

PERSONAL AND FINANCIAL ORGANIZER FOR COMPLETION PRIOR TO YOUR CONSULTATION APPOINTMENT

1 GENERAL INFORMATION

Home Phone _____ Date _____

Marital Status: Married Single Divorced Widowed

Your Legal Name

Spouse's Legal Name

Street Address

City State Zip

Your Email Address Spouse's Email Address

Your Employer

Address

Your Occupation Work Phone

Spouse's Employer

Address

Spouse's Occupation Work Phone

	You	Your 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 No Yr. _____ State _____	Yes No Yr. _____ State _____
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?	\$ _____	\$ _____

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

1. _____ Natural Legally Adopted Foster
 Legal Name Date of Birth
 _____ Married Needs Special Care Dependent
 Goes By Soc. Sec. #
 _____ Related To:
 Street Address Phone # You Only Spouse Only Both

 City/State/Zip

2. _____ Natural Legally Adopted Foster
 Legal Name Date of Birth
 _____ Married Needs Special Care Dependent
 Goes By Soc. Sec. #
 _____ Related To:
 Street Address Phone # You Only Spouse Only Both

 City/State/Zip

3. _____ Natural Legally Adopted Foster
 Legal Name Date of Birth
 _____ Married Needs Special Care Dependent
 Goes By Soc. Sec. #
 _____ Related To:
 Street Address Phone # You Only Spouse Only Both

 City/State/Zip

4. _____ Natural Legally Adopted Foster
 Legal Name Date of Birth
 _____ Married Needs Special Care Dependent
 Goes By Soc. Sec. #
 _____ Related To:
 Street Address Phone # You Only Spouse Only Both

 City/State/Zip

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

3 FINANCIAL INFORMATION

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

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

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

Description	Titled in whose name	Current Value	(-) Loan	(=) Equity
Total value=				

3. Do you have any **checking accounts**?

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

4. 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=			

5. 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=					

6. Do you have any **profit sharing, IRAs or pension plans**?

Description/Location	Beneficiary	Current Value
Total Value=		

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

Description	Type of Ownership	Purchase Price	Current Value
Total Value=			

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

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

9. Does anyone owe you money?

Description	Approx. Value
Total Value=	

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

Description	Approx. Value
Total Value=	

11. 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..... \$ _____

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

Description	Approx. Value
Total Value=	

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

Description	Amount
Total Value=	

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

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

16. Subtract line 15 from line 14 **NET ESTATE** = \$ _____

17. 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

1. 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 _____

2. 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. 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 _____

4. 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 _____

6 BENEFICIARIES

1. 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

2. 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 Person	Address	Description of Gift

3. 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

4. Inheriting Instructions

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

5. 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

6. 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

7. Disinheriting

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

7 SPECIAL INSTRUCTIONS AT INCAPACITY

1. 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?

2. 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 _____

3. Do you want a **Living Will**? This lets others know how you feel about life support treatment if you become terminally ill. **You:** Yes No **Your Spouse:** Yes No

