



# Personal Information Form

## Personal Information

**Full Legal Name:** \_\_\_\_\_  
*Last First Middle*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State Zip Code*

**Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ ☐ US Citizen ☐ Naturalized Citizen ☐ Resident Alien

**Occupation:** \_\_\_\_\_ ☐ Employed ☐ Retired ☐ Veteran

**Health concern/problem:** \_\_\_\_\_

**Marital Status:** ☐ Single/Divorced ☐ Married:                      *First Second Other*

## Spouse's Information

**Spouse's Full Legal Name:** \_\_\_\_\_  
*Last First Middle*

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ ☐ US Citizen ☐ Naturalized Citizen ☐ Resident Alien

**Occupation:** \_\_\_\_\_ ☐ Employed ☐ Retired ☐ Veteran

**Health concern/problem:** \_\_\_\_\_

☐ 1<sup>st</sup> marriage ☐ Second ☐ Other

## Family Information

	You	Spouse
Do you have children?	<input type="checkbox"/> No <input type="checkbox"/> Yes <u>How many?</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes <u>How many?</u>
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 <u>How many?</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes <u>How many?</u>

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



## Personal Information Form

### Child/Beneficiary Information

Full Legal Name:

*Last*

*First*

*Middle*

☐ Male ☐ Female

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*Zip Code*

Child of:

☐ Joint

☐ You

☐ Spouse

☐ Adopted

☐ Foster

☐ 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:

*Last*

*First*

*Middle*

☐ Male ☐ Female

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*Zip Code*

Child of:

☐ Joint

☐ You

☐ Spouse

☐ Adopted

☐ Foster

☐ 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**

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## Personal Information Form

Estate Planning Information			
Existing Estate Planning	You	Spouse	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	

Have you transferred or gifted assets in the last 60 months? Amount \$\_\_\_\_\_ Date: \_\_\_\_\_

Contact Information		
Financial Advisor	_____	
	Name	Company Phone
Accountant	_____	
	Name	Company Phone
Who referred you to us?	_____	
	Name	Company
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?	_____	
	_____	
	_____	
	_____	
	_____	
	_____	

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# 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	You	Spouse	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	\$	\$	\$	\$

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# Personal Information Form

## Monthly Income

Source	You	Spouse	Joint	Total
Wages	\$	\$		\$
Pension	\$	\$		\$
Social Security	\$	\$		\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

## Liabilities

Type	You	Spouse	Joint	Total
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

## Business Interest

Type	You	Spouse	Joint	Total
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation <input type="checkbox"/> S-Corp	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

Other things you think we should know:

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# 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:			

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