



# 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 return this completed form prior to your initial consultation.

Personal Information		
	Client 1	Client 2
Full legal name		
Preferred name		
Date of birth		
Home Address		
County		
Phone		
Email Address		
Citizenship	US Citizen      Naturalized Citizen Resident Alien	US Citizen      Naturalized Citizen Resident Alien
Occupation		
	Employed      Retired      Veteran	Employed      Retired      Veteran
Health concerns or problems		

Estate Planning Information					
Existing Estate Planning	Client 1		Client 2		Date Executed
Will	Yes	No	Yes	No	
Trust	Yes	No	Yes	No	
Financial/Durable Power of Attorney	Yes	No	Yes	No	
Medical Power of Attorney	Yes	No	Yes	No	
Living Will/Directive to Physicians	Yes	No	Yes	No	
Long Term Care Insurance	Yes	No	Yes	No	
Prepaid burial/funeral arrangements	Yes	No	Yes	No	

**How did you hear about us?**

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

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Child/Beneficiary Information		
Total Number of Children	Client 1	Client 2
	1	2
Full Legal Name		
	Male    Female    DOB: _____	Male    Female    DOB: _____
Child of	Husband    Wife    Joint	Husband    Wife    Joint
Address		
Phone Number		
Occupation		
Marital Status	Single    Married	Single    Married
Name of Spouse		
Names & Ages of Children		
Special Needs or Considerations		
Potential Problems, Hardships, or Issues		

Child/Beneficiary Information		
	3	4
Full Legal Name		
	Male    Female    DOB: _____	Male    Female    DOB: _____
Child of	Husband    Wife    Joint	Husband    Wife    Joint
Address		
Phone Number		
Occupation		
Marital Status	Single    Married	Single    Married
Name of Spouse		
Names & Ages of Children		
Special Needs or Considerations		
Potential Problems, Hardships, or Issues		

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

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

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

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

Are you planning to disinherit anyone?

What are your primary objectives?

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## Funding Information

The funding table is an important step in your estate planning. It is useful for several reasons including:

Listing of all assets with information such as owner's name(s), ownership (how the asset is held), description, approximate value, and beneficiary designations, reviewing and updating beneficiary designations on all accounts and policies; and detailing of transferring assets to a trust, if necessary. It is also a starting point for your family if something happens to you

Working through the funding table and taking the appropriate action ensures your assets are distributed according to your wishes by verifying that ownership and beneficiary designations are correct.

### Financial Advisor

Name		Company	
Phone		Email	

### Asset Information

Type of Asset	Client 1	Client 2	Joint	Total
Cash Checking Savings CD Money Market	\$	\$	\$	\$
Safe Deposit Box	Yes No			
Investment/Broker Accounts Mutual Fund Accounts	\$	\$	\$	\$
Retirement Accounts: IRA 401k 403b SEP Other	\$	\$		\$
Annuities (original amount/current value)	\$	\$	\$	\$
Stocks/Bonds (not in brokerage account)	\$	\$	\$	\$
Life Insurance	DB \$ CV \$	DB \$ CV \$		
Real Estate				
Residence	\$	\$	\$	\$
Other	\$	\$	\$	\$
Vehicles: automobile motorcycle boat other	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>Total Assets</b>	\$	\$	\$	\$

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

Business Interest				
Type	Name of Business	Location	Owned by	Value, if known
Farm				
Partnership or LLC Interest				
Corporation S-Corp				
Other				

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 any attachments) 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.	
Signature	Date

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