



# Personal Information Form

Thank you for contacting our firm regarding your estate planning. We realize the information requested on this form is very personal, however it will help us better identify your estate planning needs. Your accuracy and completeness will help us with that process. Please bring this completed form to your initial consultation.

Date: \_\_\_\_\_

Personal Information		
	Client 1	Client 2
Full legal name		
Preferred name		
Date of birth		
Home Address		
Home phone		
Cell phone		
Work phone		
Email Address		
Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Resident Alien	<input type="checkbox"/> US Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Resident Alien
Occupation		
	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Veteran	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Veteran
Health concerns or problems		

Contact Information			
	Name	Company	Phone
Financial Advisor			
Accountant			
Referral Source			

\*\*\*All information contained in this form is confidential and protected by attorney-client privilege\*\*\*



# Personal Information Form

Marital Information		
	Client 1	Client 2
Current Marital Status	<input type="checkbox"/> Single/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married: Date _____	<input type="checkbox"/> Single/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married: Date _____
<b>Previous Marriages:</b>		
Name of former spouse Date of divorce/death		
Name of former spouse Date of divorce/death		

Family Information		
	Client 1	Client 2
Do you have children?	<input type="checkbox"/> No <input type="checkbox"/> Yes    How many?	<input type="checkbox"/> No <input type="checkbox"/> Yes    How many?
Specify:	<input type="checkbox"/> Joint <input type="checkbox"/> You <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Foster	<input type="checkbox"/> Joint <input type="checkbox"/> You <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Foster
Grandchildren?	<input type="checkbox"/> No <input type="checkbox"/> Yes    How many?	<input type="checkbox"/> No <input type="checkbox"/> Yes    How many?

Are any of your children disabled?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Child:
Are any of your children receiving Supplemental Security Income (SSI)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Child:
Are any of your children receiving Medicaid?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Child:
Do any of your children have problems with:		
Serious physical or mental illness?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Drug or alcohol addiction?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Debt problems/bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Marital difficulty?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Are there any difficult family dynamics that could impact your planning?

---



---

\*\*\*All information contained in this form is confidential and protected by attorney-client privilege\*\*\*



# Personal Information Form

## Child/Beneficiary Information

Full Legal Name: \_\_\_\_\_  
*First Middle Last*  
 Male  Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City, State, Zip Code*  
 \_\_\_\_\_  
*Home Phone Cell Phone*

Relationship to Client 1  Natural Child  Adopted  Stepchild  Other: \_\_\_\_\_  
 Relationship to Client 2  Natural Child  Adopted  Stepchild  Other: \_\_\_\_\_  
 Employed – Occupation: \_\_\_\_\_  Student  
 Single  Married How long? \_\_\_\_\_ First Second Other

Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_

Special Needs/Considerations: \_\_\_\_\_  
 \_\_\_\_\_  
 Potential problems/hardships/issues: \_\_\_\_\_

## Child/Beneficiary Information

Full Legal Name: \_\_\_\_\_  
*First Middle Last*  
 Male  Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City, State, Zip Code*  
 \_\_\_\_\_  
*Home Phone Cell Phone*

Relationship to Client 1  Natural Child  Adopted  Stepchild  Other: \_\_\_\_\_  
 Relationship to Client 2  Natural Child  Adopted  Stepchild  Other: \_\_\_\_\_  
 Employed – Occupation: \_\_\_\_\_  Student  
 Single  Married How long? \_\_\_\_\_ First Second Other

Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_

Special Needs/Considerations: \_\_\_\_\_  
 \_\_\_\_\_  
 Potential problems/hardships/issues: \_\_\_\_\_

**Please reprint or copy this page for additional children/beneficiaries**

\*\*\*All information contained in this form is confidential and protected by attorney-client privilege\*\*\*



# Personal Information Form

Estate Planning Information			
Existing Estate Planning	Client 1	Client 2	Date Executed
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial/Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Will/Directive to Physicians	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prepaid burial/funeral arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you transferred or gifted assets in the last 60 months? Amount \$ _____ Date: _____			

**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?**

---



---



---

**Do you have any legal issues we should be aware of?**

---



---



---

The undersigned hereby represents to The Hilbun Law Firm that the information contained in this form (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by The Hilbun Law Firm may not be appropriate.

<b>Signature</b>	<b>Date</b>
------------------	-------------

*\*\*\*All information contained in this form is confidential and protected by attorney-client privilege\*\*\**



# Personal Information Form

## Financial Information

Please indicate ownership and combined value in each category.  
 (See Funding Checklist on page 6 for information needed.)

Asset Information				
Type of Asset	Client 1	Client 2	Joint	Total
Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> Cash Management	\$	\$	\$	\$
<input type="checkbox"/> Investment/Broker Accounts <input type="checkbox"/> Mutual Fund Accounts	\$	\$	\$	\$
Retirement Accounts: <input type="checkbox"/> IRA <input type="checkbox"/> 401k <input type="checkbox"/> 403b <input type="checkbox"/> SEP <input type="checkbox"/> Other	\$	\$		\$
Annuities (original amount/current value)	\$	\$	\$	\$
Stocks (not in brokerage account)	\$	\$	\$	\$
Bonds (not in brokerage account)	\$	\$	\$	\$
Life Insurance	DB \$ CV \$	DB \$ CV \$		
Real Estate				
Residence	\$	\$	\$	\$
Other	\$	\$	\$	\$
Vehicles <input type="checkbox"/> automobile <input type="checkbox"/> motorcycle <input type="checkbox"/> boat <input type="checkbox"/> other	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$

\*\*\*All information contained in this form is confidential and protected by attorney-client privilege\*\*\*



# Personal Information Form

Monthly Income				
Source	Client 1	Client 2	Joint	Total
Wages	\$	\$		\$
Pension	\$	\$		\$
Social Security	\$	\$		\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

Liabilities				
Type	Client 1	Client 2	Joint	Total
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

Business Interest				
Type	Client 1	Client 2	Joint	Total
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation <input type="checkbox"/> S-Corp	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

Other things you think we should know:

---



---



---



---



# Personal Information Form

Please use this funding checklist to gather information we will need to complete your funding table.

Funding Checklist			
Type	✓	n/a	Notes
<b>Most recent statements for the following assets:</b>			
<b>Cash Accounts:</b> (Checking, Savings, CDs, Money Market, Cash Management)			
<b>Broker-held Investment Accounts</b>			
<b>Retirement Plans</b> (Profit Sharing, IRA, 401k)			
<b>Life Insurance</b> (Term, Whole Life, Split Dollar, Group Term Life) <ul style="list-style-type: none"> <li>• Face Value</li> <li>• Death Benefit</li> <li>• Cash Value</li> </ul>			
<b>Annuities</b> Are you receiving withdrawals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Stocks</b> (Publicly owned corporations – not private or family business; not broker-held)			
<b>List and value of bonds held:</b>			
<b>Bonds</b> (US Savings Bonds, Treasury Bonds, Corporate Bonds, Municipal Bonds, etc. – not broker-held)			
<b>Copy of originals:</b>			
<b>Business Investments</b> (Corporate, Farm, LLC, Partnerships)			
<b>Property Deeds</b> for each property			
<b>Vehicle Titles</b> (automobiles, motorcycles, boats, RV, etc.)			
Other:			
Other:			

\*\*\*All information contained in this form is confidential and protected by attorney-client privilege\*\*\*