

PERSONAL INFORMATION FORM

(Confidential - To be completed by Client)

Date: _____

If you need more space or feel that a response needs more explanation, simply write the additional information on a separate sheet or send it in an email.

Names and Family Relationships

Person Completing Form: _____
(first) (middle) (last)

Relationship to Client(s) _____ Phone No.: _____

Email: _____ Best Time to Contact: _____

PART I. PERSONAL AND FAMILY DATA:

A. 1st Client's Legal Name: _____
First Middle Last

Former / Maiden Names: _____

Address: _____
Street City State Zip County

Phone: Home _____ Office _____ Cell: _____

Home Fax _____ Office Fax _____ E-mail address _____

Birth Date: _____ S.S. No. _____ U.S. Citizen? [] Yes [] No

Occupation/Employer: _____

Marital Status: [] Single [] Married [] Co-habiting [] Widowed [] Divorced

Date of This Marriage: _____

Previously Married? [] Yes: [] Widow/Widower or [] Divorced [] No

Number of previous marriages: _____ Veteran? [] Yes [] No

Do you prefer to be buried or cremated? _____

B. 2nd Client's Legal Name: _____
First Middle Last

Former / Maiden Names: _____

Address: _____
Street City State Zip County

Phone: Home _____ Office _____ Cell: _____

Home Fax _____ Office Fax _____ E-mail address _____

Birth Date _____ S.S. No. _____ U.S. Citizen? [] Yes [] No

Occupation/Employer: _____

Marital Status: [] Single [] Married [] Co-habiting [] Widowed [] Divorced

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Previously Married? [] Yes: [] Widow/Widower or [] Divorced [] No

Number of previous marriages: _____ Veteran? [] Yes [] No

Do you prefer to be buried or cremated? _____

C. Children Yes _____ No _____ **If yes, list them in birth order below.**

1. Name: _____, Age: ____, **If under 18, date of birth** _____

2. Name: _____, Age: ____, **If under 18, date of birth** _____

3. Name: _____, Age: ____, **If under 18, date of birth** _____

4. Name: _____, Age: ____, **If under 18, date of birth** _____

5. Name: _____, Age: ____, **If under 18, date of birth** _____

D. Doctor Information:

1st Client's Primary Care Physician

Address: _____ Phone: _____

2nd Client's Primary Care Physician

Address: _____ Phone: _____

Why do we ask for your doctor's name and information? So that we can help you get medical assistance faster. We will explain this at your initial appointment.

E. Person in Charge of your Estate. Who would you want to handle paying your debts and distributing your assets to your beneficiaries after you die? **Please name at least 2 people.**

1st Client's Choices:

1st Person to Serve: _____
First Middle Last
Relationship to you: _____

2nd Person to Serve: _____
First Middle Last
Relationship to you: _____

3rd Person to Serve: _____
First Middle Last
Relationship to you: _____

Would you like each person to serve alone, one after the other, or together with someone else as a co-trustee or co-executor? _____

2nd Client's Choices:

1st Person to Serve: _____
First Middle Last
Relationship to you: _____

2nd Person to Serve: _____
First Middle Last
Relationship to you: _____

3rd Person to Serve: _____
First Middle Last
Relationship to you: _____

Would you like each person to serve alone, one after the other, or together with someone else as a co-trustee or co-executor? _____

F. Person in Charge of your Money During Your Life. Who would you want to handle paying your bills and managing your assets to your beneficiaries while you are alive? **Please name at least 2 people.**

1st Client's Choices:

1st Person to Serve: _____
First Middle Last
Relationship to you: _____

2nd Person to Serve: _____
First Middle Last
Relationship to you: _____

3rd Person to Serve: _____
First Middle Last
Relationship to you: _____

Would you like each person to serve alone, one after the other, or together with someone else as a co-trustee or co-executor? _____

2nd Client's Choices:

1st Person to Serve: _____
First Middle Last
Relationship to you: _____

2nd Person to Serve: _____
First Middle Last
Relationship to you: _____

3rd Person to Serve: _____
First Middle Last
Relationship to you: _____

Would you like each person to serve alone, one after the other, or together with someone else

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as a co-trustee or co-executor? _____

G. Person in Charge of your Healthcare and Medical Treatment During Life. Who would you want to call if you need someone to authorize an x-ray at the hospital or to come with you to doctor's appointments while you are alive? **Please name at least 2 people.**

1st Client's Choices:

1st Person to Serve: _____
First Middle Last
Relationship to you: _____

2nd Person to Serve: _____
First Middle Last
Relationship to you: _____

3rd Person to Serve: _____
First Middle Last
Relationship to you: _____

Would you like each person to serve alone, one after the other, or together with someone else as a co-trustee or co-executor? _____

2nd Client's Choices:

1st Person to Serve: _____
First Middle Last
Relationship to you: _____

2nd Person to Serve: _____
First Middle Last
Relationship to you: _____

3rd Person to Serve: _____
First Middle Last
Relationship to you: _____

Would you like each person to serve alone, one after the other, or together with someone else as a co-trustee or co-executor? _____

H. Person in Charge of your Children if you die or become incapacitated before they become adults. Who would you want to call if you needed someone to care for and raise your children if you die or become incapacitated? **Please name at least 2 people.**

Client's Choices:

1st Person to Serve: _____
First Middle Last
Relationship to you: _____

2nd Person to Serve: _____
First Middle Last
Relationship to you: _____

3rd Person to Serve: _____
First Middle Last
Relationship to you: _____

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J. Other people to whom you wish to give specific property (who gets the house?), cash or keepsakes? Don't try to give away every piece of furniture or possession you own. This section is meant for those items that you know for sure you wish to give to someone in particular. Also, for funds given to caregivers of your pets to cover food and vet bills.

| | Name | Relationship to you | Item/Property/Cash amount |
|----|-------------|----------------------------|----------------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |

K. Health Related Issues (Current or Genetic): Please describe any specific health-related problems you currently have, or you might expect based on your family history.

1st Client:

2nd Client:

L. Capacity: Please let me know if you or your spouse has any current diagnosed issues with memory or understanding. If yes, please explain.

M. Prior Planning Documents: Do you already have planning documents such as a will or trust, power of attorney, healthcare directive? _____ If so, please bring copies to our initial meeting.

N. Long Term Care (LTC) Insurance: Do you or your spouse have a LTC policy? _____

O. Residence: Do you own your current home? _____

Is it paid off or do you have a mortgage? _____

If so, do you own it as joint tenants or in equal shares with your spouse or someone else? If you don't remember, bring your deed to our initial meeting. If you don't know where it is, don't worry. I may be able to look it up for you on the clerk's website if you purchased your home after 1984.

Are you planning to live during your retirement years in this home? _____

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P. Retirement Status: Are you currently retired? _____

If not, please list your sources of anticipated income below and the estimated monthly payments.

If yes, please list your income below.

FIXED MONTHLY INCOME

| | <u>Client</u> | <u>Spouse</u> | <u>Joint</u> |
|---------------------|---------------|---------------|--------------|
| 1. Social Security: | \$ _____ | \$ _____ | \$ _____ |
| 2. Pension: | \$ _____ | \$ _____ | \$ _____ |
| 3. _____: | \$ _____ | \$ _____ | \$ _____ |

NON-FIXED MONTHLY INCOME

| | <u>Client</u> | <u>Spouse</u> | <u>Joint</u> |
|----------------|-----------------|-----------------|-----------------|
| 1. Interest: | \$ _____ | \$ _____ | \$ _____ |
| 2. Dividends: | \$ _____ | \$ _____ | \$ _____ |
| 3. _____: | \$ _____ | \$ _____ | \$ _____ |
| TOTALS: | \$ _____ | \$ _____ | \$ _____ |

Based on your current financial situation as retired persons or anticipated situation upon retirement, will you need all the income you will receive to meet your monthly costs of living and level of comfort or will you be able to save some of your income on a monthly basis?

Q. Professional Advisors

| | Name | Firm Name & Address | Phone | How Frequently Consulted? |
|-------------------|-------------|--------------------------------|--------------|----------------------------------|
| Attorney | _____ | _____ | _____ | _____ |
| Accountant | _____ | _____ | _____ | _____ |
| Bank Officer | _____ | _____ | _____ | _____ |
| Financial Planner | _____ | _____ | _____ | _____ |
| Insurance Agent | _____ | _____ | _____ | _____ |
| Stock Broker | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

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R. Asset Summary

ESTATE ASSET VALUES ESTIMATED AS OF _____ (date)

The following schedule lists the assets included in your estate for federal estate tax purposes. Please list the value of each asset type in the column which shows how it is current owned. State the full value of each asset, whether any debt applies to the asset, and the amount of any such debt.

| Assets | Client 1 | Client 2 | Joint |
|---|----------|----------|-------|
| Residence ¹ | | | |
| Other real estate | | | |
| Marketable securities and cash ² | | | |
| Business interests ³ | | | |
| Roth IRAs | | | |
| Traditional IRAs | | | |
| Annuities | | | |
| 401(k) or 403(b) | | | |
| Other qualified plans | | | |
| Automobiles | | | |
| Jewelry, antiques, art, and collectibles | | | |
| Other tangible personal property | | | |
| Life Insurance - Cash Value | | | |
| Life Insurance – Face Value (the amount above current cash value, if any) | | | |
| Expected/estimated inheritances | | | |
| <Other Mortgages/Debts ⁴ > | | | |

Subtotals:

| | | |
|-------------------------|--|--|
| Plus ½ Joint Property: | | |
| Separate Estate Totals: | | |
| Combined Estate Total: | | |

¹ The residence has an approximate value of \$ _____ and it is subject to a mortgage with an approximate balance of \$ _____.

² Includes stocks, mutual funds, bonds, CDs, cash, and cash equivalents that are not in an IRA, qualified plan or other tax deferred retirement savings account.

³ If applicable, describe interest owned, entity type, and tell us if funded or unfunded Buy-Sell Agreement exists.

⁴ If applicable, describe any significant contingent liabilities such as home equity loan or reverse mortgage.

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