



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 evaluate your financial and family situation so that we are able to recommend a beneficial estate plan. Please fill out this form as completely as possible.

Please email your completed form to [admin@atxelderlaw.com](mailto:admin@atxelderlaw.com) or send by facsimile to (512) 277-6010.

<b>Personal Information</b>		
	<b>You</b>	<b>Your Spouse</b>
<b>Full Legal Name</b>		
<b>Nickname or Preferred Name</b>		
<b>Date of Birth</b>		
<b>Citizenship Status</b>	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien
<b>Home Address (Include County) and Current Residence if Not Living at Home</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Email Address</b>		
<b>Current Employer <u>or</u> Former Occupation if Retired</b>		
<b>Marital Status</b>	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Pre-marital Agreement <input type="checkbox"/> Post-marital Agreement	
<b>Existing Estate Planning Documents</b>	<input type="checkbox"/> Last Will and Testament <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Living Trust <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"/> Last Will and Testament <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Living Trust <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:

## Children, If Any

Full Legal Name & Date of Birth	Relationship	Other
<b>Name:</b>  <b>Date of Birth:</b>	<b>Child of:</b>  <input type="checkbox"/> Both <input type="checkbox"/> You <input type="checkbox"/> Spouse	<b>Married:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Children:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>How many:</b> _____
<b>Name:</b>  <b>Date of Birth:</b>	<b>Child of:</b>  <input type="checkbox"/> Both <input type="checkbox"/> You <input type="checkbox"/> Spouse	<b>Married:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Children:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>How many:</b> _____
<b>Name:</b>  <b>Date of Birth:</b>	<b>Child of:</b>  <input type="checkbox"/> Both <input type="checkbox"/> You <input type="checkbox"/> Spouse	<b>Married:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Children:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>How many:</b> _____
<b>Name:</b>  <b>Date of Birth:</b>	<b>Child of:</b>  <input type="checkbox"/> Both <input type="checkbox"/> You <input type="checkbox"/> Spouse	<b>Married:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Children:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>How many:</b> _____
<b>Name:</b>  <b>Date of Birth:</b>	<b>Child of:</b>  <input type="checkbox"/> Both <input type="checkbox"/> You <input type="checkbox"/> Spouse	<b>Married:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Children:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>How many:</b> _____
<b>Name:</b>  <b>Date of Birth:</b>	<b>Child of:</b>  <input type="checkbox"/> Both <input type="checkbox"/> You <input type="checkbox"/> Spouse	<b>Married:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Children:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>How many:</b> _____

## Deceased Children, If Any

Full Legal Name, Date of Birth, and Date of Death	Relationship	Other
<b>Name:</b>  <b>Date of Birth:</b>  <b>Date of Death:</b>	<b>Child of:</b>  <input type="checkbox"/> Both <input type="checkbox"/> You <input type="checkbox"/> Spouse	<b>Children:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>How many:</b> _____
<b>Name:</b>  <b>Date of Birth:</b>  <b>Date of Death:</b>	<b>Child of:</b>  <input type="checkbox"/> Both <input type="checkbox"/> You <input type="checkbox"/> Spouse	<b>Children:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>How many:</b> _____

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 or your spouse have long-term care insurance?  You  Spouse  Both  No

Rank the level of importance to you on the following issues (1 = Low 10 = High)

- |  |   |
|--|---|
| _____ Avoid probate  | _____ Protect assets from government/lawsuits/nursing homes   |
| _____ Keep estate matters private                                | _____ Protect assets for family from predators after my death ( <i>i.e.</i> , my spouse's disability or remarriage, my children's/beneficiary's lawsuits, divorce, or bankruptcy) |
| _____ Minimize/eliminate taxes                                   | _____ Keep it simple for my family when something happens to me (disability/death)  |
| _____ Remain independent and in control of my care and/or assets | _____ Provide authority to people I trust to take care of me and my assets if I become disabled   |

**Financial Information**

Assets			
Type of Asset	You	Spouse	Joint
Cash, Checking, Savings, CDs, Money Market & Cash Management Accounts	\$	\$	\$
Investment/Broker-held Accounts (not including cash), Mutual Funds & other Stocks or Bonds	\$	\$	\$
Retirement Accounts: IRA, 401K, Simple IRA, 403B, SEP, etc.	\$	\$	\$
Life Insurance	\$	\$	\$
Real Estate: Residence (per tax bill)	\$	\$	\$
Real Estate: Other	\$	\$	\$
Vehicles: Automobile, Motorcycle, Boats, etc.	\$	\$	\$
<b>Total</b>	\$	\$	\$

<b>Business Interests</b>			
Type	You	Spouse	Joint
Farm	\$	\$	\$
Partnership, LLC Interest, or Corporation	\$	\$	\$
Other:	\$	\$	\$
<b>Total</b>	\$	\$	\$

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

If yes, please identify gift, gift value, and date of gift: \_\_\_\_\_

<b>Liabilities</b>			
Description of Liability <i>(Please specify details of liability)</i>	You	Spouse	Joint
Residential Mortgage	\$	\$	\$
Other Mortgage(s)	\$	\$	\$
Other Liabilities	\$	\$	\$
<b>Total</b>	\$	\$	\$

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

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

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

**Inheritance Planning**

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

## Executor of Your Last Will and Testament

Who would you like to choose as the executor of your last will and testament?

Role	You	Your Spouse
Executor	<b>Full Legal Name:</b>  <b>Relationship to You:</b>	<b>Full Legal Name:</b>  <b>Relationship to Your Spouse:</b>
1st Alternate Executor	<b>Full Legal Name:</b>  <b>Relationship to You:</b>	<b>Full Legal Name:</b>  <b>Relationship to Your Spouse:</b>
2nd Alternate Executor	<b>Full Legal Name:</b>  <b>Relationship to You:</b>	<b>Full Legal Name:</b>  <b>Relationship to Your Spouse:</b>

## Guardians of Your Minor Children

If your minor children were orphaned due to your (and your spouse, if married) death, who would you want to appoint to raise your children? The guardians may be a married couple. In addition, the guardian(s) would manage your children's inheritance to take care of their health, education, maintenance, and support.

Role	Full Legal Name(s)	Relationship to You and/or Your Spouse
Guardian(s)		
1st Alternate Guardian(s)		
2nd Alternate Guardian(s)		

## Incapacity Planning

### Financial Power of Attorney

If you and/or your spouse become disabled or incapacitated so that you and/or your spouse are no longer able to make financial decisions, who would you and/or your spouse appoint as your and/or your spouse's agent to make those financial decisions for you and or your spouse? If you are married, your spouse is usually your agent.

Role	You	Your Spouse
Agent		
1st Alternate Agent		
2nd Alternate Agent		

### Medical Power of Attorney

If you and/or your spouse become disabled or incapacitated so that you and/or your spouse are no longer able to make medical decisions, who would you and/or your spouse appoint as your and/or your spouse's agent to make those financial decisions for you and or your spouse? If you are married, your spouse is usually your agent.

Role	You	Your Spouse
Agent		
1st Alternate Agent		
2nd Alternate Agent		

### Appointment of Agent to Control Disposition of Remains

If you and/or your spouse died, who would you and/or your spouse appoint as your and/or your spouse's agent to control the disposition of your and/or your spouse's remains? If you are married, your spouse is usually your agent.

Role	You	Your Spouse
Agent		
1st Alternate Agent		
2nd Alternate Agent		

## Release of Protected Medical Information (HIPAA Release)

Health care providers are not allowed to disclose protected medical information about you and/or your spouse to third parties without your consent. If you and/or your spouse become disabled or incapacitated so that you and/or your spouse are no longer able to make medical decisions for yourself and/or your spouse, who would you and/or your spouse appoint as your agent to have access to your and your spouse's protected medical information? If you are married, your spouse is usually your agent. You can name several alternate agents, such as adult children, to serve in succession (in the listed order or all at the same time).

Role	You	Your Spouse
Agent		
1st Alternate Agent		
2nd Alternate Agent		
3rd Alternate Agent		
4th Alternate Agent		

Alternate agents serve?  In Succession  All at the Same Time

## Declaration of Guardian in the Event of Later Incapacity or Need of Guardian

If you and/or your spouse become disabled or incapacitated to such an extent that a court decides to appoint a guardian for you and/or your spouse, who would you and/or your spouse request the court to appoint as the guardian of your and/or your spouse's person and/or your estate? If you are married, your spouse would usually be appointed as your guardian. In addition, you can request that the court NOT appoint one or more persons as a guardian.

Role	You	Your Spouse
Guardian of Person		
1st Alternate Guardian of Person		
2nd Alternate Guardian of Person		
Guardian of Estate		
1st Alternate Guardian of Estate		
2nd Alternate Guardian of Estate		
<b>DO NOT APPOINT</b>		



For each person listed above as an agent and/or guardian (other than you and/or your spouse), please provide:

Full Legal Name	Address & Telephone	Relationship to You and/or Your Spouse
	<b>Address:</b>  <b>Phone:</b>	
	<b>Address:</b>  <b>Phone:</b>	
	<b>Address:</b>  <b>Phone:</b>	
	<b>Address:</b>  <b>Phone:</b>	
	<b>Address:</b>  <b>Phone:</b>	
	<b>Address:</b>  <b>Phone:</b>	
	<b>Address:</b>  <b>Phone:</b>	
	<b>Address:</b>  <b>Phone:</b>	
	<b>Address:</b>  <b>Phone:</b>	
	<b>Address:</b>  <b>Phone:</b>	

THIS FORM WAS COMPLETED BY \_\_\_\_\_ (NAME) ON \_\_\_\_\_ (DATE)