife Both

2. _____ Spouse's Name: _____
Date of Birth: _____ Social Security No.: _____
Address: _____ Phone Number: _____
Child Of: Husband Wife Both

3. _____ Spouse's Name _____
Date of Birth: _____ Social Security No.: _____
Address: _____ Phone Number: _____
Child Of: Husband Wife Both

4. _____ Spouse's Name: _____
Date of Birth: _____ Social Security No.: _____
Address: _____ Phone Number: _____
Child Of: Husband Wife Both

5. _____ Spouse's Name: _____
Date of Birth: _____ Social Security No.: _____
Address: _____ Phone Number: _____
Child Of: Husband Wife Both

Deceased Children

1. _____ Descendants?: YES NO

2. _____ Descendants?: YES NO

3. _____ Descendants?: YES NO

4. _____ Descendants?: YES NO

Guardians For Your Minor (under age 18) Children:
(List in order of preference)

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____

Other Dependents: (friends or relatives who depend on you for support)

1. _____ Relationship: _____
2. _____ Relationship: _____

MEDICAL INSTRUCTIONS

If you were unable to make medical decisions for yourself, whom would you want to make decisions for you with regard to medical treatment and/or life support machines?

For Husband: (In order of preference – may include spouse)

Name	Address (Street, City, State, Zip)	Phone Number
1 st : _____	_____	_____
2 nd _____	_____	_____
3 rd _____	_____	_____
4 th _____	_____	_____

For Wife: (In order of preference – may include spouse)

Name	Address (Street, City, State, Zip)	Phone Number
1 st _____	_____	_____
2 nd _____	_____	_____
3 rd _____	_____	_____
4 th _____	_____	_____

CONCERNS FOR YOU, YOUR SPOUSE & YOUR FAMILY

Please place a check mark next to those concerns that are important to you.

_____ PROTECTION FOR YOUR CHILDREN

_____ PROTECTION FOR YOUR SPOUSE

_____ MAINTAINING CONTROL OF YOUR ASSETS

_____ AVOIDING PROBLEMS IN CASE OF MENTAL DISABILITY

_____ AVOIDING LIFE SUPPORT MACHINES

_____ AVOIDING PROBATE

_____ AVOIDING OR REDUCING ESTATE TAXES

_____ DISINHERITANCE OF A FAMILY MEMBER

_____ PROTECTING ASSETS FROM LAWSUITS (Advanced Planning)

_____ MONITORING OF INVESTMENTS

_____ GENERAL MANAGEMENT OF FAMILY'S ESTATE AND FINANCIAL AFFAIRS

_____ OTHER CONCERNS (Please list any concerns): _____

In addition to discussing any of the above concerns, we will discuss the following topics:

- Who is to receive your assets after your death?
- What instructions do you want to leave for the benefit of you and your loved ones?
- Who would manage and distribute your assets after your death or during your disability?

ASSET & LIABILITY SUMMARY

<u>Type of Asset</u>	<u>Title in Which Held</u> (joint, husband only, wife only)		<u>CURRENT VALUE</u>	
Your home (current market value)				
Other real estate				
Bank Accounts (checking & savings)				
Other Cash Accounts (Money market funds, savings bonds, brokerage cash accounts, etc.)				
Stocks, bonds, and mutual funds				
Personal Property (Replacement value of autos, household furnishings, jewelry, etc.)				
Annuities	<u>Owner</u>	<u>Beneficiary</u>		
IRAs	<u>Owner</u>	<u>Beneficiary</u>		
Other Retirement Plan Accounts such as: • 401(k) • Keogh • SEP • Profit-Sharing	<u>Owner</u>	<u>Beneficiary</u>		
Life Insurance	<u>Owner</u>	<u>Beneficiary</u>	<u>Cash Value</u>	<u>Death Benefit</u>
TOTAL ASSETS				
LIABILITIES				
Mortgages				
Loans or other debts				
TOTAL LIABILITIES				
NET WORTH (assets minus liabilities)				