



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	US Citizen Naturalized Citizen Resident Alien	US Citizen Naturalized Citizen Resident Alien
Occupation		
	Employed Retired Veteran	Employed Retired 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	Single/Divorced Widowed Married: Date _____	Single/Divorced Widowed Married: Date _____
Previous Marriages:		
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?	No	Yes	How many?			No	Yes	How many?		
Specify:	Joint	You	Step	Adopted	Foster	Joint	You	Step	Adopted	Foster
Grandchildren?	No	Yes	How many?			No	Yes	How many?		

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?

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



Personal Information Form

Child/Beneficiary Information		
	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

****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	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	
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.

Signature	Date
------------------	-------------

****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				
Checking Savings				
CD Money Market				
Cash Management	\$	\$	\$	\$
Investment/Broker Accounts				
Mutual Fund Accounts	\$	\$	\$	\$
Retirement Accounts: IRA				
401k 403b SEP 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 automobile				
motorcycle boat 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 S-Corp	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

Other things you think we should know:

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



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

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