

# PERSONAL INFORMATION BOOKLET

Single Version

The information disclosed in this  
booklet will be kept strictly  
**confidential.**

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## I N T R O D U C T I O N

What is it that you hope to achieve through your estate plan? A clear understanding of what motivates you to prepare your estate plan is critically important to us. An understanding and an appreciation of those beliefs and values which prompt you to take action is the foundation upon which we build your estate plan. Please answer the following questions giving thoughtful consideration to the issues. Please note that there is no right or wrong answer, only *your* answer.

1. Rank the top five (5) concerns you have (1=most important) and identify any remaining issues which are important to you with an "X."

- |   |   |
|---|---|
| <input type="checkbox"/> Planning for a disability                | <input type="checkbox"/> Provide for disabled descendants                     |
| <input type="checkbox"/> Elimination of probate or guardianship   | <input type="checkbox"/> Divorce and Creditor protection for children         |
| <input type="checkbox"/> Protection from frivolous lawsuits       | <input type="checkbox"/> Protect children from immature spending habits       |
| <input type="checkbox"/> Minimize income taxes                    | <input type="checkbox"/> Protect spouse in the event of a subsequent marriage |
| <input type="checkbox"/> Protect the value of the family business | <input type="checkbox"/> Provide for parents                                  |
| <input type="checkbox"/> Minimize gift and estate taxes           | <input type="checkbox"/> Make a positive difference in the community          |
| <input type="checkbox"/> Insure liquidity for debts and taxes     | <input type="checkbox"/> Pass values and responsibility to family members     |

2. Rank the following in the order of most importance. (1=most important)

- |   |   |
|---|---|
| <input type="checkbox"/> Social status          | <input type="checkbox"/> Friends              |
| <input type="checkbox"/> Business relationships | <input type="checkbox"/> Material Possessions |
| <input type="checkbox"/> Family                 | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Church or Synagogue    |   |

3. If you could pass your estate in any manner you wished, how would you do so?

- % to Heirs                       % to Internal Revenue Service                       % to Charitable Organizations

4. What is your monthly after-tax income? \$ \_\_\_\_\_

5. What percentage of your income or what amount do you spend monthly? \$ \_\_\_\_\_

6. What amount of annual after-tax dollars would you need in order to live the type of lifestyle you desired? \$\_\_\_\_\_

7. If you could leave your heirs any amount of money, what specific dollar amount per heir would that be? \$\_\_\_\_\_

8. What level of personal involvement with charitable organizations have you had in your lifetime?  
\_\_\_\_\_ little or none                      \_\_\_\_\_ some involvement                      \_\_\_\_\_ a great deal of involvement

9. If you were required to give away \$100,000 to charitable organizations, to whom and in what amount would you give it?

Recipient	Dollar Amount	or	Percent
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %

10. Have you ever done any prior estate planning?

\_\_\_\_\_ No    \_\_\_\_\_ Yes

If yes, were you completely satisfied with the experience?

\_\_\_\_\_ No    \_\_\_\_\_ Yes

PERSONAL INFORMATION

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Home Telephone \_\_\_\_\_ Home Fax \_\_\_\_\_  
U.S. Citizen? Yes \_\_\_ No \_\_\_ Social Security Number \_\_\_\_\_ Cell Phone\Pager \_\_\_\_\_  
Internet E-Mail Address \_\_\_\_\_  
Name as you would like it to appear on legal documents \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_

**Previous States of Residence:**

\_\_\_\_\_ Number of Years \_\_\_\_\_  
\_\_\_\_\_ Number of Years \_\_\_\_\_  
\_\_\_\_\_ Number of Years \_\_\_\_\_

**Children**

1. Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_
2. Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_
3. Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_
4. Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Do you have parents who are still living? Yes \_\_\_\_ No \_\_\_\_  
Do you have grandparents who are still living? Yes \_\_\_\_ No. \_\_\_\_

**Advisors**

Accountant \_\_\_\_\_  
Attorney \_\_\_\_\_  
Primary Personal Bank \_\_\_\_\_  
Stockbroker \_\_\_\_\_  
Referred to Our Firm by \_\_\_\_\_

Telephone \_\_\_\_\_  
Telephone \_\_\_\_\_  
Telephone \_\_\_\_\_  
Telephone \_\_\_\_\_  
Telephone \_\_\_\_\_

E S T A T E S U M M A R Y

[This information will be kept strictly confidential.]

Detailed financial statements from your CPA may be submitted in lieu of completing the Estate Summary below.

**Please list the value of all assets at their gross value, i.e., without accounting for any debt.**

**Please list all debt associated with the assets in the right column**

	Asset	Debt
<b>Cash &amp; Bank Accounts</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Brokerage Accounts/Mutual Funds</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Individual Stocks and Bonds held by you. (List each stock or bond on the reverse side.)</b>	_____	_____

	<b>Asset</b>	<b>Debt</b>
<b>IRA or other Tax Qualified Account</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Real Estate</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(List additional parcels on reverse side.)		
<b>Limited Partnership Interests</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Notes Receivable</b>		
_____	_____	_____
_____	_____	_____

**Business Interests**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Asset**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Debt**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Life Insurance Death Benefit**  
**(Please list agent for each policy)**

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**Personal Effects (Cars, Boats, etc.)**

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	Asset	Debt
<b>Annuities</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Miscellaneous Assets Not Included Elsewhere</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Assets</b>	_____	
<b>Liabilities</b>		_____
<b>Net Worth</b>	_____	

## YOUR SUCCESSORS

Typically, when most people travel, they make arrangements for their affairs to be taken care of while they're gone. When there are children being left at home, there are usually several lists of instructions left for the babysitter, or whoever is left in charge. Your successors are the "babysitters" you're putting in charge of your affairs while you're incapacitated and after you're gone. Who do you want making decisions for you? This is a vital part of the planning process which most people are ill-equipped to decide on the spot. You do not have to have an answer set in stone. We would prefer, however, that you have several choices to consider choosing from.

1. Who would you choose to manage your financial affairs if you were incapacitated?

	Choice
First Choice	
Second Choice	
Third Choice	

2. Who would you choose to take charge of your estate and administer the terms of your trust or will upon your death?  
[ ] Same as above; or

If different, list names below:

	Choice
First Choice	
Second Choice	
Third Choice	

3. Who would you choose to make health care decisions for you if you were incapacitated and could not make these decisions for yourself?

	Choice
First Choice	
Second Choice	
Third Choice	

4. If you have minor children, who would you choose to raise your children if you could not?

Guardians for Minor Children:	Relationship:
First Choice:	
Second Choice:	