PERSONAL INFORMATION FORM

Law Offices Of

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PERSONAL INFORMATION

Full Legal Name:____

Signature Name:_____________________________________ (Print how you want to sign your documents)

Nickname:____________________Birth date:____________________Social Security Number:_______________________

Home address:_______________________________________City:_________________________St:_____Zip:___________

Home telephone:_______________County of Residence:___________________Business Telephone:____________________

Employer:____Position:____

Business address:____________________________________City:_________________________St:_____Zip:___________

E-mail address(s):____

☐ Married: Date of Marriage:__________________________ ☐ Divorced ☐ Widowed ☐ Single

Spouse's Full Legal Name:____

Signature Name:____

Nickname:____________________Birth date:____________________Social Security Number:_______________________

Home address:_______________________________________City:_________________________St:_____Zip:___________

Home telephone:_______________County of Residence:___________________Business Telephone:____________________

Employer:____Position:____

Business address:____________________________________City:_________________________St:_____Zip:___________

E-mail address(s):____

CHILDREN

(Use full legal name. Use "JT" if both spouses are the parents; "H" if husband is the parent; "W" if wife is the parent; "S" if you are a single parent.)

Full Name	Parent(s)	Birth date and Gender

OTHER DEPENDENTS

Friends or relatives who are dependents (Use full legal name.)

Name	Relationship

ADVISORS

Name	Telephone
Attorney:______________________________	
Accountant:______________________________	
Financial Advisor:______________________________	
Primary Personal Bank:______________________________	
Life Insurance Agent:______________________________	
Stock Broker:______________________________	

IMPORTANT FAMILY QUESTIONS		
(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have adopted children?		
Do any of your children have special educational, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Whom do you wish to be the contingent guardians of your minor children if your primary guardians are unavailable? ____		
Have either you or your spouse been divorced?		
Are you or your spouse making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- or post-marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a federal estate tax return or a state death tax return was filed, please furnish a copy.)		
In what states have you lived while married to your current spouse? During what periods of time did you reside there? State:______________ Time Period:___________________ State:______________ Time Period:___________________ State:______________ Time Period:___________________		
Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies.)		
Have you or your spouse completed a previous Will, Trust, or estate planning document? (Please furnish copies.)		
Are you or your spouse the holder of a power of appointment granted to you? (If so, please furnish a copy of Will, Trust or other document creating the power of appointment.)		
Are you and your spouse United States citizens?		
If you answered "No" above, are either you or your spouse a resident or a non-resident alien?		

INSTRUCTIONS FOR COMPLETING THE PERSONAL INFORMATION CHECKLIST

General Headings: This Personal Information Checklist is designed to help you list all the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

Type: Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

Evidence of Title: This indicates the document or documents you will need as evidence of title to your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself, you will save substantial professional fees.

"Owner" of Property: How you own your property is extremely important for purposes of properly designing and implementing your living trust-centered plan. For each property category, there is a column titled "Owner." When filling in this column, please use the following abbreviations:

For Property Owned In:	**With:**	**Use:**
Single	If you are single and you own property in your name only, use	I
Husband's Name	No other person	H
Wife's Name	No other person	W
Joint Tenancy	A spouse	JTS
Joint Tenancy	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
Tenancy in Common	Someone other than a spouse	TCO
Community Property	(Applicable to spouses only)	CP
Unknown	If you cannot determine how the property is owned	?

CASH ACCOUNTS

TYPE: Checking Account "C", Savings Account "SA", Certificates of Deposit "CD" (indicate type below).
EVIDENCE OF TITLE: Signature card or the document you signed to set up the account.

Name of Institution	Type	Acct. Number	Owner	Amount
			TOTAL	

NOTE: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

INVESTMENT ACCOUNTS

TYPE: Money market "MM," Investment "I," Cash Management "CM," or other account that is in a street name (indicate type below).
EVIDENCE OF TITLE: The documents you signed to set up the account, account statement.

Name of Brokerage	Firm Type	Acct. Number	Owner	Amount
			TOTAL	

STOCKS

TYPE: Stock in publicly owned corporations which is stock traded on an exchange or over the counter. (Stock owned in family or non-publicly traded companies should be listed under "Corporate Business and Professional Interests." Stocks held in a street name or investment account should be listed under "Investment Accounts").
EVIDENCE OF TITLE: Stock certificate.

Company	Owner	Number of Shares	Fair Market Value
		TOTAL	

BONDS

TYPE: U.S. Savings Bonds, corporate, municipal, etc. (indicate type below).
EVIDENCE OF TITLE: Bond instrument.

Type	Owner	Face Value
	TOTAL	

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, jewelry, collections, antiques, furs, and all other valuable nonbusiness personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items).
EVIDENCE OF TITLE: Registration or title issued by your state, bill of sale, receipt, canceled check, or source of cash to purchase property, gift tax return, or inheritance tax return if you received property by gift or inheritance.

Type	Owner	Face Value
	Total	

RETIREMENT PLANS

Participant: Husband (H) or Wife (W)
TYPE: Pension "P", "Profit Sharing "PS," H.R. 10, IRA, SEP, 401(K) (indicate type below).
EVIDENCE OF TITLE: Summary plan description, documents you signed to set up the plan, account statement, beneficiary designation.

Plan Participant	Beneficiary of Participant	Type of Plan	Company	Percent Vested	Value
			Total		

LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation.")
EVIDENCE OF TITLE: The policy itself, including all endorsements and amendments, and the original application you signed.

Company:____

Policy Number:____________________ Type:____________________

Insured:____

Primary beneficiary:____________________________________

Secondary beneficiary:__________________________________

Owner:________________________ Who pays premium:____________________

Face amount:______________________ Cash value:____________________

Amount of loans on policy:________________________________

Company:____

Policy Number:____________________ Type:____________________

Insured:____

Primary beneficiary:____________________________________

Secondary beneficiary:__________________________________

Owner:________________________ Who pays premium:____________________

Face amount:______________________ Cash value:____________________

Amount of loans on policy:________________________________

Company:____

Policy Number:____________________ Type:____________________

Insured:____

Primary beneficiary:____________________________________

Secondary beneficiary:__________________________________

Owner:________________________ Who pays premium:____________________

Face amount:______________________ Cash value:____________________

Amount of loans on policy:________________________________

LIFE INSURANCE POLICIES AND ANNUITIES

(continued)

Company:______________________________

Policy Number:________________ Type:________________

Insured:______________________________

Primary beneficiary:______________________________

Secondary beneficiary:______________________________

Owner:________________ Who pays premium:________________

Face amount:________________ Cash value:________________

Amount of loans on policy:______________________________

Company:______________________________

Policy Number:________________ Type:________________

Insured:______________________________

Primary beneficiary:______________________________

Secondary beneficiary:______________________________

Owner:________________ Who pays premium:________________

Face amount:________________ Cash value:________________

Amount of loans on policy:______________________________

Company:______________________________

Policy Number:________________ Type:________________

Insured:______________________________

Primary beneficiary:______________________________

Secondary beneficiary:______________________________

Owner:________________ Who pays premium:________________

Face amount:________________ Cash value:________________

Amount of loans on policy:______________________________

MORTGAGES, NOTES, AND OTHER RECEIVABLES

TYPE: Mortgages or promissory notes payable to you; and, other monies owed to you.
OWED TO: Husband (H), Wife (W), Joint (JT)
EVIDENCE OF TITLE: Promissory note, written contract, or other documents creating right to receive payment.

Name of Debtor	Date of Note	Date Note Due	Owed to	Current Balance
			Total	

PARTNERSHIP and LLC INTERESTS

OWNER: Husband (H), Wife (W), Joint (JT)
TYPE: General and Limited Partnerships and LLCs. Please state the percentage interest you have in the partnership or LLC and the your interest as a general partner, limited partner, or member.
EVIDENCE OF TITLE: Partnership agreement, certificate of partnership, or any documents you signed when purchasing the partnership interest. LLC Articles of Organization and Operating Agreements. Include any buy/sell agreements.

		Percentage of Interest			
Owner	**Partnership or LLC Name**	**General Partner**	**Limited Partner**	**LLC Member**	**Value**
				Total	

CORPORATE BUSINESS AND PROFESSIONAL INTERESTS

SHARE OWNER: Husband (H), Wife (W), Joint (JT)
TYPE: Privately owned (non-publicly traded) stock. (Please put √ if a Buy/Sell Agreement exists. If stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)
EVIDENCE OF TITLE: Stock certificate, minute book.

Company	Share Owner	Number of shares	Percentage owned	Buy/Sell Agreement	Value of Shares
			Total		

SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership.
EVIDENCE OF TITLE: Balance sheet, depreciation schedule, registration or title issued by your state, bills of sale, fictitious name or trade name affidavit. Since a sole proprietorship is an amalgamation of assets, each asset must have an evidence of title.

Name of Business	Description of Business	Owner	Value
		Total	

FARM AND RANCH INTERESTS

TYPE: Livestock, machinery, leases, etc.
EVIDENCE OF TITLE: If your farm or ranch is not owned by a corporation or partnership, you need to treat it as a sole proprietorship. Describe each asset.

Type	Owner	Value
Total		

OIL, GAS, AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.
EVIDENCE OF TITLE: Lease agreement, deed, royalty agreement, farmout agreement, pooling agreement or other agreement you signed to create your oil, gas, or mineral interest.

Type	Owner	Value
	Total	

REAL PROPERTY

TYPE: Land, buildings, homes. Where you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else you should list those under the "Partnership Interests" section. If two or more names are on a deed or a contract that does not state the type of ownership, please use "?".
EVIDENCE OF TITLE: Deed or land contract (do not use mortgage or tax assessment).

General Description and/or Address	Owner	Fair Market Value	Mortgage
	Totals		

Net Value of all Real Estate ______________

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.
EVIDENCE OF TITLE: Copies of wills or trusts, copy of lawsuits or judgments, or any other document that evidences your anticipated interest.

Description

____

____

____

____

____

____

____

Total estimated value ______________

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.
EVIDENCE OF TITLE: Documents you signed to purchase the property, documents you received when you received the property, or any other document you have that shows you own the property.

Description	Owner	Value
	Total	

SUMMARY OF VALUES

ASSETS	Amount* Husband	Wife	Single Person
Cash Accounts			
Investment Accounts			
Stocks			
Bonds			
Personal Effects			
Retirement Plans			
Life Insurance Policies and Annuities			
Mortgages, Notes, and Other Receivables			
Partnership and LLC Interests			
Corporate Business and Professional Interests			
Sole Proprietorship Business & Pro. Interests			
Farm and Ranch Interests			
Oil, Gas, and Mineral Interests			
Real Property			
Anticipated Inher., Gift, or Lawsuit Judgment			
Other Assets			
TOTAL ASSETS:			

LIABILITIES	Amount* Husband	Wife	Single Person
Loans payable			
Accounts payable			
Real estate mortgages payable			
Contingent liabilities			
Loans against life insurance			
Unpaid taxes			
Other obligations			
TOTAL ASSETS:			
NET ESTATE			

* Joint Tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go 1/2 in husband's column and 1/2 in wife's column.

PURPOSE AND IMPORTANCE

OF

PERSONAL INFORMATION FORM DATA

Each of the undersigned understand:

1. The information and approximate values (the "data") in this Personal Information Form will be relied upon by our law firm if we are engaged to prepare any estate plan or related documents for the undersigned.

2. The recommendations made by our law firm and the documents we prepare may not be appropriate if the data is not reasonably accurate or is materially incomplete.

Signed:___________________________________

Printed Name:______________________________

Date:_____________________________________

Signed:___________________________________

Printed Name:______________________________

Date:_____________________________________