



Estate Planning & Elder Law Attorneys

Personal & Financial Information Form

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

Form Instructions: This form helps us organize your information regarding your family and estate so that we are able to recommend and provide a beneficial estate plan. Please fill out as completely as possible and place X's on inapplicable items and question marks on questions which you don't know the answer. For financial items, it is best to provide as much information as possible. If there is a number you believe might not be precise, please write "estimate" next to the information. Please email your completed form to admin@atxelderlaw.com or Fax to (512) 288-3202.

Personal Information		
	You	Your Spouse
Full Legal Name		
Nickname or Preferred Name		
Date of Birth		
Date of Death (if applicable)		
Citizenship Status	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien
Social Security Number		
Occupation		
Estimated Annual Income		
Work Phone		
Home Phone		
Cell Phone		
Fax Number		
Email Address		
Home Address (Include County)		
Where you presently reside (if not at home)		
Who referred you to us?		
Military Service Information (Branch, Date of Entry & Separation)		
Marital Status & Date & Place of Marriage (if applicable)	<input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed Date: _____ <input type="checkbox"/> Married <input type="checkbox"/> Divorced Place: _____	
If you have lived outside Texas during this marriage, please list the states and dates of residence.		
If either of you were previously married, list the date(s) of prior marriage, name of prior spouse, names of living children from prior marriage(s), and state whether the marriage ended by death or divorce.		
Location of Safe Deposit Box		

Name and Phone of Insurance Agent		
Name and Phone of Accountant		
Name and Phone of Financial Planner		
Existing Estate Planning Documents (Please list date document was executed)	<input type="checkbox"/> Trust (Type: _____)	<input type="checkbox"/> Trust (Type: _____)
	<input type="checkbox"/> Will <input type="checkbox"/> Financial Power of Attorney <input type="checkbox"/> Medical Power of Attorney <input type="checkbox"/> Directive to Physicians <input type="checkbox"/> HIPAA Release <input type="checkbox"/> Declaration of Guardian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Will <input type="checkbox"/> Financial Power of Attorney <input type="checkbox"/> Medical Power of Attorney <input type="checkbox"/> Directive to Physicians <input type="checkbox"/> HIPAA Release <input type="checkbox"/> Declaration of Guardian <input type="checkbox"/> Other: _____
Name and Phone of Current Financial/Medical Power of Attorney		
Children		
Full Legal Name and Date of Birth	Address & Contact Information	Other
Name:	Address:	Child of: <input type="checkbox"/> Joint <input type="checkbox"/> You <input type="checkbox"/> Spouse Occupation _____
Birthdate:	Phone: Email:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Children: <input type="checkbox"/> Yes <input type="checkbox"/> No How many: _____
Name:	Address:	Child of: <input type="checkbox"/> Joint <input type="checkbox"/> You <input type="checkbox"/> Spouse Occupation _____
Birthdate:	Phone: Email:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Children: <input type="checkbox"/> Yes <input type="checkbox"/> No How many: _____
Name:	Address:	Child of: <input type="checkbox"/> Joint <input type="checkbox"/> You <input type="checkbox"/> Spouse Occupation _____
Birthdate:	Phone: Email:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Children: <input type="checkbox"/> Yes <input type="checkbox"/> No How many: _____
Name:	Address:	Child of: <input type="checkbox"/> Joint <input type="checkbox"/> You <input type="checkbox"/> Spouse Occupation _____
Birthdate:	Phone: Email:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Children: <input type="checkbox"/> Yes <input type="checkbox"/> No How many: _____

Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones. What is the present health status of you and/or your spouse?

You: Good Concern Problem **Specific Concern/Problem:** _____

Spouse: Good Concern Problem **Specific Concern/Problem:** _____

Is there anyone in your family with medical concerns or who has special needs? Yes No

If yes, explain: _____

What would completion of your estate plan accomplish for you? _____

What do you see as your biggest risk if you do not complete your estate plan? _____

Is there anything else about you or your family or your personal planning goals that you would like us to know? _____

Do you and/or your spouse have long-term care insurance? You Spouse Both No

If yes, what is the daily benefit(s): _____ and length of benefit(s): _____

Financial Information

Monthly Gross Income

Description of Income Source <i>(If annual income, please specify)</i>	Monthly Gross Amount		
	You	Spouse	Joint
Wages <i>(please specify employer)</i>	\$	\$	\$
Pension <i>(please specify pension source)</i>	\$	\$	\$
Social Security	\$	\$	\$
Investments/Dividends <i>(please specify source)</i>	\$	\$	\$
Rental Profits	\$	\$	\$
Other <i>(please specify)</i>	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

Assets

Type of Asset	You	Spouse	Joint
Cash, Checking, Savings, CDs, Money Market & Cash Management Accounts	\$	\$	\$
Investment/Broker-held Accounts (not including cash) & Mutual Fund Accounts	\$	\$	\$
Retirement Accounts: IRA, 401K, Simple IRA, 403B, SEP, etc.	\$	\$	\$
Life Insurance: Death Benefit, Cash Value, Face Value	DB \$ _____ CV \$ _____ FV \$ _____	DB \$ _____ CV \$ _____ FV \$ _____	DB \$ _____ CV \$ _____ FV \$ _____
Stocks you hold outside of brokerage accounts	\$	\$	\$
Bonds you hold outside of brokerage accounts	\$	\$	\$
Annuities: \$ = Original Amount; Date = Month/Year Purchased; CV = Current Value	\$ _____ Date: _____ CV \$ _____	\$ _____ Date: _____ CV _____	\$ _____ Date: _____ CV _____
Real Estate: Residence (per tax bill)	\$	\$	\$
Real Estate: Other	\$	\$	\$
Vehicles: Automobile, Motorcycle, Boats, etc.	\$	\$	\$
Total	\$	\$	\$

Other Assets Not Listed			
Type of Other Asset	You	Spouse	Joint
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

Business Interests			
FMV = Fair Market Value; BV = Book Value			
Type	You	Spouse	Joint
Farm	FMV \$ _____ BV \$ _____	FMV \$ _____ BV \$ _____	FMV \$ _____ BV \$ _____
Partnership or LLC Interest	FMV \$ _____ BV \$ _____	FMV \$ _____ BV \$ _____	FMV \$ _____ BV \$ _____
Corporation <input type="checkbox"/> S-Corp?	FMV \$ _____ BV \$ _____	FMV \$ _____ BV \$ _____	FMV \$ _____ BV \$ _____
Other:	FMV \$ _____ BV \$ _____	FMV \$ _____ BV \$ _____	FMV \$ _____ BV \$ _____
Total	FMV \$ _____ BV \$ _____	FMV \$ _____ BV \$ _____	FMV \$ _____ BV \$ _____

Have there been any uncompensated transfers or gifts of property in the last 60 months? Yes No

If yes, please list: _____

Liabilities			
Description of Liability (Please specify details of liability)	You	Spouse	Joint
Mortgage(s)	\$	\$	\$
	\$	\$	\$
Loans Payable	\$	\$	\$
	\$	\$	\$
Other Liabilities	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

Monthly Medical Expenses			
Expense Type	You	Spouse	Joint
Health Insurance <i>(Medicare Supp)</i>	\$	\$	\$
Health Insurance <i>(Medicare Deduction from Social Security)</i>	\$	\$	\$
Health Insurance <i>(Private)</i>			
Care Agency/Facility Fees <i>(IL, AL, or SNF)</i>	\$	\$	\$
Prescription Costs	\$	\$	\$
Other	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

How much are your other total monthly living expenses (excluding medical expenses)? _____

Dispositive Plan
(Describe in general terms how you wish to leave your property at death)

Other Persons and/or Entities to be Named in Your Plan

Full Legal Name	Address & Contact Information	Expected Role
	Address: Phone: Email: Relationship:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
	Address: Phone: Email: Relationship:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
	Address: Phone: Email: Relationship:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
	Address: Phone: Email: Relationship:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
	Address: Phone: Email: Relationship:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
	Address: Phone: Email: Relationship:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
	Address: Phone: Email: Relationship:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
	Address: Phone: Email: Relationship:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
	Address: Phone: Email: Relationship:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____

THIS FORM WAS COMPLETED BY _____ (NAME) ON _____ (DATE)

Additional Information/Notes/Questions/Concerns
