

PERSONAL AND FINANCIAL ORGANIZER FOR COMPLETION PRIOR TO YOUR CONSULTATION APPOINTMENT

1. GENERAL INFORMATION

Home Phone: _____ Date: _____

Your Legal Name

Spouse's Legal Name

Street Address

City State Zip

Your Email Address Your Spouse's Email

Your Employer

Address

Your Occupation Work Phone

Spouse's Employer

Address

Spouse's Occupation Work Phone

	You		You Spouse	
Social Security #				
Date of Birth				
U.S. Citizen	Yes	No	Yes	No
Currently have Will or Trust? If so, give year & state in which prepared.	Yes Yr: State:	No	Yes Yr: State:	No
Expect to receive money or other assets from (circle all that apply)	Gift Inheritance Lawsuit Other		Gift Inheritance Lawsuit Other	
If so, approximately How much?	\$		\$	

Martial Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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Have you or your spouse ever served in the U.S. Military? Yes No

If yes, specify date of entry into service? _____

2. ABOUT YOUR CHILDREN

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If you have more than four children, please attach their names and related information.

3. FINANCIAL INFORMATION

a. Do you own a home or any other real estate?

Description & Location	Titled in whose name	Purchase Price	Current Value	(-) Mortgage	(=) Equity

Total value=

b. Do you own any other titled property such as a car, boat, etc.?

Description & Location	Titled in whose name	Current Value	(-) Loan	(=) Equity

Total value=

c. Do you have any checking accounts?

Name of Institution	Account Number	Titled in whose name	Approx. Balance

Total value=

d. Do you have any interest bearing accounts (savings, money market) and/or CDs?

Name of Institution	Account Number	Titled in whose name	Approx. Balance

Total value=

e. Do you own any stocks, bonds or mutual funds (including company stock)?

#Shares	Description	Account Number	Titled in whose name	Purchase Price	Current Value

Total value=

f. Do you have any profit sharing, IRAs or 401(k)?

Description/Location	Beneficiary	Value

Total value=

g. Do you or your spouse own a business or have any partnership interests?

Description	Type of Ownership	Purchase Price	Current Value

Total value=

h. Do you have any life insurance policies, long term care policies and/or annuities?

Name of Company	Policy Owner	1st Beneficiary	2nd Beneficiary	Death Benefit	Cash Value

Total value=

i. Does anyone owe you money?

Description	Approx. Value

Total value=

j. Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value

Total value=

k. What is the approximate total value of all your remaining personal property – whatever you own that has not been included above? (clothes, furniture, ect.)
Just estimate..... \$ _____

l. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Approx. Value

Total value=

m. Has anyone in your home sold or given any money, vehicles, property or any other resources within the last five years?

Description	Approx. Value

Total value=

n. Total value of everything you (and your spouse) own (add totals of lines 1 thru 11 above) \$ _____

o. Total amount you (and your spouse) owe (total of line 12 above) \$ _____

p. Subtract line n from line o NET ESTATE = _____

\$ _____

q. Do you have a safe deposit box?

Location	Titled in whose name

4. INCOME INFORMATION

Source (Soc. Security, IRA, etc...)	Husband / Wife	Monthly Amount

5. TRUST DECISIONS: YOUR LIVING TRUST TEAM

a. Trustee(s) – Manages your trust now; usually you (and your spouse) and/or a Corporate Trustee.

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

#3 Choice: Name _____ Phone _____
Address _____

b. Successor Trustee(s) – Steps in at your incapacity or death. Can be adult children, trusted friend, and/or a Corporate Trustee.

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

#3 Choice: Name _____ Phone _____
Address _____

c. Guardian For Minor Children – Responsible adult who will raise your minor children if something happens to you.

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

#3 Choice: Name _____ Phone _____
Address _____

d. Trustees For Minor Children – Manages inheritance. Can be same person as Guardian, another adult and/or a Corporate Trustee.

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

#3 Choice: Name _____ Phone _____
Address _____

6. BENEFICIARIES

a. Special Gifts To Organizations

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Address	Description of Gift

b. Special Gifts To Individuals

Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Organization	Address	Description of Gift

c. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.

Name of Person/Organization	Address	Amount/Percentage

d. Inheriting Instructions

Do you want your Beneficiaries to receive their inheritance in installments, at certain ages, or all at once?

e. Do you provide for someone who requires special care?

Do any of your dependents (aging parents, disabled child) require special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet)?

Name	Age	Relationship	Explanation

f. Alternate Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the Beneficiaries you've named above?

Name of Person/Organization	Address	Amount/Percentage

g. Disinheriting

Are there any relatives that you specifically do not want to receive anything from your estate?

7. SPECIAL INSTRUCTIONS AT INCAPACITY

a. Keeping/Selling Assets:

If it becomes necessary to sell assets to pay for your or your spouse's care, are there certain ones you prefer to be sold first? Are there potential buyers you want contacted? Are there certain assets you prefer not be sold unless absolutely necessary?

b. Medical Care:

Do you prefer (or want to avoid) a certain hospital/nursing home? Do you have strong feelings about blood transfusions, life support, etc.?

You _____ _____ _____ _____ _____	Your Spouse _____ _____ _____ _____ _____
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c. Health Care Decision Makers:

Please list below who you would like to make medical decisions for you if you can not do so:

List your choices below:

You:

#1 Choice:

Name _____
 Address _____
 Phone _____

#2 Choice:

Name _____
 Address _____
 Phone _____

#3 Choice:

Name _____
 Address _____
 Phone _____

Your Spouse:

#1 Choice:

Name _____
 Address _____
 Phone _____

#2 Choice:

Name _____
 Address _____
 Phone _____

#3 Choice:

Name _____
 Address _____
 Phone _____

