



7543 Main Street, Suite 101
Sykesville, MD 21784
410-875-2588

PERSONAL AND FINANCIAL INFORMATION

DATE: _____

GENERAL INFORMATION

CLIENT: _____
(First) (Middle) (Last) (Suffix)

SPOUSE: _____
(First) (Middle) (Last) (Suffix)

CLIENT

SPOUSE

Social Security _____ Social Security _____

Date of Birth _____ Date of Birth _____

Place of Birth _____ Place of Birth _____

Citizenship _____ Citizenship _____

Home Address _____ Home Address _____

County _____ County _____

Phone _____ Phone _____

Business Address _____ Business Address _____

Phone _____ Phone _____

Present Marriage Date: _____ **Place:** _____

Date of Present Will: _____ **Residence Then:** _____

Has Client been married before? Divorce Death None

Name of Prior Spouse: _____

Date of Death/Divorce: _____ Place of Probate or Decree: _____

Any divorce obligations?

Child Support _____ Alimony _____ Insurance _____

Other _____

Antenuptial or Prenuptial Agreement? _____

Has Spouse been married before? Divorce Death None

Name of Prior Spouse: _____

Date of Death/Divorce: _____ Place of Probate or Decree: _____

Any divorce obligations?

Child Support _____ Alimony _____ Insurance _____

Other _____

Antenuptial or Prenuptial Agreement? _____

CHILDREN AND GRANDCHILDREN

1. Children of present marriage living and deceased; *note if adopted*

<u>Name</u>	<u>Date of Birth</u>	<u>Address & Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Children of client's prior marriage to _____; *note if adopted*

<u>Name</u>	<u>Date of Birth</u>	<u>Address & Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Children of spouse's prior marriage to _____; *note if adopted*

<u>Name</u>	<u>Date of Birth</u>	<u>Address & Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Grandchildren

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION

Safe Deposit Box _____
Location, Box # _____ Location of Keys/Who has access _____

Military Service _____
Serial #, Branch of Service, Dates, Location, Discharge Papers

Any trusts created for your benefit? _____

Have you made any gifts of more than \$15,000? _____ Gift Tax returns filed? _____

Do you hold any Powers of Appointment? _____

Are you expecting any inheritances? _____

Is any person, other than minor children, partially or wholly dependent now or possibly in the future? _____

Accountant or other advisor? _____

FINANCIAL INFORMATION

1. **Tangible Personal Property**

	Approx. Date Acquired	Ownership Joint/Separate	Cost	Present Value
Jewelry	_____	_____	_____	_____
Furniture	_____	_____	_____	_____
Autos	_____	_____	_____	_____
Collectibles	_____	_____	_____	_____
Books	_____	_____	_____	_____
Intell. Prop.	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total Value	_____	_____	_____	_____

2. **Liquid Assets**

CHECKING, SAVINGS, CD'S, ETC.

<u>Bank Name</u>	<u>Type of Account</u>	<u>Names on Account</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASH: _____

SECURITIES

<u>Name</u>	<u>Date Acquired</u>	<u>Title of Registration</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Real Estate

PRIMARY RESIDENCE

<u>Address</u>	<u>Title</u>	<u>FMV</u>	<u>Mortgage</u>
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OTHER REAL ESTATE

	<u>Parcel #1</u>	<u>Parcel #2</u>	<u>Parcel #3</u>
(a) Address	_____	_____	_____
(b) Cost to Build	_____	_____	_____
(c) Cost of Land	_____	_____	_____
(d) Mortgage	_____	_____	_____
(e) Current Value	_____	_____	_____
(f) Rent-Income	_____	_____	_____
(g) Acc. Dep.	_____	_____	_____

4. Primary Business Interest

Name _____

Nature _____

Sole Propriety Partnership Corporation Sub-S

What happens at death to interest? Sold Liquidated Retained For Whom? _____

5. IRA's, Pension Plans, Annuities

<u>Plan</u>	<u>Beneficiary</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Health Insurance

Primary Insurer: Medical: _____

Other: _____

Secondary Insurer: _____

Do you have a **LONG TERM CARE POLICY?**

YES

NO

If so, company: _____

7. **Life Insurance**

<u>Insurance Company</u>	<u>Year Issued</u>	<u>Amount</u>	<u>Cash Value</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who has the right to change beneficiaries? _____

Any Loans? _____

8. **Liabilities**

MORTGAGE _____

LOANS _____

TAXES _____

OTHER _____

9. **Incomes**

CLIENT

SPOUSE

Salary _____

Salary _____

Pension _____

Pension _____

Social Security _____

Social Security _____

Investment _____

Investment _____

Trust _____

Trust _____

Other _____

Other _____

PROPOSED GUARDIAN FOR MINOR CHILDREN

Guardian

Alternate Guardian

Name _____

Name _____

Age _____ Relationship _____

Age _____ Relationship _____

Address _____

Address _____

PROPOSED PERSONAL REPRESENTATIVE

Personal Representative

Name _____
Age _____ Relationship _____
Financial _____
Experience _____
Address _____

Phone _____

Alternate Personal Representative

Name _____
Age _____ Relationship _____
Financial _____
Experience _____
Address _____

Phone _____

PROPOSED TRUSTEE

Trustee

Name _____
Age _____ Relationship _____
Financial _____
Experience _____
Address _____

Phone _____

Alternate Trustee

Name _____
Age _____ Relationship _____
Financial _____
Experience _____
Address _____

Phone _____

CHARITABLE BEQUESTS (If any)

TYPE OF FUNERAL

Cremation _____ Burial _____ Donation _____

Cemetery Plot _____

Location _____

Deeds _____

Ownership _____

Should Personal Representative be authorized to pay flowers, food and transportation costs of family members from estate? YES NO

DO YOU WANT A FINANCIAL POWER OF ATTORNEY?

YES NO

Financial Attorney-In-Fact _____

Address _____

Phone _____

Alternate Financial Attorney-In-Fact _____

Address _____

Phone _____

DO YOU WANT ADVANCE DIRECTIVES FOR MEDICAL DECISIONS?

YES NO

Agent to Make Decisions _____

Address _____

Phone _____

Alternate Agent to Make Decisions _____

Address _____

Phone _____

DO YOU WANT A LIVING WILL?

YES NO

Need Copies of

- Existing Wills and/or Trusts
- Last Years Tax Return
- Other Pertinent Documents- Insurance Designations, etc.

I certify that the above personal and financial information is **complete and accurate**. I understand that the information will be held in confidence by my attorney and will not be released without my permission. Further, I understand that my attorney will rely upon the information to provide appropriate legal advice.

Signature

Date: _____

Signature

Date: _____